Mary Rush Care Homes (SW) Limited

The Retreat

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 and 30 April 2015 and was unannounced. The Retreat is a care home providing accommodation and personal care for up to 14 people with learning disabilities. There were 10 people living at the service at the time of our inspection.

There was no 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. The previous registered manager had left the service. CQC had been notified and the manager's registration cancelled on 11 March 2015. The provider's business and development manager was managing the service. Recruitment was underway for a permanent manager who would apply to CQC to become registered manager.

People did not always receive a service that was safe. Safeguarding concerns were not always acted upon appropriately. Risks were assessed and individual plans put in place to protect people from harm. There were not

Summary of findings

enough skilled and experienced care staff to meet people's needs. The provider carried out employment checks on care staff before they worked with people to assess their suitability.

The service was not always effective. Staff did not receive supervision and appraisal on a regular basis. People were supported by staff who had received the training needed to meet their needs. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions. People received sufficient food and drink. People's health care needs were met.

People did not always receive a caring and compassionate service. They were not always treated with dignity and respect because people's stated preference regarding staff was not always adhered to. People were supported to maintain their independence.

The service responded to people's needs and the care and support provided was personalised. Staff providing care and support were familiar to people and knew them well. People were involved in a range of activities both within the home and in the local community. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

The service was well-led. The temporary manager provided good leadership and management. The vision and culture of the service was clearly communicated and understood by staff. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to keeping people safe and treating people with dignity and respect.

We have made a recommendation to improve the service provided to people in relation to staffing levels and staff supervision and appraisal.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People were not kept safe from harm because the service had not consistently reported incidents to the appropriate authorities.

There was not enough staff to meet people's needs.

Recruitment procedures ensured people were cared for by suitable staff.

People were kept safe as a result of risks being well managed.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was not always effective.

People were cared for by staff who had received sufficient training to meet their individual needs. However, arrangements for the supervision and appraisal of all staff members was not consistently carried out.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were cared for by staff who understood their role in respecting people's choices and decisions.

People received sufficient food and drink and their health needs were met.

Is the service caring?

Requires improvement

People did not always receive a service that was caring.

People were not always treated with dignity and respect. This was because people's stated preference regarding staff was not always adhered to.

People's privacy was respected by staff.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received a person centred service based on their individual needs.

People participated in a range of activities within the local community and in their own home.

The service made changes to people's care and support in response to requests and feedback received.

Summary of findings

The service listened to comments and complaints and made changes as a result.	
Is the service well-led? The service was well-led. The manager was well respected by people using the service and staff. Quality monitoring systems were in place and used to further improve the service provided.	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 service was previously inspected on 10 September 2013. At that time we found there were no breaches in regulations.

This inspection took place on 29 and 30 April 2015. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Some people using the service were able to talk with us about the service they received. We spoke to five people. We also spent time observing each person was being looked after.

We spoke with three care workers, three senior care workers and the manager. We also spoke with a relative by telephone.

We contacted three health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

We looked at the care records of five people living at the service, six staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes, I feel safe with the staff". Another person said, "I fell recently but usually feel safe". This person explained they had tripped whilst out walking with a member of staff. This had been recorded appropriately. A third person said, "I like all the current staff and I feel safe and happy now". A relative we spoke with told us they had no concerns regarding people's safety.

Staff had received training in keeping people safe. Staff told us what they would do if they thought a person was being abused or at risk of abuse. They were confident any concerns of abuse raised would be looked into thoroughly by the manager. Safeguarding policies and procedures were available to staff. The manager told us how they would respond to any allegations of abuse. This included sharing information with the local authority safeguarding team and the Care Quality Commission (CQC). However, we saw a record of an incident on 24 April 2015 that had not been reported. The manager told us they did not feel the incident required reporting as a safeguarding alert as it had not resulted in an injury and they felt it did not reach the threshold for reporting. We felt the provider should have held discussions with the safeguarding team and informed the CQC by sending a notification of the incident.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of being cared for by unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed; this meant people using the service were not put at unnecessary risk.

