Renaissance Care Services Limited

# Renai Support Services

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 3 and 4 February 2016 and was announced. The provider was given short notice because the location registered with the Care Quality Commission (CQC) is an office from which the provider runs a domiciliary care service and we needed to be sure that someone would be in.

Renai Support Services provides personal care and support to two people living in a supported living house in Torquay. Supported living is defined as situations where people live in their own home and receive care and/or support in order to promote their independence. It also provides enablement support to a person in the same house as well as other people living elsewhere. The CQC is only authorised to inspect the personal care services provided. The inspection therefore did not look at the care provided to people who received enablement. The personal care provided to people was 24 hour support with a set number of hours per week allocated as one-to-one care.

The service was registered in May 2015 and had not been previously inspected. The inspection was carried out by one Adult Social Care inspector.

When we visited there was a registered manager 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.

There were sufficient staff to support people to undertake activities of their choice. Staff had been recruited safely and underwent an induction with regular supervision and feedback. Staff were supported to undertake national qualifications. Staff also undertook training to ensure they were able to work effectively. This included courses to help them meet people's particular needs.

People's medicines were stored and administered safely by staff who had been trained.

People were supported to be as independent as possible. Where restrictions were placed on people to ensure their safety, the provider had undertaken mental capacity assessments for such restrictions or had a best interest meeting to consider what needed to be done.

People and their families described the care they received as very good and said the staff who worked with them were caring and safe. Throughout the inspection there was evidence of people enjoying the company of the staff, with lots of friendly interactions and gentle banter on both sides. Staff were respectful of people's right to privacy and treated them with courtesy and kindness.

The registered manager visited the home frequently and supported staff to make improvements to the care delivered.

## 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.

There were systems in place to ensure staff were recruited safely.

There were sufficient staff to meet people's needs.

Staff understood and recognised the forms of abuse and ensured people were treated with dignity and respect.

Risks and needs assessments were undertaken to ensure people were protected.

Medicines were administered and stored safely.

### Is the service effective?

Good

The service was effective as staff had the necessary skills and knowledge to support people competently and confidently. Training included an induction and training identified as essential by the provider.

People's capacity had been assessed in line with the Mental Capacity Act 2005.

People were encouraged to eat healthily and were supported to prepare food of their choice.

People were supported to maintain their physical and mental health by staff helping them to arrange and attend appointments with health providers including the person's GP and dentist.

### Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness and compassion.

People and staff showed affection and friendship towards each other, laughing and joking about shared experiences.

Where staff identified issues for people, they worked with them and their families to address them.

## Is the service responsive?

Good

The service was responsive.

People's needs and preferences had been assessed and care plans had been developed to support these.

Relatives said they knew how to feedback complaints and concerns when they had them. There was evidence that the provider investigated and resolved these.

## Is the service well-led?

Good

The service was well-led by senior staff who understood their responsibilities. Staff were able to describe these objectives and how they worked to deliver them.

There was a registered manager in post. The service had clear objectives which supported people being helped to be as independent as possible.

Senior staff were well known to people and their families, who said they would always contact them if they had a concern or worry.

There were systems in place to monitor the quality of the service provided and evidence of actions taken where there were issues.

# Renai Support Services

**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 3 and 4 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one Adult Social Care inspector.

The service was registered in May 2015 and has not been inspected.

Before the inspection, we reviewed information we held on our systems. This included whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in December 2015.

During the two days of inspection, we met both people using the service. We talked with the registered managers, and five care staff. We also met a director of the provider organisation who was the nominated individual. Nominated individuals, like registered managers are required to register with the Care Quality Commission.

After the inspection we contacted two relatives of people using the service. Both provided us with comments about the service. We also contacted 10 health and social care professionals who worked with people using Renai Care Services after the inspection. We received five responses.

We looked at care records which related to both people's individual care. We also reviewed one person's medicine administration records. We looked at two records of staff, one of whom had started working for the service in the last twelve months. We reviewed records which related to the running of the service, including staff rotas, supervision and training records and quality monitoring audits.

Good

# Is the service safe?

## Our findings

People appeared relaxed and happy throughout our inspection. One person showed obvious affection towards staff, who knew them well. A relative of a person receiving services described the care as "absolutely fantastic." They also added "I have no worries, I feel he is totally safe."

The number of staff required to support people safely had been assessed by the registered manager and was reviewed where people's needs changed. People received one to one support when they needed it and, in one case, received two to one support for some personal care. A family member said they did not think there were always enough staff although another relative said there were enough staff to meet people's needs. Staff rotas showed there were sufficient staff to meet people's needs. The number of staff on duty during the inspection matched the levels of staffing on the rota.

