

Mary Rush Care Homes (SW) Limited

The Retreat

Inspection report

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Tel: 01452728296

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

The Retreat can accommodate up to 14 people who have a learning disability, a mental health condition and/or dementia. At the time of our inspection 13 people were living there. People living at The Retreat had their own bedrooms, some with en suite facilities and had access to a shower and bathroom. They shared a lounge and a dining room. The grounds around the property were accessible. A shed in the garden had been provided for the use of one person living there.

The Retreat had been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 19 February 2019. At the last comprehensive inspection in October 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last 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.

At this inspection we found the service remained Good.

People's care and support was individualised, reflecting their personal wishes, routines and lifestyle choices. They were treated with kindness and sensitivity. They had positive relationships with staff, who understood them well. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were assessed and encouraged people's independence. Staff understood and respected people's diverse needs. When people became anxious staff provided reassurance and supported them to manage their emotions.

People were supported by enough staff to meet their needs. Staff recruitment and selection procedures were satisfactory with the necessary checks being completed prior to employment. Staff were supported to develop the skills and knowledge they needed through a range of training and individual support sessions.

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. They made choices about their day to day lives. People and those important to them were involved in the planning and

review of their care and support. They chose the activities they wish to take part in. People went carriage riding, used local transport, and went on day trips, to social clubs and to day centres. People were supported to keep in touch with relatives, friends and those important to them..

People's preferred forms of communication were recognised. Staff were observed effectively communicating with people, taking time to engage with them. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about complaints and activities.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet. They helped to prepare and cook their meals. People at risk of choking had special diets and the support of staff to keep them as safe as possible. People had access to a range of health care professionals and had annual health checks. People's medicines were safely managed. People had expressed their wishes about how they would like to be cared for at the end of their life.

People's views and those of their relatives and staff were sought to monitor the quality of the service. This was provided through quality assurance surveys, reviews, complaints and compliments. People had information about how to raise a complaint. The registered manager completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local and national organisations and agencies to keep up to date with current best practice and guidance. Comments about The Retreat included, "The care is very good. There is a nice atmosphere" and "It's lovely to see how many events and activities you have planned and how happy everyone is."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

The Retreat

Detailed findings

Background to this inspection

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

This was a comprehensive inspection, carried out by one inspector. The inspection took place on 19 February 2019 and was unannounced.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we observed the care being provided to all people living at The Retreat. We spoke with six people. We spoke with the registered manager, and four members of staff. We looked at the care records for three people, including their medicines records. We looked at the recruitment records for four new members of staff, training records and quality assurance systems. We had a walk around the environment and checked health and safety and infection control records. We also considered responses from people, their relatives and staff to the provider's annual survey.

Is the service safe?

Our findings

People's rights were upheld. A member of staff commented, "Service users are safe and their needs are met." Safeguarding procedures were in place and staff had completed training in the safeguarding of adults. Information about local safeguarding procedures was available. Staff had a good understanding of their responsibility to raise safeguarding concerns and were confident the appropriate action would be taken by the registered manager. When needed safeguarding alerts had been raised with the local safeguarding team. The Care Quality Commission had been informed of any safeguarding concerns.

People were supported to manage their finances. Staff kept financial records for any payments or expenditure. Receipts were kept for any purchases and financial records were checked daily. As an additional safeguard representatives of the local authority audited some people's financial records.

People were kept safe from the risk of harm. Any risks had been assessed and managed to minimise any known hazards. People's independence had been promoted enabling them to safely do as much as they could for themselves. For example, mobility equipment had been provided for a person who was struggling to walk unsupported. Accident and incident records were detailed and the registered manager confirmed they analysed these to assess for any recurring themes should action need to be taken to prevent further risks to people or staff. For example, after an increase in incidents strategies for a person accessing the community were reviewed. As a result the number of incidents had decreased. People's risk assessments were updated to reflect any changes.

People occasionally became upset or anxious. People's care records provided clear guidance about how to anticipate and support people. Staff understood people well and anticipated their needs effectively using diversion and distraction. For example, giving space, reassuring them or going for a walk. Staff were observed reassuring people and helping them to manage their emotions. Health care professionals worked closely with staff to provide support and guidance when people's responses changed.

People lived in a home which provided safe and comfortable accommodation. Health and safety records confirmed a safe environment was being maintained and equipment had been serviced at the appropriate intervals. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. A new risk assessment had been completed and a fire blanket had been installed after an inspection of the fire systems in early 2019.

People were supported by enough staff to meet their needs. The Provider Information Record stated, "hours have been increased (in response to a person's changing needs) and night time hours were also increased due to the demands of certain nights". An emergency on call system was in place should additional staff support be needed. A member of staff said, "The registered manager is involved and hands on if needed." Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional

information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction programme which included health and safety training.

People's medicines were managed safely. Staff had completed training in the safe administration of medicines which included the shadowing staff until they felt competent to administer medicines. People's medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently. Medicine administration records (MAR) confirmed the stock levels of medicines were monitored and out of date medicines were disposed of when needed. Protocols were in place for the administration of medicines to be given when needed. The use of over the counter medicines had been authorised by a GP.

