

Mary Rush Care Homes (SW) Limited

The Retreat

Inspection report

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12 October 2016

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Ratings

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

Summary of findings

Overall summary

The Retreat is a residential care home providing individualised support for people living with a learning or physical disability. At the time of the inspection 13 people were using the service.

This inspection was unannounced and carried out on 11 and 12 October 2016.

There was a 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in April 2015. At that inspection we identified breaches of regulations. These were in relation to dignity and respect and sharing information with the appropriate authorities.

At this inspection we saw the actions they had told us they would take to improve these areas had been fully implemented and sustained over time.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. Family members said the management team were approachable.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they like to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and contained sufficient information for staff to read and support people effectively.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered

manager.

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.

Medicine administration, recording and storage were safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

People were kept safe as risks had been identified and were well managed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a team leader or registered manager.

People received good support to meet their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible.

We received positive feedback about the support provided from people living at the home and other relatives and professionals.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person centred and were clearly responsive to people's needs.

People were supported to follow their preferred routines and take part in meaningful activities.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Is the service well-led?

Good ●

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the provision.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an unannounced inspection completed on 11 and 12 October 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed on 29 and 30 April 2015 and there were two breaches of regulation at that time. The provider gave us an action plan detailing what they would do to improve these areas.

During the inspection we looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service and five members of care staff. We spoke to four people who live at The Retreat. We spoke to one relative who was visiting the home on the second day of our inspection. Because we were unable to speak with all people who live there due to their communication difficulties or learning disabilities we spent time observing what was happening in their home.

After the inspection we spoke to three relatives, three staff members who worked a different shift pattern and health and social care professionals to obtain their views.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I like living here, the staff are really good". Relatives confirmed their loved ones were safe in the care of the staff at The Retreat. One relative said, "The Retreat feels very homely, always clean and welcoming. The staff are friendly and show respect to the residents". We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided at their pace. This demonstrated people felt secure in their surroundings and with the staff that supported them.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "If I had any concerns I would contact the safeguarding helpdesk or CQC, we all know how to do that". Competency assessments were completed to ensure staff understood what safeguarding is and how to make a referral to other agencies if needed. One assessment asked staff, 'What are your responsibilities?' The staff member had replied, 'Duty of care to everyone, to report anything we feel is a risk to themselves or others'.

People's medicines were safely managed and the practices and procedures followed resulted in minimal risk of error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training, watched other staff and completed a full and comprehensive competency assessment, before being able to administer medication. Staff wore a different coloured apron which clearly identified that they were not to be interrupted when administering people's medicines.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and looking at the staffing rotas. The registered manager told us there were four staff during the day and one staff sleeping in, with one staff awake at night to deal with any issues. Relatives stated they felt there were sufficient staffing levels employed at the home. There was an on-call duty manager available at all times to deal with any emergencies.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for four staff which evidenced staff had been recruited safely.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEP).

These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. One person's PEEP said, "I will be able to move on my own to a place of safety once I have received instructions or heard the alarm". This had been updated in March 2016. There were weekly and monthly fire drills and easy read directions in the case of a fire drill so people would understand where to go. The last fire drill was on 21 September 2016. One recorded outcome of the fire drill detailed how long it had taken each individual to exit the building so that risks could be identified. The registered manager had taken advice from the Gloucestershire fire and rescue service to ensure they were doing all that was needed to be ready for an evacuation if required. The fire risk assessment had been updated in September 2016. The emergency escape routes were monitored monthly. It had been identified in July 2016 that a door bracket was broken. This had been fixed immediately and records confirmed this.

Staff showed a good awareness in respect of infection control and food hygiene. There were different coloured chopping boards which were used for different foods to minimise the risk of cross contamination. We were shown records of the temperatures for fridges and freezers which were taken daily. A daily checklist had been implemented and was being used to ensure things such as deep cleaning of bathrooms were being done. All bathrooms had paper towels, disposable gloves and antibacterial soap. These were checked daily and ticked off by staff on the checklist. Staff had different coloured aprons to wear for food preparation, administering medicines and personal care.

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received excellent training which was of good quality, was informative and enabled them to do their job effectively. These included mandatory courses such as Safeguarding, MCA and DoLS and First Aid. One staff member had completed Bi-polar and Dementia courses to further their knowledge in these areas which, to benefit people who lived in the home. This meant staff were able to understand how people were feeling and what extra support they needed. One staff member said, "There is constant training. We used to do e learning but I cannot remember when we last did that. People come in and train us now which is much better as we can ask questions". Other staff confirmed they learnt more when having face to face training.

