

Care Expertise Limited

Retreat Lodge

Inspection report

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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

About the service

Retreat Lodge is a residential care home providing accommodation and personal care. The home accommodates up to seven people in one house. At the time of our inspection seven people with learning disabilities were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Staff managed people's medicines safely and our checks showed people received their medicines as prescribed. Staff understood the risks in people's care and how to support them safely and the provider had checks in place to manage the premises and equipment safely. The service was clean and staff followed suitable infection control practices. There were enough staff to support people safely and staff were recruited following robust processes.

The provider supported staff with a range of training relating to people's needs, as well as one to one supervision. People received the support they needed to maintain their day to day health and in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and understood them well. Staff supported people to be involved in decisions in their care and care was personalised to meet people's needs and preferences. Staff supported people to access a wide range of activities they were interested in, and supported people on annual holidays. Staff understood people's communication needs well. The provider had a suitable process in place to respond to any concerns or complaints.

An experienced manager was in post who was in the process of registering with us. The manager was well regarded by staff and relatives. The manager had sufficient oversight of the service, working alongside staff regularly to check high standards were maintained. The provider had a range of audits in place to check

standards were maintained at all times.

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

Rating at last inspection

The last rating for this service was requires improvement (report published September 2018).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Retreat Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Retreat Lodge is a residential care home that provides accommodation and personal care for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, although the manager was in the process of registering with us. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and the site visit took place on 26 September 2019.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs).

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

Although we met with people using staff to facilitate communication, people were unable to express their views about the service due to their learning disabilities and other complex needs. Therefore we observed interactions of staff with people. We spoke with the manager and four care workers. We reviewed two people's care records, medicines records, two staff files, audits and other records about the management of the service. After the inspection we spoke with two relatives.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found staff did not always follow safe medicines management processes, with insufficient systems to ensure check stocks, some inaccurate records and a lack of suitable audits. At this inspection we found the provider had improved and medicines management was safe.
- Since our last inspection the provider introduced a system to monitor stocks of medicines after every administration. This meant the provider could check people had received their medicines as prescribed at any time. A relative told us, "[My family member's] medicines are fine, I'm completely happy."
- The provider carried out regular audits of medicines management to assure themselves medicines management was safe.
- Our checks of medicines stocks and records showed people received their medicines as prescribed. required support to manage their medicines to keep them safe.
- Support plans were in place to identify individual support needs and records reflected when and how certain medicines were to be given.
- Staff understood how to administer medicines safely as they had regular training.

Staffing and recruitment

- At our last inspection we found staffing levels had been reduced and staff felt this was starting to impact on their ability to keep people safe. In addition, safe recruitment practices had not consistently been adhered to. At this inspection we found the provider had improved as there were enough staff and recruitment was robust.
- There were enough staff although staff told us they would sometimes prefer more staff on shift. We saw there were enough staff to care for people safely during our inspection. A relative told us, "There's quite a few staff, I don't have any concerns about that."
- The provider checked staff were suitable to work with vulnerable people. This included checks of criminal records, previous work history, proof of identification and right to work in the UK and any health conditions.

Assessing risk, safety monitoring and management

- Our discussions with staff and observations showed they supported people to manage risks to people well. Staff understood risks to individuals and what support people needed.
- The provider assessed a wide range of risks to people, such as those relating to safety in the kitchen and the community, and put guidance in place for staff to follow where they identified risks.
- The provider assessed risks and carried out regular checks relating to the premises and equipment. The provider used specialist contractors to assess and monitor risks including those relating to fire, water hygiene, gas safety and electrical installation.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and our discussions with the registered manager showed they understood how to respond to any allegations of abuse.
- Staff understood their responsibilities in relation to safeguarding and received training in this to keep their knowledge current. The manager reviewed safeguarding responsibilities with staff at team meetings.
- The provider told us there had been no accidents or incidents or safeguarding allegations since they had managed the service. However, the provider had systems to learn and improve when things went wrong. For example, the senior management reviewed any accident and incidents if they occurred and provided guidance.

Preventing and controlling infection

- Staff received training in relation to infection control and followed best practice, including reducing the risk of food borne infections. In July 2019 the service received the highest rating from the food standards agency.
- The service was clean and free from unpleasant smells and staff followed a cleaning schedule to ensure this. The provider carried out regular checks that staff followed infection control and good hygiene standards. A relative told us, "The home is very, very clean."

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had built a sensory room and an activity centre in the garden. We saw the sensory room was freely used by one person through the day and the activity room was well utilised through the day.
- People's rooms were personalised to their tastes. For example, one person's room had been decorated with a princess theme in line with their interests.
- The provider had made adaptations to the service to protect equipment from breakages, such as positioning a strong plastic screen over the TV and encasing fire extinguishers in purpose built boxes.

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

- The provider completed pre-assessments before people started using the service so they could check the service was suitable for them. The assessment process involved people and their relatives as far as possible and the provider reviewed any available professional reports.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plan and hosting reviews from social services.
- Staff understood and responded to people's behaviour well, in line with guidance. For example, we observed when one person hit furniture loudly staff copied this action which made the person visibly happy. Staff understood this was a way of communicating with the person in a type of therapy known as 'intensive interaction' as they had received support on this from the provider's specialist behavioural team.

