Care Expertise Limited

Retreat Lodge

Inspection report

57 Parchmore Road
Thornton Heath
Surrey
CR7 8LY

Date of inspection visit:
17 February 2016
18 February 2016

Date of publication:
16 March 2016

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 inspection took place on 17 and 18 February 2016, and was unannounced.
At our previous inspection of the service on 5 February 2014 the service was meeting the regulations inspected.

Retreat Lodge provides accommodation and personal care for up to seven people who have learning disabilities. There were seven people living in the home when we visited.

The service had a long serving 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.'

People felt safe using the service; they had sufficient numbers of trained staff present to support them. Recruitment procedures were safe and only thoroughly vetted staff were employed. The service had a staff training and development programme. Staff received appropriate training and support to enable them to meet people's needs.

Staff worked with a range of healthcare professionals to obtain advice about how to support people with their healthcare needs. Staff were implementing care practices that reflected the advice received.

Staff were trained in safeguarding adults. Staff at the service identified risks associated with people's care and were aware of how to manage these safely. The service ensured that people's human rights were respected and took appropriate action to assess and minimise risks to people.

Staff demonstrated a good understanding of people's needs. Staff treated people in a warm and caring manner showing regard for their dignity and individuality. Staff were attentive and responsive to people's verbal and non-verbal communication; they provided care that took account of their individual needs and capacities.

Staff supported people with identifying goals they wished to achieve whilst using the service and supported them to progress towards them. Staff were aware of the importance of people engaging in suitable and enjoyable activities and leading fulfilling lifestyles. People were offered structure in their lives, opportunities and facilities at the home were good. People were encouraged and supported to participate in a variety of activities in the home and build links in the community.

People were cared for in line with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 'Best interest meetings' were held as required by the MCA in situations when people could not give consent, for example, for a medical procedure.

The service had systems to ensure the quality of the service was checked regularly and action was taken as necessary to ensure the standards of care were of a high quality. Appropriate action was taken in response to incidents with a view to preventing recurrence. Staff provided people with support, the opportunity and time to discuss any concerns or complaints they had.

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 sufficient staff available to meet people's needs. Risks were assessed and managed with the aim of preventing harm to people and to others. Recruitment processes were thorough and ensured staff employed were suitable for the role.

People were given the medicines they were prescribed.
Staff were knowledgeable in recognising signs of potential abuse and knew how to follow reporting procedures.

Is the service effective?

Good

The service was effective. Staff received training to gain the necessary knowledge and skills needed for their roles.
Staff understood their responsibilities of the Mental Capacity Act 2005, the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met.
Staff supported people as necessary with meals and food shopping.
People had access to healthcare services, and staff supported them to liaise with professionals that helped promote their health..

Is the service caring?

Good

The home was caring.
Staff treated people with empathy and showed regard for their dignity and privacy.

Staff were aware of how people communicated and were attentive to people's non-verbal communication, recognising if they were uncomfortable or in distress, and responsive to their request.

People were encouraged and supported to build and maintain friendships.

Is the service responsive?

Good

The service was responsive.
Care and support planning took account of people's individual needs and wishes. Specialist advice was requested and reflected in people's support plans.
People were helped to identify what goals they wished to achieve and staff supported them towards achieving these.
The service offered good in-house facilities to enable people participate in activities they enjoy. Staff offered people good structure to their day and they had many opportunities to engage in activities which they enjoyed.

People were aware of how to make a complaint which was available in suitable formats.

Is the service well-led?

Good

The service was well led.
There was a registered manager in post for some time, the service had a well developed quality assurance processes in place. The focus of the home was on driving improvements and providing high quality care to people.
.
There were effective working relationships with other health and social care professionals involved with people and this benefited people by making sure their care was co-ordinated.

Incidents were responded to appropriately and action was taken to minimise the chance of recurrence

Retreat Lodge

Detailed findings

Background to this inspection

The inspection took place on 17 and 18 February 2016, day one of the inspection was unannounced. One adult social care inspector undertook this inspection.

