Ashworth Management Company

Retreat House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out this unannounced inspection on the 23 August 2016. Retreat House provides accommodation and support with personal care to a maximum of three adults with learning disabilities or mental health conditions. At the time of our inspection there were 2 people living at the home.

The home had a registered manager. 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.

We found people's safety was compromised in some areas. Staff were trained and assessed as competent to support people with medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. However there were no clear guidelines for staff to follow to support people with 'as required' (PRN) medicines.

Risk assessments were in place which minimised risks to people living at the home and fire safety checks were carried out. However the home did not have a business continuity plan in place for foreseeable emergencies.

People felt safe living at Retreat House and were very much at the heart of the service. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. Relevant recruitment checks were conducted before staff started working at Retreat House to make sure they were of good character and had the necessary skills.

Staff received regular support and one to one sessions of supervision to discuss areas of development. They completed a range of training and felt supported in their job role.

People received varied meals, including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and helped them prepare and cook food of their choice.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. 'Residents meetings'

and surveys allowed people to provide feedback, which was used to improve the service.

A complaints procedure was in place. There were appropriate management arrangements. Regular audits of the service were carried out to assess and monitor the quality of 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?

Requires Improvement

The service was not always safe.

Staff were trained and assessed as competent to support people with medicines. However there were no clear guidelines for staff to follow to support people with PRN medicines.

Risk assessments were in place and fire safety checks were carried out. However the home did not have a business continuity plan in place for foreseeable emergencies.

Staff knew how to identify, prevent and report abuse and there were enough staff at the home to support people.

Is the service effective?

Good

The service was effective.

Staff told us they felt supported, had regular sessions of supervision and received training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were involved in their care plan and people's privacy was respected.

People were treated with dignity and respect and were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff that understood, and were able to meet, their needs. Care plans provided comprehensive information and were reviewed regularly.

People had access to activities which they could choose to attend.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well led.

Staff spoke highly of the provider and registered manager, who were approachable and supportive. Staff felt there was an open and transparent culture within the home.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff had regular meetings and were asked for ideas on the running of the home.

Retreat House

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.

The inspection took place on the 23 August 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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 used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home. We also spoke with the registered manager, and four support staff. We looked at care plans and associated records for two people, three members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. Following our inspection, we received feedback from two healthcare professionals.

We last inspected Retreat House on 02 June 2014, where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us, and indicated they felt safe living at Retreat House. People said they felt comfortable around the staff and they told us staff supported them.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. The home used a system of using specific labels supplied by the chemists to record the date of opening and the expiry date to ensure topical creams remained safe to use. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Audits were carried out regularly on MAR charts and audits of medicines in the cabinet. The registered manager told us, "I arranged for the medicines to be placed in blister packs so it's clearer for staff and carry out an audit once a month on all medicines. The medication also has to be double signed when it comes in to reduce the risks of mistakes."

However for people who needed 'as required' (PRN) medicines there was no plan of care or information guidelines in place to support staff to understand when these should be given, the expected outcome, and the action to take if the outcome was not achieved. We spoke to the registered manager who informed us staff were aware of when to support people with PRN medicines, which staff we spoke to confirmed. They also confirmed that they understood our concerns and would put plans in place immediately.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. However, the home did not have a business continuity plan in case of emergencies, to cover emergencies such as flooding, fire and staff sickness due to a flu epidemic for example. We spoke to the registered manager who informed us that they would treat this as a priority and put an emergency plan in place straight away.

There was a process in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. However, the registered manager did not look to see if any recurring themes or trends could be identified. The registered manager told us, "When an incident occurs I talk through the incident with the provider, and what actions have been put in place. We talk most days." They also told us, "I review individual assessments but not group trends." They agreed it would be useful to look at group trends and would put this in practice.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed every three months. We saw that people were supported in accordance with their risk

management plans. For example, by keeping sharp objects out of place and cleaning chemicals that may be harmful locked away in a separate cupboard. For people going out in the community, staff had clear guidelines to follow to help prevent people from being harmed. The registered manager told us, "We manage risks as they present and work well with the community mental health team."