Staff had completed an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The care certificate had been introduced and newer members of staff were completing this as part of their induction. The registered manager had printed leaflets on schizophrenia and bi-polar for staff to familiarise themselves with some of the possible behaviours people living at the home might display.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for people and the registered manager was awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty.

One person's mental capacity assessment regarding leaving the home completed in May 2016 said, "[The person] will come and go when they want to; [The person] has the code to the electronic key pad. They will inform staff most times when they return". This showed the provider promoted people's capacity to make their own choices and decisions. In accordance with the MCA a best interest making process had been followed for one person. This meant that, although they lacked the capacity to make a decision, they had been able to receive important health treatment to improve their life.

Staff received regular supervision and appraisals which provided staff with formal support to develop their skills and knowledge. This helped ensure people continued to receive high standards of care from staff that were well trained. Staff had a supervision and development pro forma to complete every other month and records showed these had been completed. These reviewed staff performance and development. Staff had

a yearly performance appraisal. One staff member's appraisal completed on 16 October 2016 identified areas for improvement and objectives for the next six months. The objective was, 'To participate more in the leadership of the home by being a team leader and possibly completing a level 5 NVQ qualification. This showed staff were supported to develop their skills.

People were able to choose what they would like to eat. This was discussed with people individually due to their different communication needs. Menus were varied, healthy and included personal choices. Each person had a positive and reactive behaviour management plan which gave staff specific information and guidelines to support people with eating and drinking if required. One person had guidelines from the speech and language therapy team (SALT) for possible choking. The guidelines were easy for staff to read and follow. People's weight was recorded every week. One person's support plan said, "I can make snacks, light meals and drinks whenever I like". There were bowls of fresh fruit around the house. One person would drink 60-70 cups of coffee per day if they were free to do so. The registered manager told us that they had organised a best interests meeting for the person due to health concerns regarding too much caffeine and. The outcome of this process had resulted in a best interest decision that the person would be supported to have one cup of coffee per hour. This was clearly documented and followed by staff.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, dentists and opticians when required. In each care plan, support needs were clearly recorded for staff to follow regard to attending appointments and specific information for keeping healthy. One person who had moved into the Retreat in July 2016 had a phobia regarding people cutting their nails. One placement feedback report from the person's social worker said, '[The person had always chosen not to see a chiropodist, however, The Retreat care home has managed to encourage them to attend at least one appointment, that I am aware of'. The registered manager told us that this was a huge achievement for the team and they were very proud. One staff member said, "We weigh people every week and we have just started monitoring everyone's body mass Index (BMI) so that we can monitor each person's well-being more thoroughly". One person visited the chiropodist, dentist, opticians and had a GP yearly check-up between January and September 2016. On the first day of our inspection the local district nurse arrived at the home to give people their yearly influenza vaccinations.

Is the service caring?

Our findings

One person said, "I like being here, I've made friends and I get to go out and do things I enjoy". One staff member said, "This is the best job I've ever had. People are happy and that makes me happy" and, "We like to go the extra mile to make sure people enjoy their life living here".

People, their relatives and health and social professionals were very complimentary about the staff. One relative said, "Staff are caring; they are always there for me and my relative. I have no concerns and the staff are always very approachable". One health professional said, "[The person] is well cared for and can talk to the staff members if any help is needed. I saw that staff treated [The person] with kindness and respect and they maintain confidentiality".

We observed positive staff interactions and that people were engaged. We saw examples of this throughout the inspection where staff were present in communal areas and engaging with people. For example, we observed one member of staff playing dominoes with a person whilst they started to scratch the dining room table cloth which appeared to distract the person in a positive way as they appeared bored. On the second day of our inspection a hairdresser had visited the home to do everyone's hair if they wanted to. People were happy, smiling and showing off their new haircuts. Staff were complimentary to people about this and made sure they paid attention and did not interrupt whilst talking to people. Staff were observed knocking and waiting for permission before entering a person's bedroom. One person held a staff members hand as a kind gesture and the staff member smiled at them and held their hand back.

By speaking to staff and looking at records it was evident that promoting people's rights and supporting people to increase their independence and make choices was important to the team. The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. People had keyworker sessions which were called a 1:1 and this was provided for two hours every week. People's cultural and religious needs were being met. For example, one person made a request to go to a church every Sunday and although they were not allocated any extra hours for this activity, the registered manager said they used two hours of un-funded staff time as it was felt this was important for the person to go.

Advocates, who are individuals not associated with the service were used to support people if they were needed. One health professional said, "I have visited the home several times; both on my own and with one person's advocate and they speak highly of the care home in all aspects".