Prior to the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed the information in the PIR and information we held about the service, including statutory notifications received, when planning the inspection. Before the inspection we also spoke with a commissioner of the service.

During the inspection we spoke with all seven people, some were unable to express themselves in conversation but support staff helped them share their experiences with us using body language and communication boards. We undertook general observations in communal areas and in the activities room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.
The registered manager was not on duty at the time of the inspection. We spoke with the senior support worker who was in charge and a manager from another service who visited. We spoke with five permanent support staff. We looked at the care and support plans for three people, daily records and incident and accident reports. We reviewed information during the inspection regarding processes to check on the quality of the service, the complaints records, meeting minutes and health and safety checks, staff recruitment records for four people, and training records for the staff team. After the inspection visit we spoke on the telephone with four relatives, and three social workers.

Good

Is the service safe?

Our findings

People said they felt safe. Relatives told of their confidence in the service and felt assured their family members were safely cared for. One parent said," My relative has done well since living at Retreat lodge. They have developed a good relationship with staff. Staff are vigilant and available twenty four hours a day to support and keep them safe."

Staff protected people from avoidable harm. One relative said, "I don't have any concerns, my family member goes to the park and shops with staff support, this is a big step forward." Staff knew how to spot signs of possible abuse and harassment and knew who to contact if they had concerns. Staff reported any concerns about a person's health or any incidents witnessed to the registered manager, so that any further action required to address the concerns and prevent recurrence could be taken. Staff had information about how to escalate and report concerns to the local safeguarding team when needed. No safeguarding concerns had been raised since our previous inspection.
Staff recruitment procedures were safe. We spoke with a newly recruited member of staff who described their recruitment as "thorough and professional". Records for newly recruited staff confirmed the organisation made appropriate checks on their suitability for the post. These included referees' details (including a previous employer) and a work history. They also provided information for a criminal records check. The recruitment process included evidence of interviews and how the candidate met the selection criteria. As part of the quality assurance process audits were completed of staff records to ensure staff information was kept up to date.

Staff kept people safe by referring people to appropriate professionals for behavioural assessments and by incorporating their recommendations into support plans and keeping these under review. Staff used these plans to support people by minimising the risks to their safety and the safety of others. Each person had a positive behaviour plans in place which was based on a positive range of options to avoid crisis by the use of therapy (PROACT). Staff were trained on PROACT and aware of triggers that led people to displaying aggressive behaviour. Staff had completed training in person centred risk management and used this knowledge to develop individual plans and deliver the support people needed to prevent harm without limiting what they could do. A person said, "My relative was quite reclusive and found it difficult to engage, they are now out doing things for themselves and much happier because they feel more worthwhile, staff make sure they are supported to do the task safely."

Staff demonstrated their knowledge on involving people and developing their confidence and self-esteem. A support worker told us staff recognised that boredom could escalate a person's episodes of challenging behaviour and therefore structured activities were important to daily routines. We noted that patterns of incidents had reduced; each day staff engaged people with activities and supported them with using the sensory room which they found beneficial. A person told us this had helped their family member become more relaxed when they had episodes of frustration. Staff also sat with people in the lounge and activities room, and provided an opportunity for people to discuss any worries or frustrations they had. Records were maintained of incidents, staff also discussed with the person in charge any incidents that occurred. These were shared at handovers so that the team reviewed how they could support people to reduce the incident

from recurring.

One person told us they like to go out every day and needed support to be safe in the community. They said, "Staff always accompany me and I no longer feel unsafe." Another person found busy noisy areas challenging which contributed to them displaying negative behaviour. In line with behaviour specialist guidelines they had developed suitable care plans to avoid accessing areas that were a trigger to their anxiety. The person enjoyed going out twice a day in the home's mini bus which the family member reported was a "major leap forward." A social worker told of another person that had made great progress, they said that due to individualised attention from staff who took on board recommendations from behaviour specialists the number of incidents significantly reduced. For all seven people in the service there was a person appointed who had power of attorney and responsibility for finances. Each person had a weekly allowance for personal expenditure. The service had procedures in place to support people with managing their finances safely. We observed that staff followed these procedures and processes were checked at handover at change of each shift to avoid unsafe practice.