Staff had been recruited safely with pre-employment checks undertaken prior to the new member of staff starting work. These checks included references from previous employers and Disclosure Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had been trained in how to recognise signs of abuse and knew what to do if they identified any concerns. They were able to tell us what they would do if they had a concern. This included reporting the issue to managers and to the local authority safeguarding team.

People's risks and needs were assessed before they first started using the service. The assessment took into consideration, their physical, mental, social and spiritual needs. People and their families were involved in describing their risks and needs.

Care plans described risks to people's health and well-being and there were clear plans about how these should be addressed. Daily notes recorded that staff had undertaken support to deliver care described in the care plan.

People, and where appropriate their families, were involved in reviewing care plans with staff. Staff and relatives described how they had developed one person's care plan collaboratively to ensure that information was captured. A relative described how staff "Listen to me as obviously I know [person's name] well."

Care records included a personal emergency evacuation plan (PEEP) which described what staff should do to support the person to evacuate them from the home if a fire should break out. There were emergency plans in place.

People's medicines were stored in locked cabinets in their room. Some medicines were provided by a local pharmacy using a monitored dosage system. Medicines were stored tidily in the cupboard. Medicine administration record sheets (MARS) were colour coded for easy identification. A summary record of

medicines for each person which included photos of each medicine helped to ensure staff knew what medicines looked like and what they were for. Medicines were administered by staff who had received training. Staff had recorded additional information on a separate sheet about one person's condition as they were being supported to have a reduction in medicines. A relative said "he is going through some medication reduction currently, this is being managed really well." They added "medicines and other issues are always handed over whenever [person's name] comes home."

Good

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. New staff completed the Care Certificate self-assessment as part of their induction. The Care Certificate is a nationally recognised award that all new staff in care settings are expected to complete during their induction. Staff also completed the company induction and a local induction to familiarise themselves with the location. New staff also shadowed more experienced staff until they were signed off as competent. During their three month probationary period, new staff were supported to sign up for an appropriate qualification in care if they did not already have one. New staff were given supervision and, where necessary, there was evidence the probationary period of working for new staff was extended.

Staff completed training in a number of areas including health and safety, manual handling, evacuation procedures, safeguarding vulnerable adults, and epilepsy. Some of this training was delivered through e-learning and some through face-to-face courses. A health professional commented "The care staff are encouraged to attend my training and do attend." They also added "I have been very impressed that they do seem to be able to put our training into practice."

Staff were supported to undertake nationally recognised qualifications in care and additional training, where a need was identified. For example one member of staff said they had recently signed up to do a level 5 in leadership in health and social care qualification. On the second day of the inspection staff were being trained in British Sign Language (BSL). Staff explained that the course was being run two mornings a week between March and September 2016. They described how they found it really helpful and were enjoying the course "a lot."

Staff records showed that staff had received regular supervision. Staff also said if they had any concerns, they could talk to senior staff whenever necessary.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training in the requirements of the Mental Capacity Act (MCA) 2005. The registered manager and staff were able to describe their responsibilities in relation to the Act. Staff understood their responsibilities in relation to ensuring people's choices and preferences were taken into account when providing care. People's capacity to make particular decisions had been assessed and, where necessary, best interest decisions were recorded in people's care records. A health professional commented "There seems to be a good understanding of both MCA and DoLS." Another said "the staff team have been involved in MCA and best interest decisions."

People were supported and encouraged to have sufficient to eat and drink. People were also supported to have a balanced diet. Where possible, people were encouraged to get involved in preparing meals. On the second day of inspection, one person was helping to cook the evening meal; they had also helped prepare their lunch. Another person required specially prepared food. Staff were able to describe how to prepare food for the person and were observed supporting them to eat their meal. A meal planner on the noticeboard showed a varied menu which staff said people were involved in choosing. A healthcare professional commented "They do seem to respect and care for my patient with dignity and they have proved to be concerned about sufficient nutrition and compliance with medication. A relative commented "They have introduced a healthier eating programme" which they said had supported the person to lose weight whilst still allowing them "treats."

People were supported to maintain good health and have access to healthcare professionals. These included their GP, dentist, epilepsy nurse, occupational therapist and physiotherapist. People were helped by staff to attend hospital appointments where necessary.

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion throughout the inspection. Staff listened to what people were telling them and responded in a supportive way. Staff showed real concern about people's wellbeing and talked to them about different options. A health professional said in response to the question are staff caring? "YES, I have witnessed this and feel they are very caring towards [person]."