People were supported by three staff during the day and two staff at night. A cleaner was employed for three hours a day from Monday through to Friday. Staff told us they felt there was not always enough staff to meet people's needs. One staff member said, "It can be hectic, although I understand people's needs are to be assessed with regards to staffing levels". The manager told us that staffing levels had not been reviewed but there were plans to do so as a result of people's changing needs. We saw people's personal care needs were met. However, staff regularly stopped activities with people to support other people who were unsteady on their feet. This happened frequently throughout our visit. For example, on one occasion a staff member stopped an activity with a person in the kitchen to go to the lounge area to care for another person.

A whistle blowing policy was in place. Staff told us they knew about whistle blowing to alert senior management about poor practice. The manager had identified performance and disciplinary issues with staff members arising from staff raising areas of concern with colleagues. The manager dealt appropriately with these concerns in order to keep people safe.

People were kept safe because there were comprehensive risk assessments in place. These assessments covered areas of daily living and promoted people's independence. For instance, risk assessments were in place for a person to go for walks on their own. This person said they liked to go for walks in order to think when they felt down. Other people had risk assessments in place to ensure they were safe when making themselves hot drinks in the kitchen. The service had emergency plans in place to ensure people were kept safe. These plans covered individual areas for people. For instance, to meet people's medical needs and to assist them to evacuate in the event of a fire. Staffs were knowledgeable regarding these individual assessments and plans and provided care and support in accordance with them.

Records of accidents and incidents were kept. Where necessary these included an investigation and action plan were recorded to help ensure that people were safe and risks were minimised. Accidents and incidents arising from, or resulting in, anxiety or distress for people were recorded and reported to relevant professionals.

People's monies were kept safe by staff who followed clear financial procedures. These included regular checks of money and reconciliation of money spent with receipts obtained.

There were clear policies and procedures for the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had

Requires improvement

Is the service safe?

been given. People received their medicines as prescribed. Staff administering medicines had been trained to do so. Emergency medicines people needed to keep with them when outside of the home were appropriately stored with clear guidance for staff in place.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. One of the care staff said, "I take the lead in making sure we have enough protective equipment and it seems to work well".

We recommend that the provider seeks guidance from a reputable source to determine safe staffing levels.

Requires improvement

Is the service effective?

Our findings

People said their needs were met. One person said, "I'm well looked after, I've been here for twenty odd years and I love it". Another person said, "The house is much calmer since (Person's name) moved out and I spend more time in the lounge with other people now". Staff told us they felt the service met people's needs. They said, "Staff have a really good bond with people and meet their needs well" and, "People's needs are met because we know them well and can anticipate their needs".

Arrangements for the supervision and appraisal of all staff was not consistently carried out and requires improvement. The manager told us supervision of care staff was delegated to senior care staff. Records were in place showing supervision had been carried out with some staff. However, other staff had no record of supervision being carried out. The manager was able to provide some further evidence of staff having been supervised after our visit. Staff told us they knew who their supervisor was. Staff who had received supervision told us they found this helpful. Other staff told us they had not received regular supervision.

Training records showed the provider ensured staff received a range of training to meet people's needs. The training provided covered general areas such as keeping people safe, first aid and health and safety. Specialist training was also provided which included, supporting people with loss and bereavement, bi-polar disorder, dysphagia, dementia and positive behavioural support. Staff told us they had received training to meet people's needs. One staff member said, "I did specialist dementia training as I'm keyworker for (Person's name). The manager supported me to share this training with other staff". Another said, "The training provided is very comprehensive". People's needs meant staff needed to be trained in administering emergency medicines. This training had been provided and staff said they felt competent with this. Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely.

The manager told us staff were supported to complete health and social care diploma training. Training records showed staff either held or were working towards these qualifications. Health and social care diploma training is a work based award achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff were clear regarding their obligations to respect people's choices and decisions. We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, these were assessed by professionals who were trained to assess whether the restriction was needed. Seven of the 10 people using the service had DoLS authorisations in place. These had been appropriately submitted by the provider and ensured people were not being deprived of their liberty unlawfully.

People said they enjoyed the food at the service. People were encouraged to participate in food preparation. At lunchtime we observed staff offering people choices of food and drink. Staff offered people options to choose from for lunch. Menus were in place and gave people the opportunity to choose their own lunch option. A balanced and varied selection of food for lunch, tea and supper was detailed on the menu plan. People's fluid intake was monitored to ensure they did not become dehydrated. One person's fluid intake was monitored particularly closely. This was on the advice of the person's doctor to maintain their health. The person themselves was involved in monitoring and recording their fluid intake.