Staff support: induction, training, skills and experience

- People were supported by staff who received regular training in a range of topics to help them understand people's needs, including specialist topics such as epilepsy and diabetes. Staff told us they found the training to be good quality.
- New staff were supported by existing staff following an induction programme.
- Staff felt supported by the manager and records showed they received regular supervision with annual appraisal.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Our discussions with staff showed they knew people well and were able to recognise signs they were becoming unwell and seek support promptly. A relative told us, "If he's poorly they take him to the doctor. [My family member has] had new glasses and teeth done, they look after [them] very well."
- Records showed people were supported to access the healthcare professionals they needed to maintain

their physical and mental health, including seeing their GP. One person received daily visits from a district nurse to monitor a health condition.

- Staff understood and met people's individual dietary needs and preferences. Two people were at risk of choking and had been assessed by a speech and language therapist (SALT). The SALT guided staff to prepare their food in a particular way and we observed staff following the guidance to reduce the risks to the people.
- People received food of their choice which they enjoyed and we saw the portion size was sufficient.

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 followed the MCA and assessed people's capacity in relation to specific questions where necessary. The provider had recorded their assessments and carried out meetings to make decisions in people's best interests.
- The provider had applied to deprive some people of their liberty as part of keeping them safe and kept authorisations under review. The provider ensured information relating people's DoLS authorisations was recorded in their care plans. Our discussions with staff showed they understood why and how people at the service were deprived of their liberty.

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 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

- Relatives told us staff treated people with kindness and knew people well. One relative said, "It's a very nice place and [my family member] is so happy there. Staff understand [my family member] and likes them all." Our observations showed people were comfortable with staff and happy at the service. For example, we saw one non-verbal person offer their hand to several different staff and guide them to sit with them.
- We observed staff spoke to people respectfully and patiently and staff interacted with people a great deal through the day.
- Staff were aware of people's cultural and social needs and these were reflected in care planning.
- Staff received training in equality and diversity. At a recent team meeting the manager discussed LGBT rights with staff to promote the acceptance of each other's differences.

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

- Staff knew people well and offered choices based on people's known preferences. For example, in the activity centre we observed staff providing two people with different activities based on their preferences. We observed another person was able to come and go from the sensory room as they so wished. A relative told us, "I always recognise the staff and he knows most of them well."
- Our discussions with staff and our observations showed they understood how people communicated. For example, staff understood how one person would change their vocal sounds when they wanted support with toileting.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people's privacy and dignity when carrying out personal care. Staff also understood how to maintain people's confidentiality and had received training in this.
- Staff supported people to be as independent as possible. For example, some people were involved in cleaning and tidying their rooms and doing their own laundry. Some people spent time each week learning how to cook with staff in the activity centre at the service.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed people's backgrounds, personalities, those who were important to them and their care and support needs which were personalised to their individual needs and preferences.
- Our discussion with staff showed they understood people's care needs well and staff followed people's care plans. This meant people received care based on their individual needs and preferences.
- Staff reviewed people's care plans regularly to ensure they remained current and continued to reflect people's care needs well.

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.

- We saw staff understood the different ways people at the service communicated and used different methods to communicate with them. For example, we saw for one person staff helped them understand what would happen each day by using PECS (picture exchange communication system). Staff also adjusted their language when speaking to people to help them better understand.
- The manager worked closely with people and staff and this helped ensure all staff had the same understanding of how people communicated.
- Staff recorded the different ways people communicated in their care plans so staff had clear information to refer to.

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

- People were provided with a range of activities they were interested in. A relative told us, "[My family member] has enough activities, [they go] out a lot, more than I do!" We observed staff doing arts and crafts activities with people in the activities room. Another person had full access to a sensory room to use as they pleased. During our inspection several people went on scheduled activities outside the home. Each person had an activity programme in place based on their interests which included weekly aromatherapy massage for many.
- People enjoyed a holiday each year with other people and staff from the service and a relative gave us positive feedback about this.
- Staff supported people to stay in touch with their family members and relatives were welcome to visit

people at the service.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed the provider responded appropriately to any concerns raised.
- Relatives knew how to raise a concern if necessary and they had confidence the provider would investigate and respond appropriately.

End of life care and support

- Several staff were scheduled to complete training in end of life care with the local hospice, including the manager.
- The manager told us they would support people and their relatives to develop advanced care plans setting out how they would like to receive their end of life care.

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 requires improvement. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found there were insufficient systems to review and improve the quality of service delivery. At this inspection we found the provider had followed their action plan and had improved.
- The provider had a robust system of frequent audits to check people received a high standard of care, covering all aspects of the service. These checks included monthly comprehensive checks by the quality assurance team.
- There was a manager in post who was in the process of registering with us. They knew the service well having worked there for several years as a support worker and deputy manager. A relative told us, "The manager is alright. I don't have any moans about any of it." Our discussions with the manager and staff showed they had a good understanding of their roles and responsibilities.
- The provider had sent us notifications in relation to significant events that had occurred in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and manager kept relatives and staff informed of any developments at the service through regular phone calls to relatives and staff meetings. Staff told us they valued staff meetings.
- Staff and relatives were asked their views on the service through an annual survey. The provider told us they were reviewing the results and would produce a report of their findings shortly.
- The manager promoted understanding and acceptance of differences and recently gave a presentation to staff about LGBT rights.
- The manager took on board opinions and views of relatives and staff to make improvements.

Working in partnership with others

- People were supported to be active within their local community by using local services such as clubs, shops and cafes.
- The provider communicated well with external health and social care professionals, including review and monitoring officers from the local authority, to ensure people received the care they needed.

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 understood their duty of candour responsibilities and their management style was open and transparent.