Each person had a medicine profile; staff administered the medicines to people as prescribed. Medicines were stored securely and safely, for example fridges were maintained at safe temperatures and these were monitored to ensure they were correct. We saw from records that medicine reviews were completed every six months. One person had their medicines reduced following a recent review. Medicines were supplied every month in dosset packs, these were checked on delivery. Staff checked the stock of medicines daily and weekly audits were conducted. The service had addressed promptly and appropriately an issue in relation to a medicine error. Staff were trained in safe administration of medicines and competency assessments were completed after training. Medicines administered were recorded on a medicine administration record (MAR). We saw that people received their medicines as prescribed. Some people were prescribed 'when required' medicines and processes were clear on these.

The service undertook environmental risk assessments to identify and manage hazards that could cause harm to people using the service. For example, electrical supply cupboard and chemicals were locked in the designated cupboard. The service had a fire safety risk assessment and an evacuation plan for staff, and people who used the service, work was still in progress on developing personal further evacuation plans that considered their abilities and communication needs. Staff undertook checks to ensure a safe environment was provided. This included health and safety checks, security checks and checking the temperature of hot water, the fridge and freezer. The service provided safe premises, the majority of maintenance requests had been completed but it was not clear how they prioritised more urgent repairs such as hot water valves, we saw there was some repairs outstanding. Staff told us they always made sure hot water temperatures were checked before a person used the shower.

Good

Is the service effective?

Our findings

The service equipped staff with the necessary skills and knowledge for their role and had a training and development programme in place for staff. All new staff completed a full induction that included mandatory training. This included a range of health and safety courses including safe moving and handling, fire awareness, food hygiene, infection control and first aid. In addition, staff had training to meet the specialist needs of the people who lived in the home. This included supporting people with autism, diabetes, epilepsy, and communication skills including supporting non-verbal communication. A number of staff had completed national vocational qualifications (NVQ) in health and social care such as NVQ 3. Staff received training in and used picture exchange communication system (PECS) to communicate with people who are non-verbal. The service had a training matrix that identified some of the training was due for refresher, any gaps in training were noted in quality assurance process and addressed with management and human resource team

Following appointment and training staff had to complete a successful probationary period and demonstrate the competencies and necessary qualities before they were employed permanently. We observed that staff on probation were supervised and supported to undertake their role. Records showed where there was a particular learning need or if performance was unsatisfactory the probationary period was extended to enable the staff member develop the necessary skills before they were appointed permanently to the post. We received a number of positive comments about the service from professionals. A social worker told us, "Staff are excellent at using their initiative, I am very impressed with how they support people, the outcome for people is good."

There was a number of long serving staff who knew the people well. In the past twelve months the service experienced a turnover of staff with some experienced staff moving to more senior positions elsewhere. Vacant posts were recruited to and three new members of staff were recently employed. At the time of our inspection there was no vacancy within the team but new members of staff were in their probationary period. Long standing experienced staff worked closely with new staff that helped make sure they shared with them information on individual's needs so they could identify behavioural changes which may indicate the person is distressed. Staff had shared this information in the care records to help staff interpret people's non-verbal communication. The records contained information about other behavioural signs such withdrawing from events to help staff understood people's communication. This helped them learn the approaches and methods used to improve quality of life for the person.

Staff demonstrated their skills and we saw a number of occasions where staff used the specific communication tools. One health professional told us staff were very knowledgeable and skilled and this gave them confidence in the service. A health professional told of observing on visits that staff were well informed on the person's needs and responded appropriately to them in crisis. Relatives were also complimentary about the competence of staff. One family member said, "Staff are very capable and know and do what is best for my family member."

The support network for staff was good, staff told us and records showed staff received regular supervision

to assess their progress and identify training needs. Annual appraisals were also provided for all staff.

