

RRC (GB) Ltd

Horizon Retreat

Inspection report

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22 August 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Horizon Retreat is a residential care home providing personal care to up to six people in one adapted building. The service specialises in supporting people with mental health needs. There were three people using the service at the time of this inspection.

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

The quality and safety of the service had improved for people since our last inspection. Staff had been provided training to help them manage difficult behaviours to keep people and them safe. Information about people's behavioural support needs had been improved to help staff reduce the risk of these escalating. Changes had been made to recruitment practices to reduce the risk of people being supported by unsuitable staff.

The provider had implemented systems to assess and monitor the quality and safety of the service. There were now audits and checks of key aspects of the service and the provider made sure action was taken to address any issues identified through these checks.

The registered manager now fully understood their responsibility for meeting regulatory requirements. They notified us, without delay, of events or incidents involving people which helped us check that appropriate action was taken to ensure the safety and welfare of people in these instances.

Although the provider had acted to make improvements, it was too early to judge whether these could be maintained continuously over time. Many of the positive changes we found had been made in the months prior to our inspection which meant there was not enough evidence of consistent good practice over time.

We also found some areas of the service continued to need improvement. Some records had not been maintained in a consistent way so that they contained up to date and accurate information about people. This was not having a significant impact on people at the time of this inspection but may present a risk in future.

Some of the activities planned for people were not always relevant to their social and cultural needs. We have made a recommendation about the provision of activities for people.

People were not being fully supported to achieve their care goals. Plans for how people would develop the skills they needed to move on from the service with a view to living independently were not fully developed. However, people's records contained information for staff about how they should be supported with their physical and mental health needs. We have made a recommendation about helping people to set and achieve goals for independent living.

People told us their needs were met by staff. Staff helped people stay healthy and well. They supported

people to eat and drink enough to meet their needs and to take their prescribed medicines. Extra help was sought for people if they needed this, for example when they became unwell. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs.

People said they were safe at the service. There were adequate numbers of staff to support people safely. Staff had been trained to safeguard people from abuse and knew how to manage identified risks to people. The provider carried out health and safety checks of the premises and equipment to make sure they were safe. The premises were clean and tidy and provided comfortable spaces for people to spend time in. Staff followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

Staff received training to help them meet the range of people's needs and were supported by senior staff to continuously improve their working practices. The registered manager made sure staff were motivated and clear about their duties and responsibilities, to help people achieve positive outcomes in relation to their care needs.

Staff were warm and friendly with people. They supported people in a dignified way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew how to make a complaint if needed. The provider had arrangements in place to make sure any accidents, incidents and complaints were fully investigated which included keeping people involved and informed of the outcome. Learning from complaints and investigations was acted on and shared with staff to help them improve the quality and safety of the support they provided.

People, staff and the local community were encouraged to have their say about the service. The registered manager used their feedback to identify ways the service could further improve. The provider worked with other agencies to make improvements. They acted on recommendations made by others to improve the quality and safety of the service for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Enforcement

At the last inspection we found the provider had failed to notify the Commission of events and incidents at the service. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

Horizon Retreat

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

Service and service type:

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

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

Notice of inspection:

The inspection visit took place on 22 August 2019 and was unannounced.

What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke to two people using the service. We also spoke to the registered manager, the deputy manager and a care support worker. We looked at two people's care records, medicines administration records (MARs) for three people, three staff files and other records relating to the

management of the service including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found staff were not trained and supported to take appropriate action to manage behaviours which challenged. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had taken action to protect people and staff from the risk of injury or harm. Staff had received specialist training to protect people and themselves when people displayed behaviour that may challenge them and others.
- Staff were completing further training to help improve their understanding of the range of mental health problems that could affect people, and how to manage these, to reduce the risk of people hurting themselves and/or others.
- Staff told us they now felt confident about what to do in instances where people displayed behaviour that may challenge them and others, to keep people and themselves safe.
- People's records contained information for staff on how to manage identified risks to protect people and others from injury or harm. For example, for one person there was a detailed plan for staff to follow to reduce the risk of the person's behaviour escalating to the point that they became unwell. Staff understood the plan and how to provide the necessary support to reduce the risk of this happening.
- People were involved in discussions about the risks posed to them so that they had a say about how these should be minimised to protect them from injury or harm. One person had been involved in discussions about risks posed to them from smoking. They had agreed with staff the measures to put in place to reduce these to keep them safe.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.
- The provider had acted on recommendations made by the London Fire Brigade, following their inspection of the service, to make the premises safer for people.

Staffing and recruitment

At our last inspection we found the provider was not following safe recruitment practices to check staff were suitable to work at the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had taken action to make sure only suitable staff were employed to support people. They had introduced a new process to verify the information collected about staff as part of the recruitment process. This included making telephone calls to referees to check the validity of references provided. The provider explored with staff any gaps and discrepancies in their previous work history and used this information to make a decision about whether to employ them.
- No new staff had been employed by the provider since our last inspection. The improvements made to the recruitment process would help to make sure only suitable staff were employed.
- People did not have concerns about staffing levels at the service. There were two members of staff on duty at the time of our inspection which the registered manager told us was the minimum required level each day. We noted that the staff rota on some days showed only one staff scheduled to be on duty. The registered manager told us this was an error as this did not include the registered manager themselves, who was one of the staff members that supported people. They told us staff rotas would be updated after this inspection to reflect this.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person said, "I feel quite safe...they (staff) protect us." Staff were trained to safeguard people from abuse.
- Information was displayed for people, visitors and staff about how to report any concerns they had about a person's safety and wellbeing.
- When concerns about people had been raised, the provider assisted the local authority with their enquiries and investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety.