People were protected against the risks of infection. Staff had completed infection control training and safe practice was followed including the maintenance of the appropriate records. Night staff followed a cleaning schedule and if needed deep cleaning was arranged with an external organisation. Monthly audits were completed to ensure a clean environment was maintained. An annual report for 2018/2019 would be completed, in line with the requirements of the code of practice on the prevention and control of infections. The last inspection of the home by the Food Standards Agency in November 2017 had awarded them with five out of five stars or a very good rating.

People's safety was improved in response to lessons learnt from accidents or incidents. The registered manager confirmed action was taken in response to near misses and accidents and any learning had been discussed and shared with the staff team. For example, after a number of incidents between people, an area was created in the dining room to provide a small lounge where people could go if they did not want to spend time with others in the larger lounge.

Is the service effective?

Our findings

People's needs had been assessed to make sure their needs could be met. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. People's diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by staff who had access to training and support to develop their skills and knowledge. Staff confirmed they had access to training to maintain their skills and professional development. Staff completed training specific to people's needs. For example, dementia, mental health awareness and positive behaviour support. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, the Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had individual support meetings every three months and an annual meeting to discuss their training needs and performance.

People's nutritional needs had been assessed. Their individual dietary requirements were noted in their care records. Their nutritional needs had been discussed with health care professionals where needed. People who were at risk of choking had been referred to a speech and language therapist and their recommendations were followed. For example, a bite sized diet was provided. Staff supervised people eating their meals. Specialist crockery was provided such as coloured plates and cups to encourage people living with dementia to eat and drink.

People told us they enjoyed their food. They chose the menus and were able to have alternatives to the meal being prepared if they wished. Two people had individual menus to reflect their personal choices. Meals were produced using fresh ingredients including vegetables and fruit. People were observed helping themselves to snacks and drinks. They helped with the preparation of food and baking.

People moving between services were supported to make decisions about their future care and support. One person described how they had been to visit another home with staff. The registered manager said they worked closely with other professionals and providers to ensure any transitions were co-ordinated and well planned. The Provider Information Record (PIR) stated, "At The Retreat we are very proud of our communication with outside professional ensuring that both parties are working in the interest of our service users."

People's health and wellbeing was promoted. People's health needs were clearly described in their care records and health action plans. These were updated with any changes. People had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People attended dentist, optician and GP appointments. Staff worked closely with

social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. They also liaised with mental health professionals. The registered manager described how people had been supported to attend inpatient and outpatient appointments at local hospitals. People had coped as a result of the close co-operation and support between staff health care professionals.

People lived in a house which reflected their individual preferences. They lived in a detached house on the outskirts of the city, no different from other houses in their street. Adaptations, such as grab rails, a stair lift and hoists had been provided so that people could use their bedroom, bathroom and stairs safely. People living with dementia had been provided with coloured fixtures and fittings in bathrooms and signage around the home to help them keep their independence in day to day living. People had personalised their rooms to reflect their interests and hobbies.

People made choices and decisions about their daily lives. Staff discussed people's options with them, respecting their decisions and enabling them to plan their day. A member of staff said, "We give people choices and respect their decisions." People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Records confirmed when decisions had been made in people's best interests and by whom. For example, supporting people to manage their medicines and finances.

People's liberty and any restrictions had been assessed. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager confirmed applications had been approved by the supervisory body for people who were being deprived of their liberty. They were monitoring and complying with conditions associated with these.

Is the service caring?

Our findings

People were treated with kindness and care. They had positive relationships with staff. They were observed choosing to spend time with staff and being relaxed in their company. People said, "Staff are alright", "Staff look after me" and "Staff are ok." Relatives commented, "The care is very good. There is a nice atmosphere" and "I am very pleased with the care for her." The atmosphere during the inspection was very light hearted, with people laughing and joking with staff. Staff knew people really well. They were aware of their backgrounds and personal histories. Staff were observed engaging with people, chatting and patiently replying to their questions. A member of staff said, "It's a happy place to work and live."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People had identified their preferred form of address and this was respected. People had access to a range of equipment and aids to promote their independence both at home and in the community. For example, wheelchairs and accessible transport. People were encouraged and supported to participate in age appropriate activities in their local communities.

People were involved in the planning and review of their care. People had helped staff to develop new personal profiles providing a summary of their background and personal preferences. The Provider Information Record (PIR) stated this would ensure their needs were being met. People had the support of advocates when needed. An advocate is an independent person who can represent people using social care services. Two people were being visited by their advocates during the inspection.

People kept in touch with those important to them. A relative confirmed there were no restrictions on visiting and they were always made to feel welcome. People were helped to keep in touch with family and friends. They met up with friends at day centres and social clubs.

People's privacy and dignity was respected. The PIR stated, "Service users are treated with dignity and respect." Relatives commented, "Staff work positively" and "Staff are lovely and proactive." People were encouraged to be as independent as possible. For example, helping around their home with preparing meals and going shopping. Staff were observed reacting to people promptly. They responded to people with compassion and gave them reassurance when needed. People's support was organised so that they had the attention of staff. Staff training and staff levels did not impact on the level of care and support they received.