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

The service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met. Staff identified situations when people did not have the capacity to make specific decisions independently. In these cases meetings were held involving relatives and health professionals to reach decisions in their best interests as required by the MCA. We saw these had been held in appropriate circumstances, for example when a person required dental procedures under general anaesthetic and was unable to give consent. The person in charge and staff told us they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were informed on these procedures. The registered manager had made applications to the relevant authorities for people who were deprived of their liberty because they were unable to leave the home unsupported. The registered manager had informed the CQC about these approvals and were working within the MCA.

People were supported to maintain good health and with access to healthcare services. Each person had a health action plan which included details of appointments with health professionals. Staff told us people were registered with the local GP practice. The GP completed annual health checks for all those living at Retreat Lodge. Staff were aware of potential triggers for people's anxiety or changes in their mental health, a number of people were seen by psychiatrists. Their advice and recommendations were taken into account in care planning. Information recorded showed staff made timely referrals for health and social care support when they identified concerns in people's wellbeing. Records showed where needs had changed, or advice had been given, people's support and risk management plans were updated. A social care professional reported positively on the prompt action by staff when dealing with an issue in relation to their wellbeing. A relative said, "It is reassuring that staff are very good if my relative is unwell, they call the doctor and keep me informed." Staff also developed a Hospital Passport with each person. A hospital passport is used in the event of a hospital admission to ensure hospitals have relevant information on people's needs and preference, especially when people cannot speak for themselves. This helped to ensure a smooth transition between services if a person was admitted to hospital.

The premises, an ordinary spacious house, had been purposely adapted to meet the needs of people, for example the garden offered a flat spacious area for people to exercise and pursue gardening hobbies. The house offered a spacious lounge and a kitchen dining room. There was also a purpose built activities room and a sensory room set apart from the main house, this provided more space and people felt it less restrictive. Adaptions were made as necessary for people's needs, one person had a preference for a shower and the provider had adapted the bathroom as wet room before the person moved into the home.

People unable to speak were offered pictures to enable them select meals of choice. We observed a senior support worker was developing further the picture formats and menus provided for people. People were happy with the meals served. We observed some people were involved in preparing light snacks in the kitchen such as sandwiches under the supervision of staff. The kitchen included a dining table with seating for five people. The person in charge told us that some chose to have their meals at different sittings. Individual's nutritional needs were monitored closely and those identified at risk of malnutrition were

identified and weighed monthly. Risks such as those associated with choking were identified and highlighted in care records. Staff were made aware of the risks presented. For example one person increased their risk of choking if not always supervised at mealtimes as they did not understand the importance of placing too much food in their mouth at any one time.

Good

Is the service caring?

Our findings

One person told us in regards to the service, "This is good here, I like my keyworker, and they are really kind." We observed them discussing with the key worker the plans to go to an event the following day. A relative we spoke with said, "The home looks and feels homely, it is a really caring environment."

Staff showed awareness of people's preferences. During the afternoon in the activities room we observed two people engaged in activities they liked and were provided with snacks and drinks of their choice mid-afternoon. Staff present spoke calmly to people, explained things and helped them engage in a way that was unhurried and responsive to the person's needs.

Staff encouraged people to dress appropriately for their activities, for the weather and in a way that promoted their dignity. Staff supported people with buying age and peer appropriate clothing that reflected their style, personality and cultural needs. People were dressed appropriately and appeared well cared for with clean well pressed clothing. Staff supported people to attend the hairdressers.

We observed staff speaking with people in a warm and friendly manner, while maintaining people's privacy and confidentiality. Staff obtained people's permission before speaking about the support they received in front of others. People were able to have their own space and staff did not enter people's bedrooms without their permission.

The provider had a 'Dignity in Care' initiative. There was information about this displayed in reception explaining what it involved and how achieving this was knowing how to communicate effectively, knocking on people's doors before entering and seeking people's permission before providing care. Dignity in care was on the agenda for staff meetings.