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "If I had a safeguarding concern, I would fill in a form and send it to the local authority; report it to my manager and provider and document it well."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the home. One staff member told us, "My interview was good, I met the people living at the home, and it was very welcoming and felt like a family." Recruitment records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

There were sufficient staff to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

Good

Is the service effective?

Our findings

People were supported by health professionals and staff knew how to access specialist services for people. A health professional told us, "The home works well with us for the best outcomes for people." They also told us, "Staff are really polite and very professional and very co-operating in working together." Records showed people accessed a range of health care services which included doctors, dentists, occupational therapists and district nurses.

Staff told us they completed the provider's mandatory training, including safeguarding, medicines management and mental health awareness. The registered manager told us they used a mixture of training resources which included using the local council training services, on line training and class room training. However, records showed only two staff members had completed food hygiene training, and staff supported people to prepare and cook meals. The registered manager told us they would speak to their trainer about arranging more training for staff on food hygiene straight away.

New staff to Retreat House completed a comprehensive induction programme before they were permitted to work unsupervised. One staff member told us, "My induction was good. I was able to read through all the care plans so I was up to date." The registered manager said, "All staff shadow for at least five days with an experienced member of staff, 'til they feel confident about working on their own." All new staff worked towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care. One staff member said, "I am just finishing off the care certificate which takes twelve weeks, then I am going to complete my NVQ level 3."

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I feel supported in my supervisions; we go through any problems and training." Records showed that staff received supervisions every two months and that any issues brought up in the meeting had been followed up and actioned.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. Staff told us they always got peoples consent before providing care and people had signed their care plans and agreed to the care. One staff member said, "Consent is valid for the time it is signed, but people can change their mind."

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 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 was being met. DoLS applications were being processed by the local authority for one person. Staff were aware of how to keep people safe and protect their rights.

People told us they liked the food and were able to make choices about what they had to eat. The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks and were involved in preparing and cooking their meals.

The home was clean and well decorated. People had their own bedrooms, a communal lounge and kitchen and use of a communal garden. People's rooms were personalised and reflected people's interests and preferences and people could choose their bedding and accessories.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion and we observed positive caring interactions between staff and people. People were moving around the home and spending their time as they wished. One person told us, "I like living here. I get support and the staff are nice." A health professional told us, "The staff are very friendly and will contact me with any concerns." Another health professional told us, "It's very good; they seem to want to go above and beyond for people."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. Staff told us it felt very comfortable working at Retreat House, which they described as "just like being part of a family". All the staff we spoke with told us they enjoyed working at the home. One staff member said, "It feels like I am making a difference and it is very rewarding."

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people' s care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

Staff respected people's privacy and dignity. One person told us, "Staff knock on my door and give me privacy." We observed care was offered discretely in order to maintain personal dignity. Staff knocked on doors and waited for a response before entering people's rooms. There were also signs on people's doors telling staff to knock and wait for a reply and respect people's privacy and dignity. One staff member said, "All the people living at the home have lockable doors, so they can be private in their own room. I always knock before entering, and give privacy when assisting with personal care."

Staff understood the importance of promoting and maintaining people's independence. One staff member told us they were assisting one person to get ready to move into their own home. Another staff member told us that one person went into the community on their own and that they had clear guidelines to follow to protect people from harm. They said, "I promote them wearing a bracelet when they are out in case of a seizure and I ask the person to call when they know they are coming back."

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. One staff member told us, "Paper work is all locked in the office. We don't share information with people that don't need to know." When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care and were able to make their own choices. One person told us, "I enjoy going out shopping, and I use public transport to go into town." They also told us Retreat House was a "good place to live, better than being at home." A health professional said, "Staff are very supportive of [person's name] and work well with her. They always encourage her to use her skills."