People's care records showed specialists had been consulted over people's care and welfare. These included health professionals and GPs. There were detailed communication records about hospital appointments. People had health action plans that described how they could maintain a healthy lifestyle. This included any past medical history. People had access to other health professionals. Records were maintained of the appointments and any action staff had to take to support the person.

Requires improvement

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff are nice and kind". Staff spoke positively about the people living at the service and said the care provided was good. One staff member said, "I think people are well cared for".

The atmosphere in the service was calm and relaxed. Staff were on the whole friendly, kind and discreet when providing care and support to people. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. For example, people joking with staff at lunchtime. However, at lunchtime we saw one staff member feeding a person without talking to them. At the staff handover and throughout the day we heard staff using unusual terminology. The term "safeguarding" was used regularly to mean a staff member observed people who were at risk of falling. For example, on one occasion a staff member said, "I'll support (Person's name) in the kitchen you go to the lounge for safeguarding". We did not consider the use of this term to show a lack of respect to people but did view it as lacking an individualised approach.

One person's care plan stated a preference for female support staff. The staff rota showed that two male staff provided care and support to people on the night of the 29 April 2015. The person required personal care on a regular basis both during the day and at night. We spoke to one of the staff who had worked that night. They said they would provide personal care support to the person if they required it. The provider's policy on providing personal care stated that, "Intimate care is provided by a person of the same gender wherever possible, and in line with the service user's preferences and wishes". We spoke with the manager regarding this. They were unaware of it being a stated preference in the person's care plan. This meant the provider had not ensured people's preferences about who their care and treatment was delivered by, was respected.

This was a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training on equality and diversity as part of their health and social care diploma. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

Monthly meetings were held with people to seek their views regarding their care and support. People said they enjoyed these meetings and felt their views were listened to and acted upon. Records of these meetings were kept. The records were easy to read and contained pictorial information to assist people's understanding. One staff member said, "The monthly meetings are very useful. They're always about people's needs. People can make decisions about menus, activities and anything they want to".

A keyworker system was used at the service. This involved staff members having key responsibility for ensuring a person's needs were met. People told us they liked their keyworkers. Staff said keyworkers were responsible for liaising with a person's family, professionals involved in their care and ensuring individual plans were followed by all staff. Staff told us this system allowed them to get to know the people they were keyworker for better.

Staff protected people's privacy and dignity. People's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. Staff protected people's dignity and assisted them to cover themselves when their clothing needed adjusting after visiting the toilet. Staff told us they protected people's privacy.

People's independence was promoted. Staff supported people to make their own drinks, where this had been assessed as being safe. People's care plans included areas where their independence was to be encouraged.

The service had a policy on protecting people's confidentiality. Staff took care not to talk about people in front of others. People's confidentiality was respected by staff.

People who did not have any direct involvement from family members were supported to access advocacy to assist them to make their views known. One person said they had been involved in choosing an advocate to assist them.

Good

Is the service responsive?

Our findings

Each person had a care plan and health plan in place. These plans were personalised and contained information on how people's needs were met along with information on their likes and dislikes, hobbies and interests. Staff said these plans were easy to use and provided the information they needed to provide care and support to people. A summary document called, "This is my support plan" was contained in people's care plan file. In people's health file was an advance care plan document. This gave information on how people should be cared for if they became unwell.

People gave different feedback on their involvement in writing their care plans. One person said, "I was involved in deciding how I should be cared for". Another person said, "I can't remember being involved". Staff told us where possible people had been involved in writing and agreeing their care plan. A senior care worker said, "We are trying to individualise care plans and make sure people are involved in them".

People were involved in a range of individual activities. These activities included attendance at different clubs, shopping and leisure activities. On the second day of our inspection one person went out independently to a local charity shop. They said, "I like visiting the charity shop and taking my time. Other people were involved in activities in the home, including food preparation, playing games with staff and doing maths problems. The service had a minibus which was regularly used by people to access activities and community facilities. Holidays had been planned for later on in the year. People had been involved in deciding where to go and who to go with.