Using medicines safely

- People told us they were supported to take their prescribed medicines.
- People's records contained information about their prescribed medicines and how they should be supported with these. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- Staff had been trained to manage and administer medicines and made sure these were stored safely.
- The provider carried out regular checks to make sure medicines were managed and administered safely by staff.

Preventing and controlling infection

- The premises were clean and tidy. Staff had been trained to reduce infection risks associated with poor cleanliness and hygiene. They had access to cleaning supplies, materials and equipment to help them do this.
- Staff followed safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Staff recorded events and incidents involving people which were then investigated by the registered manager. Learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not have the skills and experience needed to support people with all their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had taken action to provide staff with relevant training to help them meet the range of people's needs. Specifically, staff had been provided with specialist training to support people with their mental health needs and managing situations that could be potentially aggressive or violent.
- People said staff knew how to look after them. Staff told us they had better understanding and awareness of how people's needs should be met particularly when it came to ensuring they were fully supported to achieve positive outcomes in relation to their mental health.
- Staff had regular supervision (one to one) meetings with the registered manager to discuss any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Assessments were carried out with people and their representatives prior to moving in to Horizon Retreat. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided.
- Information from these assessments was used to develop care plans for people which set out the support they needed. This included information about their choices about how, when and from whom this was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us the meals they ate were "excellent". People helped plan meals at the service with staff. Staff used this information to prepare meals that people liked, which encouraged them to eat well. Meals reflected people's cultural and religious needs and preferences.

- Staff supported people to make healthy food and drink choices and to eat nutritious and well-balanced meals. They checked people were eating and drinking enough to meet their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's records contained information about the support they needed from staff to manage their health and medical conditions. Staff worked well with healthcare professionals involved in people's care. They followed their recommendations to help people achieve effective outcomes in relation to their physical and mental health and wellbeing.
- People were able to see healthcare professionals when they needed to. People had regular reviews with mental health professionals involved in their care. Outcomes from these meetings were reviewed by the registered manager for any changes needed to the support people required.
- Staff reported any concerns they had about people's health and wellbeing promptly so that people received appropriate support in these instances. When people needed to go to hospital, staff sent information with them about their current health, existing medical conditions and their medicines. This helped inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

Adapting service, design, decoration to meet people's needs

- Since our last inspection the provider had made improvements to the premises. There was now a larger communal lounge/diner for people to spend time in. The garden had been improved and was a pleasant space for people to enjoy.
- People's bedrooms were personalised and reflected their choices for how these were furnished and decorated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had arrangements in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to make sure decisions were made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person told us, "They (staff) are excellent." Another person said "Yes, I'm ok, everything is fine."
- People were relaxed with staff and interactions between them were warm and friendly. Staff knew people well and talked with people about things that were of interest or important to them.
- Staff prompted people to make decisions about what they wished to do. People were given the time they needed to do this, and staff respected their choices.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how to support people with these. For one person, staff used information about them to incorporate elements and themes based on the person's birth country into their daily life and routine which was something that was important to the person.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People were involved in making decisions about their care. People were asked for their views and choices prior to them using the service and then on a regular basis in review meetings with staff. This helped staff check that the support provided to people was tailored to meet their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when talking to people and listened to what people had to say. They asked people for their permission before providing any support.
- Staff gave people the space they needed to spend time alone if they wished.
- People's records were stored securely so that information about them remained private and confidential.
- People were supported to be as independent as they could be. Staff encouraged people to get washed and dressed each day, clean and tidy their room, do their laundry, their personal shopping and plan and prepare their meals and drinks. Staff only took over when people could not manage or complete tasks safely and without their support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained information for staff about their preferences and choices for how care and support for their physical and mental health needs should be provided. This helped to ensure people received personalised care and support from staff with these needs.
- However, people were not always helped to achieve all the goals they wanted. Each person using the service had a 'moving on and step down plan'. These contained information about specific tasks people wished to learn in order to help them move on and live more independently in the community. However, these were not fully developed to show how and when people would be helped to learn all the tasks they wanted. There was a plan in place for each person to help them learn how to undertake personal hygiene, cleaning and laundry tasks and basic cooking and shopping skills. But there was no plan for how people were learning to undertake other tasks they had asked for help with. For example, one person needed help to learn how to stay safe when travelling alone in the community. Another person needed help to learn how to take their medicines by themselves. Their records had no information about how and when people would be supported to achieve these specific goals.
- Staff prepared a report every three months, for all involved in people's care and treatment, which set out people's progress in terms of their physical and mental health and wellbeing. However, they contained little information about the progress being made by people in achieving the tasks they had identified they needed help with to live more independently. This indicated people were not always being helped to meet all of their identified care goals and needs.

