

Colleycare Limited

Tara's Retreat Care Home

Inspection report

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Date of inspection visit:
23 May 2018

Date of publication:
15 June 2018

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 23 May 2018 and was unannounced.

Tara's Retreat is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and treatment for up to 46 people, some of whom live with Dementia.

At our last inspection on 31 March 2016, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe at the service and there were appropriate risk management arrangements in place to help keep people safe. There was a robust recruitment process in place with sufficient deployed to ensure that people's needs were met when required.

Staff received a comprehensive induction to the service when their employment commenced and they continued to receive regular training and updates as required. This gave staff the skills and information they needed to support people effectively and safely.

People's medicines were managed safely by staff who had received training and had their competencies checked. Care plans were comprehensive and provided staff with detailed information. People, where they were able and or family were involved in the development and review of people's care plans.

Staff asked people for their consent before they provided support. Where people were unable to consent verbally, staff took time to get their consent through other means such as eye contact or body language. The management and staff worked in line with the Mental Capacity Act (MCA) principles and associated deprivation of liberty safeguards DoLS.

People and their relatives told us staff were kind and caring and we observed staff supported people with compassion and were patient. Staff were aware of people's likes, dislikes and preferences and delivered care and support in accordance to people's wishes.

People were provided with opportunities to engage in social activities of interest to them. The environment and the grounds were well maintained and provided people with opportunities to utilise the surrounding garden areas as well as al fresco dining if people wished. The décor was appropriate for people who lived with Dementia with plenty of stimulating objects for people to engage with. Memory boxes and memorabilia were placed in corridors and outside people's bedrooms to help them recognise their environment.

The Management was open, transparent and inclusive and we observed visible and effective leadership within the service. The service was effectively managed. The registered manager was supported by deputy and assistant manager who effectively as a team.

The management team provided people with a range of opportunities to provide feedback and comment upon the service in order to continually make improvements. There was a comprehensive range of quality monitoring checks completed with an action plan in place to address any shortfalls.

At the time of our inspection, the home was having some building and refurbishment work done. We noted risk assessments were in place. The work was planned to minimise inconvenience to people who used the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well led.

There was an open transparent and inclusive culture at the service.

There was a range of quality assurance systems in place to drive continual improvements.

People were asked for feedback and their views taken into account.

Staff felt well supported with clear roles and responsibilities.

Tara's Retreat Care Home

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 checked 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 inspection took place on 23 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector, and an assistant inspector and was unannounced.

Before the inspection the provider 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service and two relatives. We spoke with three care assistants, the assistant manager, and deputy manager. We also received feedback from representatives of the local authority commissioning team and health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, two recruitment files, staff training records, quality assurance documents and other documents relevant to people's health and well-being. We received feedback from six relatives.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe living at the service. One person told us "I feel very safe here. Yes of course I am safe". Relatives who provided feedback to us confirmed they felt their family members were kept safe.

Potential risks to people's health, safety and well-being had been assessed and were managed effectively to help keep people safe. The risk assessments that we viewed provided clear information for staff to enable them to help keep people safe in all aspects of their daily living. Risk assessments were kept under regular review.

People were safeguarded from the risk of harm by staff who had received training. Staff were able to explain the processes in place and how to report concerns. One member of staff said, "I would report anything I was concerned about to my line manager". Training records for staff confirmed that they had undergone training in safeguarding people. There was a current safeguarding policy in place and information about safeguarding, including the details of the local safeguarding team, were displayed at the service.

People were cared for by staff who were recruited through a robust process and pre-employment checks were completed which included a disclosure and barring check (DBS) and taking up of references which were verified. We observed there were enough staff on duty. This was confirmed through feedback from people and relatives.

Medicines were managed safely by staff who had received training and had their competencies checked. We checked a sample of controlled medicines and found the stock balances were correct and the medicines were in date. Medicines were stored at correct temperatures and regular audits were completed. We reviewed medicine administration records (MAR) relating to how people's medicines were managed and they had been completed properly, with no gaps or omissions in the records we saw.

Infection control audits were completed to reduce the risk of cross infection. Staff wore personal protective equipment which included gloves and aprons and were observed to wash their hands at regular intervals.

Is the service effective?

Our findings

People and their relatives told us they felt that staff understood their needs and had the skills required to care for them effectively. One person said, "They are all very good the staff here, I am sure they know what they are doing". A relative told us "[Name] has done really well since they came to Tara's, the staff are very helpful".

Staff told us they had received induction and on-going training and this helped to give them the skills they required to support people effectively. Staff were also given opportunities to 'shadow' more experienced staff to enable them to develop an understanding of people's needs and wishes and how they liked to be supported.

Staff training records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge. Staff received supervision at regular intervals and told us that they had regular contact with senior staff. Supervision meetings were used as an opportunity to discuss performance, training requirements, and their well-being. Staff attended regular team meetings and were provided with the minutes as a reminder of the topics that were discussed. One member of staff told us, "The support here is very good. [Name of registered manager] is always around to offer support, encouragement and advice".

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). 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 were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and clearly documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care.