People told us about contact they had with family and friends. People said staff helped them maintain contact and arrange visits. A relative told us staff supported people to keep in contact with relatives and friends. People's care plans included information on friends and relatives important to them and guidance on how people would be supported to maintain contact.

Throughout our inspection staff responded to people's individual needs. On one occasion a person was experiencing some discomfort due to a health condition. They asked a staff member to get them a hot water bottle to help with the pain. The staff member did this immediately and brought their slippers to reduce discomfort for their feet. They then stayed with the person and provided reassurance that they would be able to use a wheelchair to attend the activity they had planned later that day. A staff member told us one person wanted to write their life history and that support would be provided to help them with this. We also saw a staff member taking care to explain to a person the change to the times of a club they attended. The staff member wrote the information down for the person and explained the change carefully. We asked the staff member about this. They said, "(Person's name) gets anxious about any change or uncertainty, so we need to be as clear as possible and ensure they understand".

The provider had a complaints policy in place. An easy read complaints procedure was made available to people. People said they were able to make complaints. One person said, "If I'm not happy, I'll tell them". There were no recorded complaints in the 12 months before our visit. The manager said, "We record any significant discussions with people in their care plans. These may include some comments or minor complaints which we can immediately resolve. We value complaints and would use any feedback to improve things". In the file used to record incidents, we saw a recent entry detailing one person being upset during the night as a light had been turned off. The entry stated the light was to be left on. The manager said, "(Person's name) light is left on. I spoke to the staff member involved, to make sure this wouldn't happen again".

Good

Is the service well-led?

Our findings

People said they were treated as individuals and encouraged to be as independent as possible. People seemed relaxed and comfortable in their home and with care staff. People said they liked the manager and staff and could talk to them whenever they wanted to. People were cared for and supported in a personalised manner. This showed the vision and values of the service were put into practice.

There was a clear management structure at the service which provided clear lines of accountability and responsibility. The manager was supported by a team of senior care workers who co-ordinated the work of the care workers. A senior member of staff was on duty at all times. This meant care workers always had access to a senior member of staff for advice and guidance.

Staff said they felt the service was well managed. They spoke positively about the manager and felt their approach was open and honest. The manager told us they could be contacted at any time and the deputy manager was also available to staff. Staff confirmed they were able to contact a manager when needed. One staff member said, “We were short of staff on Easter Saturday due to sickness. We rang (Manager’s name) and they came in to help”.

A relative told us they felt able to contact the manager if necessary. However, they did say they were a little disappointed they hadn’t been informed when the previous manager had left. They said they had been told by their relative using the service.

The provider had policies and procedures in place that promoted openness and encouraged staff to raise concerns and question practice. These policies and procedures were regularly reviewed. Staff knew how to access these policies and procedures. This meant clear advice and guidance was in place for staff.

Regular staff meetings were held to keep them up to date with changes and developments. We looked at the minutes of the staff meeting held in January 2015. The minutes detailed discussions on how best to meet people’s needs and identified the views and opinions of staff. Staff told us they found these meetings helpful and they were able to raise any concerns they had.

Both the manager and senior staff knew when notification forms had to be submitted to CQC. CQC had received notifications made by the staff. Accidents, incidents and any complaints received or safeguarding alerts made were reported by the service.

Accident and incident reports were investigated by the manager. People’s risk assessments were reviewed and care plans updated when necessary. Staff were informed of these changes at handovers and staff meetings. This meant the service was learning from such events and making changes as a result.

There were effective checks in place to monitor the quality of the service. These included regular checks of the building and environment, care plans and other care records and observation of staff practice. These checks were either carried out by the manager or delegated to senior care staff. Where they were delegated to senior care staff the manager reviewed the completed check. Records of these checks showed the manager had identified areas for improvement and ensured these had been completed. For example, a recent check of hot water temperatures had resulted in replacement anti-scald valves being fitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services were not protected from the risk of abuse and improper treatment, because the provider had not shared information with the appropriate authorities. Regulation 13(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect People who use services were not protected from the risk of not being treated with dignity and respect, because the provider had not ensured their preferences regarding staff were adhered to. Regulation 10(1).