At lunchtime we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. We heard staff clearly explaining and asking permission before they assisted people. One person was supported to move from the dining table to a lounge chair and the staff member said, "I am going to hold your arm now as you seem a little unsteady, is that OK?" The person replied that it was fine and was supported in a respectful and dignified way.

People looked well cared for and their preferences in relation to support with personal care were clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as, "Approachable" and, "Friendly". People were able to make decisions about their personal appearance and choose what clothes they liked to wear. One person's support plan said, 'At times I like to grow my moustache and I will let staff know when I want to do this'.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving into the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's support plans, in relation to their day to day needs. One placement feedback report said, 'The care home has clear goals for individuals using a person centred approach. [The person's] care needs were assessed before they arrived. The Retreat started working on grooming and personal hygiene, hair care and washing on a daily basis. [The person] was not used to a personal hygiene routine. The Retreat has done a superb job in encouraging and maintaining the routine. [The person's] choice of clothes has improved; they managed to accompany them to buy clothes appropriate for their age and that fit their body shape'.

Is the service responsive?

Our findings

There had been many compliments about the staff at the home from relatives and professionals. One health and social care professional said, "The Retreat care home works with people and includes the carers and families; [The person] has an individualised care plan that is reviewed by their key worker". One relative said, "Staff seem happy, it's a brilliant place. It's a home from home and its person centred".

Each person had a support plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each support plan had a page detailing likes and dislikes so it was easy for staff to identify individual preferences. One person's support plan said they liked going into town and going on holidays. They disliked being bored and not seeing their brother. One person's support plan gave guidance about what they like to do at certain times every day as they preferred a routine. The support plan said, 'I like to have a can of diet coke at 09.00am every day'. Each person also had a behaviour management plan which gave staff clear guidelines to follow. All of the plans were updated and reviewed regularly, or when needs changed.

Staff confirmed any changes to people's care were discussed during a shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour that may challenge so staff working the next shift were well prepared. One person's daily notes showed that staff were responsive to people's needs, stating, 'On the night shift at 20.00pm [The person] was relaxing in the lounge and fell asleep at 21.00pm. I supported them to their room. At 21.30pm [The person] came back to the lounge and returned to their room at 22.30pm'.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. This was defined by using a Red, Amber and Green system for highlighting areas that hospital staff would need to know about. They also contained guidance for other's to know on how to communicate with people. One person's hospital passport said, 'Talk to me using simple sentences and key words. I like easy read documents'. Another person's support plan said, 'I prefer pictures to look at rather than words'.

Staff attended regular team meetings and team leaders had their own allocated time for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. In the minutes for the most recent meeting on 26 September 2016 there was an update on each person and some information for staff to follow. This gave staff extra information on how to support people more effectively. One update said, 'When you are taking people to buy their personal provisions please ensure you are purchasing from the cheapest shop. Why pay an extra 50p per can of coke when you can buy it cheaper elsewhere. All of the people who live here have a tight budget'. The minutes gave updates on planning weekly activities and group activities such as a future Bristol Zoo trip. There were updates on where people had been visiting and

how they were achieving more independence. Staff confirmed that minutes would be available to read if they had not attended the meeting and one staff member said, "9 times out of 10 we are there anyway".

Relatives and people gave us a list of activities people had been participating in. These included; bingo, gym, karaoke, visiting local discos, attending church, swimming, horse riding and going food shopping. One person who had moved to The Retreat in 2015 had not been horse riding for many years. On the first day of our inspection they had been horse riding that day and were happy on their return to the home. Their relative said this was good progress and they were pleased. One person who is over 50 years of age is learning to swim with staff and they take the bus to the local swimming pool. One person competed in the local special Olympics sports day in October 2016.

People were able to choose what activities they wanted to do every day and this was planned in advance. One person had their weekly planner on their bedroom wall as a reminder. The registered manager arranged lots of in-house activities so that people did not get bored if they had not planned to go out or wanted to stay in. Some examples included: pumpkin carving in October 2016, Christmas card making in December 2016, Art and crafts afternoons, mulled wine and mince pies and a Halloween party had been organised where family and friends were welcome.

People's support plans gave guidance to staff to support people whilst out in the community. One person's risk assessment said, 'If I wave my hands low it means no and if I put my thumbs up this means yes'. The registered manager gave feedback to the staff team about people whilst out in the community and one set of meeting minutes said, 'The public are very praising of [The person's] appearance as she is a well-known lady in the community and it's a credit to The Retreat staff to receive such positive feedback and compliments'.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning from complaints. There had been one complaint from a relative in 2016 and this had been dealt with efficiently. We spoke to the relative who made the complaint and they were satisfied with the outcome. The local safeguarding board had been notified and a clear audit trail was visible.