People told us that staff sought their consent and we observed this to be the case. People were involved in decision making as much as they were able, and their decisions were respected.

People were supported to have a varied and balanced diet. We observed people were offered visual choices. People gave positive feedback about the food and drinks they received. The menu we viewed offered people a wide variety of meals and was compiled with input from people who lived at the service.

People were supported to access health and care services to maintain their health and well-being. A review of people's records showed that they had received support from professionals such as their GP, nurses and

opticians as required.

Is the service caring?

Our findings

People spoke positively about the staff and the service. They told us that staff were kind, caring and they were happy with the support they received. One person told us, "The staff are all really good. I do like all of them." A relative told us "[Name] is happier than I have seen them for years they enjoy what they can. This is down to the staff who all help when needed". Another relative who provided feedback told us "We have noted how caring each individual member of staff is with [Name]". A relative who provided feedback told us "A special thank you to [Name] who goes the extra mile ensuring [Relative] goes to bed early enough to enable them to enjoy the next day and actually get up for it"

Positive relationships existed between people and staff. One person told us, "They are a good team. We all get on really well." We observed interactions between staff and people and found these to be friendly and respectful. Staff were encouraging when they interacted with people and displayed a genuine interest in the people they were supporting. Members of staff took the time to engage people in social conversation and answer people's questions. People we observed appeared comfortable and happy in the company of staff.

One member of staff told us, "It's a great service to work in. It's all about the people and providing them with the best possible care and support". Staff knew people well and understood their preferences and could describe to us people's likes and dislikes and the things that were important to them. Regular discussions were held with people to review the information within their care plans and record any additional information. The comprehensive information in the care plans enabled staff to understand how to support people and to ensure their needs were met.

Staff respected people's privacy and dignity. One member of staff told us, "The service is for the people and we prompt them to always remember their privacy." Staff members were able to describe ways in which people's dignity was preserved and the prompts and guidance they used to encourage people.

Staff also understood that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There was a wide range of accessible information displayed around the service which included information about the service, safeguarding, the complaints procedure, fire safety notices, activities and forthcoming events. This meant that people received information on the services that were available to them and enabled them to make informed choices about their support.

We saw that a member of care staff from a care agency was present at the service. They told us they came to the service to provide companionship to a person. They were also helping to 'settle' a person who had recently come to live at the service. The person had been supported in the community before coming to the service so the staff member was a 'familiar face' to them as part of the transition to the home.

Is the service responsive?

Our findings

People and their relatives told us they felt that the service was responsive to people's changing needs. The registered manager told us that care and support were kept under regular review and if there were any changes to people's abilities, their care plan would be reviewed and updated accordingly. Staff knew people's needs well and this helped ensure that they supported people in a way that suited them.

Relatives told us the service operated flexibly and was centred around the needs of people. One person told us "The staff are very good here, they do ask you if you are ready to get up or go to bed and if I want to have a lay in they will come back". One relative told us "The service is brilliant, they do a great job, very patient and they always put their head around the door to see if [Name] needs anything.

People were supported to participate in a range of activities that were of interest to them. We observed people participating in chair activities and singing session which they appeared to be enjoying. We saw people doing a quiz. Individuals who preferred to spend time in their bedrooms were offered a manicure, or staff sat and had a chat, read a newspaper or spent time reminiscing. We saw lots of memorabilia around the home and items that people had been made which included art and crafts objects.

There was a robust complaints procedure in place and people told us they were aware of how to raise concerns. We saw the complaints policy was clearly displayed at various points throughout the home. People and relatives told us they were aware of how to raise concerns. However, the people we spoke with were very positive and told us they had not had cause to complain. We saw that numerous compliments had been received and these too were recorded and monitored.

People were asked for their views and their opinions and feedback were taken into account.

Is the service well-led?

Our findings

When we last inspected the service in March 2016 the service was rated as requires improvement in the Well Led section. This was because information provided from public health England not being used to the optimum. The current registered manager joined the service in July 2017 and has since made positive and notable improvements to all aspects of the service.

People we spoke with were very positive about the leadership of the service. One person told us, "[Name of registered manager] is a really good manager." Another person told us, "[Name] is such a lovely Manager, always approachable". Staff too were positive about the registered manager and told us "I feel we are well supported and {Name] is always available to offer support.

We found that there was a positive, welcoming atmosphere at the service. Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Name of registered manager] is excellent. They work with us and are always approachable and supportive." None of the staff we spoke with had any concerns about how the service was being run and told us they felt appreciated and valued. Staff were motivated and committed to improving the support that they provided to ensure that people received the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service.

We found that there were a range of quality assurance systems in place to help monitor all aspects of the service. Audits were completed both by the registered manager and management team and also by the provider. Any shortfalls were documented in an on-going action improvement plan. These included reviews of care plans, medicines, recruitment records, activities and infection control.

The registered manager told us they had many plans for the future of the service and were currently in the process of getting the home refurbished. This was being done in a gradual and planned way to keep the home operating as close to normal as possible and keeping disruption to a minimum. The home was also in the process of being extended.