The small staff group were able to describe what people's nonverbal gestures indicated, for example what particular hand movements meant. Staff recognized how to support each person individually to maximize quality of their life. A relative described staff as "very competent and caring." They also said their family member would "be very anxious if he was not ok" and that this was not the case.

Although care plans did not fully document the support and care people required, staff were able to fully describe each person's needs in detail. The registered manager and senior staff said they were working on developing full care plans, but were assured that staff knew how to support people as they were only supporting three people. They said they had recognised the need to build up the care plans over a period of time to ensure they really reflected each person's individual care needs. Some staff had worked with one of the people for a number of years in other locations and was helping to develop the care plan for them. Another person's relative was closely involved in ensuring that the care plan was developed with input from them. They described how they were slowly increasing the number of people living in the supported living home to ensure each person was able to adjust to their new situation.

Staff were able to describe people's interests and preferences. People were encouraged to take part in activities on their own or as part of a group. Staff ensured that one person who had both physical and learning disabilities was supported to have the right equipment to meet their needs. This included equipment to support them to get involved in activities of their choice. A health professional commented "[person] is always given a chance to decide things for himself. In fact he chooses all his activities and plans his day."

Staff said that because there were only three people living in the supported living accommodation, and not all of them had verbal communication skills, they did not hold resident meetings. However they added they communicated with each person on a day to day basis about how they wanted things done.

People's dignity and privacy was respected. Staff were respectful of people and said they considered they were "visitors in the person's home." Staff knocked on people's bedroom doors and waited to be invited in, before entering. Staff recognised the importance of not talking about a person in front of others living in the home.

Good

# Is the service responsive?

## Our findings

People and, where appropriate, their relatives, were encouraged to contribute to the assessment and planning of their care. Staff knew details of each person's history. For example, one person had experienced bereavement and staff had supported them to come to terms with their feelings of loss.

People's needs were regularly assessed and where necessary, changes had been made to the risk assessments and care plans. Staff also recorded additional information about a person, to track whether changes in their care was having a positive or negative impact. For example they were recording whether changes in the regularity of a person's bowel movements could be having an impact on another condition they had.

Where people had received an assessment by a health professional, records showed staff had taken this into account and ensured the care delivered met the advice given.

People had only moved into the supported living environment, where the care was provided, during 2015. Records showed that staff had worked to ensure the transition had been planned and coordinated to make the transition as smooth as possible.

People and their families were encouraged to provide feedback to the home. There were systems in place to raise concerns and complaints. A relative said they knew how to make a complaint. They also said "If I have any niggles, I go and talk to [staff name] and it's sorted." Records showed one complaint had been received and dealt with in a timely way to the satisfaction of the complainant. Another family member said they had had to complain twice about the way a member of staff had spoken to a person. However they added this had changed.

Staff completed a diary for each person each day detailing information about their care and the activities they had undertaken. Staff also ensured that other staff were kept informed of any particular issues through a communications book which staff were expected to read each time they came on shift.

Good

# Is the service well-led?

## Our findings

The provider described the service as offering "an extended family to people" adding that the aim was to make it "good enough for you and your family." They explained they wanted staff who would be "very hands-on." They said they had deliberately kept the number of people they offered a service to low initially, as they wanted to make sure people and staff were compatible.

They described how they were expecting to implement new approaches to their service including the introduction of a computerised care planning system. This system would provide easily available information for staff, as well as systems for managers to monitor and audit the care provided.

Staff said the provider, the registered manager and senior staff were available to provide advice and guidance at all times. During the inspection, we observed senior staff supporting one care worker about the care they were going to deliver. Staff discussed with the registered manager improvements which could be made, which they agreed would support better care. The registered manager said they would make some changes and staff could report back whether they were helpful.

A health professional said "I can always contact [registered manager]." They also described how the management and staff worked in partnership with them and were very open.

The registered manager and senior staff undertook regular audits of the service provided. For example, the registered manager had undertaken an audit in September 2015 which looked at staffing issues such as training and supervision. They also reviewed activities undertaken by people, complaints and comments received, medicine administration, people's finances and care plans. There were actions identified from the audit which had been addressed. The registered manager explained that he was in the process of reviewing these audits to ensure they met the needs of the service. A senior care worker showed us records of weekly medicines audits they carried out. This showed there were systems in place to monitor the quality of service provision.

The provider had purchased an off the shelf set of policy and procedure documentation, which they were in the process of reviewing which documents were relevant to the services they provided. They were also adapting the policies and procedures where required to meet the needs of their service. Some of this work had already been completed.