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, One person's care records identified they had epilepsy. We looked at the care plan around supporting the person with their epilepsy. There were clear guidelines for staff to follow on how to support the person if they were to have a seizure. There were plans for staff to follow to contact medical assistance should the person's seizures last longer than usual. A staff member described how they would support the person. They told us they were very clear on the signs to look out for beforehand, and would then make sure the environment was safe and support the person to make sure they didn't harm themselves during the seizure. They said, "Staff will have witnessed one or two seizures before being left on their own to deal with it, so they feel confident."

People were involved in their care planning and care plans were reviewed every three months by the registered manager, or their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff told us they reviewed care plans with people. One staff member told us, "We talk through with them and see if they want to make any changes. It's their life and we are trying to support them with their care plan." Another staff member said, "If I feel changes are needed to a care plan I can put information on a form. This is then passed onto the keyworker who can make changes if needed." We saw records confirming that people were involved in their care plan. One person had requested that no food to be taken into their room and staff were aware that this was not to happen.

A handover meeting between staff at the start of each shift helped ensure that information was shared, acted upon where necessary, and recorded to ensure people's progress was monitored. One staff member told us, "It's a small home and we all work well as part of a team. I don't work very often but when I do the handovers are very good and very in depth." They also told us, "If there are any changes in peoples care needs or updates to care plans, there are notes to read so I am aware of the changes."

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. One staff member told us, "People are always encouraged to complete activities each day." On the day of our visit people had chosen to go swimming with a member of staff.

'Residents meetings' were held monthly and were attended by people living at the home. The minutes of meetings showed people were encouraged to influence, and provide feedback on the way the home was

run. The registered manager also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home. The feedback from the latest quality assurance survey, which had just been completed, showed people were happy living at the home and the responses were positive about the care and support they received. The registered manager had taken action where required from the survey; for example, one person had complained about a staff member using her phone. Records showed that the staff member had been spoken to and a memo had been send to staff reminding them not to use their personal phones when at work.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. The registered manager told us the home also used a website for people, their families and health professionals to comment on the service but had not received any feedback through it yet. They informed us they encouraged people to use the website by regularly handing out comment cards to people who visited the service.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. Staff told us they felt supported by the registered manager and the provider of the home. One staff member said, "The provider is supportive and regularly rings up or pops in and is always available to give advice." They also told us, "The manager is really good as well, and can chat to her about anything." Another staff member said, "The manager is fantastic, really good. Very supportive and very good at delegating; firm but fair."

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member said, "I attend staff meetings; different items are covered. I can put ideas and agenda items forward." Another staff member said, "We share best practice ideas; for example, I suggested a change in menus, so they involved more hands-on work and preparation so [people] go away from the home with more skills. This has been taken on board and people choose what they want to cook and eat."

Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was send to all staff. Results showed staff were happy working at the home. Staff were satisfied with training and support and felt valued. Comments included, 'My level of involvement has been good'; and 'A fantastic working environment; friendly, approachable management, I'm very happy!'

We spoke with the registered manager about the values of the service who told us, "Our aim is to assist people into independent living and we reflect this in their care plans". They also told us, "I think we go above and beyond our job role by ensuring we meet the wishes and needs of people who use the service."
The registered manager used a system of audits to monitor and assess the quality of the service provided. These included monthly audits on medicines, maintenance, the environment and the kitchen. The home also had an outside company who provided an audit once a year which covered, medicines, care plans, risk assessments, and staffing etc. However we found action plans were not always clear if actions had been completed and reviewed. There was no clear system to pull together and monitor across all the audits. We spoke to the registered manager who agreed to look into their auditing systems and processes and make necessary updates.

The registered manager told us they kept up to date by reading news bulletins, updates from CQC and meetings across Hampshire at local provider forums to share best practice with other providers, and then feeding back to staff. The registered manager had notified CQC about significant events and were aware of the responsibilities in line with the requirements of the provider's registration.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.