We recommend the provider seeks current guidance on how to support people to set, plan and achieve goals, to live more independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a weekly timetable of group based activities for people to take part in at the service such as cake and coffee morning, Karaoke and musical instrument sessions, gardening, hand massages and cake baking. However, people's records did not indicate people had any interest in some of the activities that were planned. This suggested that the provider had not considered when planning group activities whether these would be relevant to all the people using the service.
- People were supported on a one to one basis to do specific activities they were interested in such as going shopping, going to the disco, watching a film at the cinema or having a meal. However, people's hobbies and interests were not fully catered for. For example, one person liked to listen to music but this need was only met when the person was at home. There was no evidence of consideration being given to planning

activities for them to pursue that interest out in the community for example, attending music events or concerts.

We recommend the provider seeks current guidance on supporting people to take part in activities relevant to their needs.

- To help people make new friends and maintain existing friendships people were supported to attend group outings in the community. The provider has recently organised a day trip to the seaside for people from all of their services to meet and socialise.
- People were encouraged to maintain relationships with the people that mattered to them. One person was being supported to spend more time with their relative which was a specific wish they had expressed.

Meeting people's communication needs

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

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.

Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. One person said, "[I'm] very happy...many things are good."
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The registered manager told us they had not received any formal complaints from people about the service since our last inspection.

End of life care and support

- At the time of this inspection no one was in receipt of end of life care and support. The provider had established relationships with healthcare professionals that would need to be involved when this need was required for a person. This would help make sure that people would be supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made since our last inspection but some aspects of service management and leadership were still inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider had not planned for how people's behavioural support needs would be met. Staff were not given the training and support needed to manage difficult behaviours to keep people and themselves safe. The provider had not ensured all staff were suitable to support people. The provider had no systems in place to assess and monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the registered manager failed in their legal responsibility to submit timely notifications to CQC. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the above regulations.

- The provider had taken on board our findings from the previous inspection and used this to make improvements to the quality and safety of the service. Staff had been provided training to help them manage difficult behaviours to keep people and them safe. Information about people's behavioural support needs had been improved to help staff reduce the risk of these escalating. Changes had been made to recruitment practices to reduce the risk of people being supported by unsuitable staff.
- The provider had also implemented systems to assess and monitor the quality and safety of the service. The provider made sure there were regular audits and checks of key aspects of the service, and made sure action was taken to address any issues identified through these checks, promptly.
- The registered manager now fully understood their responsibility for meeting regulatory requirements. Since the last inspection they had notified us promptly of events or incidents involving people. This helped us to check that appropriate action was taken to ensure the safety and welfare of people and others in these instances.
- The rating awarded from the last CQC inspection was displayed at the service. This was important as it helped inform people and others about the quality and safety of the service.
- Despite the improvements made since our last inspection, it was too early to judge whether these could

be maintained continuously over time. Many of the positive changes we found had been made in the months prior to our inspection which meant there was not enough evidence of consistent good practice over time.

- The registered manager had not identified through their audits and checks that some records had not been maintained in a consistent way so that they contained up to date and accurate information about people. For example, we saw for one person when the support provided to them changed, to help them lose weight, although this was verbally communicated to staff, their records had not been updated to reflect this. This meant any new staff unfamiliar with the person may not provide the appropriate support needed to help the person achieve their goal.
- Some other records were also inaccurate. Staff rotas for July and August 2019 had not been completed properly so it appeared at times there were not enough staff on duty to support people, although the registered manager told us this was not the case.
- We were satisfied that the quality of records was not having a significant impact on people at the time of this inspection but may present a risk in future.

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

- People knew the registered manager well. People were comfortable approaching them with any issues or concerns they had. The registered manager knew people and what was important to them. Their interactions with people were friendly and warm and they were focussed on meeting people's needs and resolving their queries.
- The registered manager held regular team meetings with all staff to make sure all staff were clear about their responsibilities for providing high quality care and support to people.
- Staff felt well supported and were motivated by the registered manager. The registered manager rewarded staff who demonstrated excellence in the care and support provided to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager investigated all accidents and incidents that happened and made sure people were kept involved and informed of the outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were provided opportunities to have their say about the service and how it could improve. People's views were sought through surveys, meetings and regular reviews of their care and support needs. Responses received from people from the most recent survey indicated people were satisfied with the care and support they received.
- Staff's views about the service were sought through surveys, supervision and team meetings.
- In order to improve relationships with the local community the registered manager had recently surveyed neighbours asking for their feedback about the service and for any issues or concerns they had. Responses received from neighbours indicated they had no current issues or concerns about the service.

Working in partnership with others

- The provider had worked with other agencies to make improvements to the quality and safety of the service. The local authority had undertaken a number of quality monitoring visits in the last 12 months and made recommendations to the provider about how the service could improve, which the provider had acted on.
- The London Fire Brigade had also inspected the service in the last year and made recommendations for

improvements which the provider had completed by the time of this inspection.