

Peter House Care Limited

# The Retreat

## Inspection report

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Date of inspection visit:  
03 February 2023

Date of publication:  
22 March 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Retreat is a residential care home providing accommodation with personal care for up to 5 people with a learning disability or autistic people. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

We found the service were following the principles and values of Right Support, Right Care, Right Culture, and other best practice guidance.

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to take part in activities of their choosing, and to join in new activities and pastimes. The service was designed and furnished to meet people's needs and was well maintained and clean. Staff supported people well with their medicines and ensured people's health needs were met.

#### Right Care:

There were enough suitably trained staff to keep people safe and meet their needs and wants. Staff had received training and understood how to keep people safe from poor care or the risk of abuse. People were treated with dignity and respect, and staff actively promoted people's independence.

#### Right Culture:

The service included people in their own care planning, making sure their voice was clear throughout their care plans, including the voice of those important to them. People enjoyed a varied and active life within the service. The service was kept under regular review to look for new ways to improve the quality of care provided. Managers fostered an inclusive and supported environment within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good (published on 15 January 2020.)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Retreat

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and 1 Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Retreat is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Retreat is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 January 2023 and ended on 17 February 2023. We visited the service on 03 February 2023.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 2 relatives about their experience of care provided. Where people at the service were not able to talk with us, we used observations to gather evidence of their experiences of the service. We spoke with 4 members of staff, including the quality improvement manager, and the interim manager.

We reviewed 1 person's care file and medication records, and 2 staff files in relation to recruitment. We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits. After the inspection we received additional information from the provider, as requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Not all staff files reviewed contained staff's full employment history, including details of any gaps in employment. We raised this with the provider during the inspection and received assurance these details would be retrospectively sought.
- All staff underwent Disclosure and Barring Service (DBS) checks prior to commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of suitably trained staff to support people in a meaningful way and meet their individual needs. The service capacity had decreased in the previous year, but the provider had kept the staffing levels high.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm. The service had safeguarding policies and procedures in place to support staff to keep people safe.
- Staff received regular training in safeguarding, including how to spot the signs of abuse, and how to raise concerns. Staff were confident in discussing and raising concerns surrounding potential abuse.

### Assessing risk, safety monitoring and management

- People had detailed risk assessments in place, these were personalised to them and were regularly reviewed.
- Risk assessments had been completed around supporting people to maintain intimate relationships. People involved in an intimate relationship had attended a Sexual Safety course to raise their awareness about relationships and sexual safety.
- Environmental risk assessments were in place to ensure people were safe within the service, including electrical and fire safety.
- People's personal emergency evacuation plans (PEEP) were regularly reviewed and updated. These plans contained appropriate information on how to evacuate people safely in the unlikely event of a fire.

### Using medicines safely

- People received their medicines as prescribed. Staff were trained and had had their competency assessed to ensure they were suitable and confident to manage people's medicines.
- A medicines policy was in place, and included details of homely remedies, and procedures for ordering and receiving medicines.
- Systems were in place to regularly audit medicines records and follow up any identified issues. Medication

Administration Records (MAR) reviewed during the inspection were all completed fully, and legibly by staff administering medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting the service. Peoples relatives and loved ones could visit whenever they chose.

#### Learning lessons when things go wrong

- Systems were in place to review accidents, incidents, or concerns to look for themes and trends, and used to drive improvements to the service.
- All incidents and concerns had been investigated thoroughly, and lessons had been shared with staff via staff meetings to prevent similar incidents happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples care plans were person centred, very detailed, and regularly reviewed and updated as people's needs and wants changed.
- Peoples views, needs, and wants had been clearly documented, and details of how to support people with expressing these had been thoroughly explored. Peoples protected characteristics, including religious beliefs and sexual orientation had also been explored.
- Care plans included a detailed life history for the person, giving staff a comprehensive insight into their lives. This allowed staff to connect with people in a more meaningful way, to provide better support for them.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service when they commenced employment. Staff also completed The Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received full training from the provider, and from external resources, in areas relevant to the people using the service. This training was regularly refreshed in line with best practice guidance, and staff competency had been assessed.
- Staff received regular supervision and appraisal from the registered manager. Staff development had been explored, and additional support provided if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in planning their menu. Staff used pictures of various foods and encouraged people to combine pictures to make meals. These then formed the menu for the week.
- People were involved in food shopping, after they had planned their menu, they were accompanied to the supermarket to purchase everything needed to make the meals they had picked. This provided people with control over their food and drink.
- Relatives gave positive feedback about the food. One relative told us "Really impressed, they all know how to cook good healthy food and there are treats out to McDonalds or takeaways. They cook fresh food for lunch."

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

- The layout and decoration of the service had been tailored to meet people's needs. Communal areas were

well laid out to allow good access, and the environment was comfortable and felt like a home.