Is the service well-led?

Our findings

There was a registered manager who was responsible for the overall management of the service. People, staff and relatives spoke positively about the management. Staff told us they could discuss any concerns they had. One relative said, "I go to the manager if I need to, they will always listen to me. I brought a problem a few months ago and it was dealt with efficiently". Another relative said, "The manager is very approachable, I am confident things will get sorted if I had any issues". One staff member said, "The manager is really good. They are always open and I can challenge things about the service. I explained in my last supervision that I've never been to my child's sports day and the manager said they would make sure I could go next time and that makes me happy". Another staff member said, "I've never had such a good manager. They are very fair and compassionate. Everything is 100% for the people who live here".

The provider and registered manager had implemented their action plan following our last inspection. We saw the improvements they planned to take had been achieved. These improvements had been sustained over time.

The provider had sent out surveys to people and families in February 2016 and asked what they thought The Retreat did well? Relatives commented; "Everything and I am not exaggerating. They care and make sure everything goes smoothly", "You could leave a bigger space for the does-well box and, "Thank you for all that you do for my relative, it's the happiest I have seen them in years". One person said in their survey, 'I worry about fire bells'. This had been addressed in a new risk assessment for the person to alleviate any anxieties. One health professional said, "It has to be acknowledged that, prior to [The persons] recent move to The Retreat they were assessed as to their mental capacity to determine a place of residence and it was deemed that they lacked capacity to determine this. In my opinion they have settled well and are in receipt of good care management".

The staff described the manager as being 'hands on'. We observed this throughout the inspection when the manager was talking and engaging with people and staff. Staff informed us that there was an open culture within the home and the registered manager listened to them. There were regular meetings for staff and people and records confirmed this. The registered manager had introduced a memo for staff and placed this up in the room where handovers took place. This detailed any policy updates and training days that staff could attend. The memo stated the alcohol and drugs policy had been updated on 13 September 2016 and staff were asked to read and sign.

Regular audits of the service were taking place. There were audits by the registered manager and provider. This included audits of health and safety, medicines, care-planning, training, supervisions and maintenance work needed. A file was available to evidence when audits had been completed. The medicine cabinet was audited daily by the team leader and a medication audit was completed monthly by the registered manager. An external pharmaceutical company visited yearly to ensure medicines were being quality assured. The premises were checked monthly and this included doors, windows, toilets and the stair lift which one person used. A risk assessment had been completed for contractors visiting the home in March 2016 to include any hazards with regard to health and safety. A modern and high quality kitchen and lounge

had been fitted and the provider were looking forward to a new wet room which had been identified as needed in the business plan for 2017.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included a safeguarding and lone working policy. A large number of easy read policies were available for people if they wanted them. A health professional said, "They have all their policies in place including one on their notice board at the entrance of the home on safeguarding adults in Gloucestershire".

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been two accidents recently and these had been recorded and investigated. The registered manager was tracking any patterns and/or trends including those people who suffered with seizures. One person had fallen over and the registered manager had filled in a body map chart to show the area where there was slight bruising and asked for the person's medication to be checked. This was subsequently changed which stopped the falls. One health and social care professional said, "The home has a systematic approach of recording and monitoring significant events, such as visitors coming in and out of the care home and accidents and incidents".

The registered manager told us that some people had requested in their 1:1 time a BBQ at The Retreat so it was discussed between everyone at the home and a summer fete was organised in the big open space at the rear of the home. People and staff were involved in helping with stalls such as baking cakes and running the bric a brac stall. There was a bouncy castle, raffle and a handmade jewellery stall. Any money raised was given to The Retreat activity fund so people would benefit from their work on the day. The registered manager spoke passionately about the event and how it was well attended by families.

The registered manager told us they felt fully supported by the provider. The owner of The Retreat would visit the home every month. The owner had visited the Thursday before our inspection and had taken them out for lunch to discuss and issues or concerns. The registered manager told us they felt able to ring anytime and they agreed people were at the heart of the service and felt confident issues would be dealt with efficiently. One person said, "I like it when the director visits. They talk to us. They let me paint my room red for the colours of Liverpool".

The provider submitted the Provider Information Return (PIR) in June 2016. This clearly described the service and improvements they wanted to put in place to enhance the service. The registered manager identified in the PIR that it would be good practice to review and monitor the staff training matrix to ensure that staff have the right skills and qualities to be able to support the changing needs of people who live at The Retreat. This was evident throughout our inspection and the registered manager was already looking at providing extra training courses on specific conditions affecting the people who live there.