We spoke with staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. They were knowledgeable about people's background and interests and these details were included in the care plans. Some people had a limited ability to communicate their needs but we observed that staff were aware of the necessary words and prompts to use to help the person express their needs. They had a clear understanding of people's needs and what they were required to do to meet those needs. One staff member explained how they supported a person who didn't like crowds by reassuring them and keeping close by when out.

We saw how staff supported people to maintain their dignity by following recommendations from behaviour specialists. One person displayed ritualistic behaviours that included undressing when people were present. We observed staff calmly responded by encouraging and helping the person preserve their modesty and put their clothes back on when they were in communal areas. Staff made sure that people were assisted with personal care tasks in the privacy of their own bathrooms and bedrooms with doors closed. Staff explained that they encouraged people's independence by prompting them to do things for themselves, for example practical chores, and involving them with preparing drinks and snacks in the kitchen under supervision.

People's confidentiality was protected. People's records were kept in the office and were inaccessible to visitors. Conversations about people's needs took place in private. Care records were personalised and focussed on each individual, for example they included a section on the person's life history and this helped staff understand their background prior to moving to the home and why this had impacted on their relationships with others. People were able to have visitors at their home, and were encouraged to maintain friendships and relationships. Relatives told us staff worked closely with them, they arranged with staff for their family members to visit and stay over for weekends.

The registered manager arranged events to encourage people to socialise and to widen people's social networks. The service arranged many events inviting relatives; they came to Christmas dinner, birthday parties and barbeques in summer.

Using person-centred planning, staff involved people's relatives or representatives, including relevant professionals in assessments, care planning and reviews. Relatives were seen as valuable sources of information about the person, with a role to play in care decisions. We saw from people's care records that families and people's representatives were involved in their care. Relatives told us the registered manager had sought their assistance, advocates and relevant professionals to support decisions about health care when people did not have the capacity to do so.

We observed a range of strategies were used to support people. This included strategies that targeted improving communication, facilitating supporting positive relationships or enabling engagement in meaningful activities.

Staff showed concern for people's well-being especially as they were aging and their health needs increased. Work was underway to develop plans for care for people at the end of their lives and advanced plans had been completed for two people. This was being approached with sensitivity, involving relatives where possible and the team had sought the advice of social work colleagues. Advanced care records included details of any religious or cultural need in relation to end of life care.

Good

Is the service responsive?

Our findings

People seemed happy and comfortable around staff in the home. Relatives spoke positively of the goals and aspirations achieved by family members. One person told us, "It is great here; I do so much every day and go out to community events." One person's family member described the positive outcomes for their relative since coming to the home four years earlier. They said, "It is hard to believe my relative has come so far, they have responded well to the service offered and have come on in leaps and bounds, the placement is great." Another person told us their relative had complex needs and was not able to have eye contact with people but this had all changed for them when staff used pictures to successfully communicate with them."

A social worker told us ," Things have worked out well for a person we placed, and this is due to the responsiveness of the service and the skills and qualities of the staff."

We saw that thorough pre admission-assessments were completed before people were admitted. This helped ensure they only accepted people who needs they were confident they could meet. People and relatives where relevant were able to contribute to the assessment and planning of their care. Staff told us that information gathered during the assessment stage about people's social, physical and mental health needs was used to develop suitable support plans for people. Information was also used to help encourage people to set goals for their future, based on informed choices and individual preferences. For example, one person was receiving support to be able to use public transport and access public areas, a staff member acknowledged that patience was key, progress was slow but steady and there were signs of progress. People had an assigned key worker, (key worker is a named member of staff and main co-ordinator of support for people in the home). Key workers supported the person and monitored their progress, and helped identify any additional support they required. People said that they felt listened to and were provided with opportunities to express their views by one to one sessions. Support needs and plans were reviewed every six months and more frequently if required. Plans were developed in response to changing needs and included input from involved professionals.

People received support to meet their individual needs and preferences. One person told us, "My relative leads a busy live and is actively involved in gaining new skills, this service has worked wonders for them."