- The garden was in the process of being landscaped. People and staff had raised concerns around access and suitability of the garden. Better access to seating and raised plant beds were being installed to improve people's experience of the garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- A person expressed an interest in joining a dieting group, as they were currently on a diet. This has been fully embraced by the service. A dedicated staff member has also joined the dieting group to provide consistency in attending coffee mornings and assisting with meal planning. This has had a very positive effect on the person's commitment to dieting.
- Peoples health needs were monitored, and people were supported to access health services when they needed to. The service maintained good relationships with the GP practice and the pharmacy to guidance and advice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity thoroughly assessed and documented. Any decisions made in their best interest had input from external professionals, such as consultants or advocates.
- The service was working in line with the MCA. People who had a DoLS in place were supported in the least restrictive way possible, and all conditions relating to the DoLS were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff knew people well and had time to sit and have conversations with people. One relative told us "[Staff] are very supportive, the main thing is they were there when we most needed them."
- Staff respected people's choices in how they lead their days. One person had chosen to remain in their room, and staff frequently checked in on them. One relative told us "They understand when [person] wants their own space, and don't push them."
- Staff were encouraging and supportive of people maintaining a variety of relationships, whether with family, friends, or within a romantic relationship.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff fully engaged people in making decisions they were able to, such as around food and drink, or activities. Different communication methods were used so that people were able to fully express their wishes.
- People were encouraged to participate in general activities, such as preparing food, or personal care and were encouraged to learn new skills to maintain their independence and dignity.
- Staff maintained people's dignity and privacy well. During the inspection, when staff spoke of people, their needs and their wants, they were respectful of how people liked to be addressed and referred to. This was also documented within people's care plans.
- People's relatives told us they were involved in their loved one's care planning and reviews. One relative told us "Initially, when [person] started reviews were every two months, gradually increased to three months. Reviews have the manager, social worker and staff involved and I go as well."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans included details of how to support people with their social needs and emotional wellbeing, as well as their physical needs. Each care plan included details about how much input the person had with their own care, and who else had been involved, such as family or advocates.
- People were involved in the writing and updating of their care and support plans. Plans were written in the first person, so staff had a real understanding of how to support them well.
- At the time of the inspection, no one was being supported with their end of life journey. However, people's end of life wishes had been clearly documented. People had been fully engaged in decisions surrounding their end of life, including how they would like to be cared for, and where they would like to remain.
- Plans included relevant information about how to support people during times of distress. This information included what might cause distress, and how to avoid these situations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. Information was available to people in a range of formats to enable them to fully understand the content and meaning of the information provided.
- People's communication needs were well documented in their care plans. These detailed how people communicated and engaged, as well as their levels of understanding information being given to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to lead enriching lives of their choosing. People were supported to regularly access the community around them. People were supported in activities such as swimming, or shopping.
- Staff supported people to see friends and family. One relative told us "They brought [person] home to see us, it went really well. I thought I'd never see the day, staff are planning to do it again and build on it."
- While people did have planned activities, they still had the freedom to choose what they engaged in. Plans were adaptable, and staff could be quick to respond.
- The service were installing raised flower beds in the garden while it was being landscaped to promote further engaging activities for people, such as gardening, or vegetable growing.

### Improving care quality in response to complaints or concerns

- Systems were in place to investigate and address any concerns or complaints raised. These would be analysed for themes and trends, which could drive improvement to the service. There was a formal complaints procedure and complaints policy in place.
- Relatives told us the service responded to concerns. One relative told us "We did mention the home had a small garden, [person] has a lot of energy, we asked if the garden could be made longer and they did it."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team were highly visible in the service, and engaged directly with the people who used the service.
- The manager's and staff created a relaxed atmosphere within the service, which made people comfortable and visibly happy.
- Regular staff meetings were held, these meetings engaged staff with how the service was run and shaped, sharing information and seeking feedback for improvements.
- Feedback from people's relatives spoke about how managers listened to their suggestions and made changes to the service. One relative told us "Anything we say to staff, concerns or questions, they provide an answer. If we ask them to do something they do and take note."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Effective systems were in place to regularly monitor the service and look for improvements. These included full reviews of the service. This information was analysed and collated to form a whole picture of the service.
- Regular audits of the service identified improvements to be made, in areas such as quality and safety. When improvements had been identified, there was a clear timeline created to address concerns, as well as a manager allocated to be responsible and accountable.
- The registered manager was absent during the inspection; a supporting manager and regional manager were providing assistance to the service. Both managers were fully knowledgeable about the service due to the transparent way the service acted.
- The provider understood the regulatory requirements of their registration, including submitting required regulatory notifications to the Commission.
- Staff were clear about their roles and responsibilities. There was a clear management structure, and staff demonstrated they were confident in the management of the service.

Working in partnership with others

- The service worked with other agencies, such as the Local Authority, and the learning disabilities team to provide cohesive support to people.

- The service actively sought input from external sources, including medical professionals, to improve the care provided to people.