People's right to have their information treated sensitively and confidentially was respected. The registered manager had provided people with easy to read information, which illustrated the text with pictures and symbols, about the General Data Protection Regulation. They had sought people's permission to share information with social and health care professionals when needed. When personal information was transferred from one service to another secure containers were provided.

Is the service responsive?

Our findings

People's care was individualised reflecting their personal wishes and needs. Their care records detailed these and any routines, important to them, were clearly highlighted. The Provider Information Record (PIR) stated, "Care and support is person centred, services are created in partnership with the community, focussing on equality and narrowing inequalities." Staff had a good understanding of people's needs. They said they promptly raised concerns about changes in people's wellbeing to ensure the appropriate action was taken. For example, concerns about mobility or the risk of choking had been referred to the relevant health care professionals. The registered manager stated, "We adapt to people's needs well. Recent changes have happened quickly; new equipment was provided straight away. Staff needed to adapt and change, keeping people as independent as possible." People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. This included aspects of their personal care and helping around their home.

People were encouraged to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People's chosen activities were discussed with them including day trips, holidays and attending day centres and social clubs. People told us they liked watching rugby, going to the cinema, shopping and to garden centres. One person enjoyed carriage riding. Arrangements were made, when their mobility reduced, so they could continue this using a wheelchair carriage. People could join in a music session delivered, at their home, by an external entertainer. Some people used local transport and went into town without staff support. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time listening to music, watching the television and spending time in their rooms or taking part in an arts and craft session. A health care professional said, "It's lovely to see how many events and activities you have planned and how happy everyone is."

People's communication needs were highlighted in their care records. A new electronic system had been put in place to assess, monitor and review people's needs ensuring records were kept up to date. Care records guided staff about people's preferred form of communication such as using the spoken word, sign language or pictorial prompts. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Good use was made of easy to read formats which used pictures and photographs to illustrate the text. For example, information about advocacy and the complaints procedure. People had access to a pictorial guide detailing their activities schedule. A white board displayed photographs of the staff on duty each day. Technology was used throughout the home to make sure people's care was responsive. For example, sensory mats and alarms to alert staff should people need help.

People had access to a complaints process. People said, "Staff counsel me" and "I talk to the staff and [name of manager] if I have any worries." A relative told us, "We have no complaints. I would talk to any of the staff or the manager." Concerns had been raised by one relative, as part of the quality assurance

process. Action had been taken to look into and respond to these concerns. The PIR stated, "We welcome compliments and complaints as this is a way of improving our service to ensure we are providing the best possible outcomes to the individuals."

People's changing needs were responded to in a timely fashion. The registered manager described how the staff team had supported a person during their admission to hospital and also their response to a person's end of life needs. This involved close working with health care professionals to ensure the appropriate plans and level of support were in place. A health care professional commented about one person after they had moved into the home, "The change in him was quite remarkable."

People's wishes for their end of life support had been discussed with them and those people important to them. People's care records provided information when they or their family had made plans for a funeral. People's care records were clear when they had a do not attempt cardiopulmonary resuscitation agreement (DNACR) in place. These had been reviewed with people, their relatives and their GP. The registered manager told us, "We want the best for people at the end of their life" and would endeavour to help people "to stay here as far as possible until the end of their life". A relative, of a person who had died, said, "You gave him a safe home, full of love, care and joy."

Is the service well-led?

Our findings

People had a positive experience of their care and support reflecting the values and vision of the provider. The Provider's website stated, "Our aims are to treat everyone with dignity and respect, to give people the power to make choices, to give support to enable total involvement in the local community." The registered manager confirmed these values were put into practice. They said, "I shadow staff at least annually to assess their practice, their values and attitudes."

The registered manager was first registered in 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff told us, "It is being run beautifully by a manager who makes me feel a valued member of staff", "She is really easy to talk to if I have a problem and will do something about it" and "The manager leads the team really well, is involved, approachable and aware of everything that is going on." Staff said communication between the team was really good and they worked well together.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures.

The registered manager had effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance were up to date and available to staff. The registered manager maintained robust records to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these were reviewed to ensure they had been completed. The provider monitored people's experience of their care and support through regular visits to the service. They worked closely with the registered manager to ensure the quality of care was maintained.

People, their relatives and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. Comments included, "Very caring and supportive manager", "I am extremely happy" and "Communication is to a high standard." People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager had recognised when procedures needed to be reviewed for people being admitted to hospital to ensure the necessary information went with

them. A pack had been put together to go to hospital and health care professionals were asked to sign for these. The registered manager ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our ongoing monitoring of the service.

People benefited from a provider who made resources and support available to maintain high standards of care. The registered manager described how they valued staff and recognised their loyalty and commitment. Lessons were learnt from incidents and observations of people. The registered manager said they kept up to date with current best practice through membership of national and local organisations. This helped them to reflect about how they could improve the service provided. The Provider Information Record stated, "We have a good strong care team of staff who strive to achieve the best for the service users."

The registered manager worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well.