People told us they received help to identify activities and hobbies they enjoyed, the service focused on providing structured activities and equal access for all. We observed the service had a purpose built activity centre and a sensory room set apart from the main home, and these were in use on both days. None of the people present were bored and all were involved in learning skills, listening to music, enjoying sensory activities. We observed a range of strategies were used to support people, these ranged from targeting improved communication, facilitated supporting positive relationships or enabling engagement in meaningful activities. People took part in a range of activities in and out of the home. Community activities were more limited due to demand so the in house facilities were beneficial. Two people attended day centres twice a week, another person enjoyed attending a further education college. People had support plans that were used to increase independent living skills, for example they developed practical tasks such as looking after their laundry and bedroom.

People and their relatives were able to raise any issues and feedback at their review meetings. There were a high number of people who were non-verbal and there were no meetings held for people using the service. The provider acknowledged this and had planned discussions on future plans to set up a suitable forum for people to feedback their views as a group.

The service had a complaint's procedure, each person was provided with a copy of the complaints procedure on admission, it was provided in an easy read format and was displayed in the home. There was a complaint's log with a record held of acknowledgement; these were responded to within agreed timescales. Outcomes of investigations were clearly recorded.

Good

Is the service well-led?

Our findings

The service was well led. People spoke positively of the registered manager who was in post for some years. People told us they knew and liked the registered manager of the service. They felt able to speak with him and felt comfortable approaching them if they wanted to discuss any concerns of worries they had. Relatives described the service as well managed, and the manager as, "a good communicator" and "professional". Staff were knowledgeable regarding their roles and responsibilities and the needs of people who used the service. They felt supported by management. A social worker spoke of a well-run service, they said, "Management is very good at Retreat Lodge, senior staff are able to step in as needed for care review and communication with us is excellent."

Staff were aware of the organisation's vision and values. They described their role of promoting the rights, independence and choice of people. These values were reflected in practice through the implementation of programmes that focused on the person receiving support, which was developed around the person's skills, interests and needs. Staff worked well with individuals demonstrating a trust that had developed, and we observed people co-operated well with them. Staff had a good understanding of the needs of people and how to care for them and there was a clear weekly structure in place for people that reflected their communication needs.

There was a quality monitoring system in place that helped identify shortfalls and drive improvements. A senior qualities/compliance officer visited the service once every month. The service was assessed for compliance on nutrition, involvement, team meetings, choice, activities, complaints and health and safety, among other areas. The monthly audit identified compliance with all standards and where actions were needed, these were identified and reported on for follow up actions and reviewed at next monitoring visit. We saw evidence from the audits of where gaps were identified such as in medicine procedures. We saw that appropriate action was taken to address the issues which led to improvements. We saw the reports and recommendations resulting from audits, the recommendations were of a minor nature, for example omitting a topic from the agenda of the monthly staff meeting.

The registered manager was familiar to and with the people who lived in the home and had developed effective working relationships with the range of professionals who were involved with them. A social care professional described the good working relationship with the manager and staff, they took on board recommendations and advice and worked well with professionals. Communication was good; we observed this was promoted through staff meetings and handover meetings between shifts. A more recently recruited staff member told us they felt part of the staff team who were supportive to each other, they said "We work well as a team and I feel included although I am new to the team."

The manager notified the CQC about incidents they were required to tell us about. Records of incidents included information on the action taken to prevent recurrence. Staff we spoke with were able to discuss what actions were required if an incident occurred and these reflected the providers incident reporting policy which included completing an incident form and notifying the provider and relevant social care professionals.

Although here were no in house meetings for people there was good dialogue with staff and relatives, they were involved in care reviews and their views were welcomed. The provider sent surveys to gather feedback from staff, and from people and their relatives. The results of a recent satisfaction survey indicated that people and relatives were satisfied with the services provided and had described aspects of the service as ranging from " good" to "excellent."

People were involved as much as possible, such as in the choice of furnishing bedrooms and communal areas and venues for annual holidays.