

Aldanat Care Limited

The Retreat

Inspection report

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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? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection was unannounced and carried out on 30 January 2017.

The Retreat is a residential care home that provides care and support for up to five people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were four people using the service.

The service did not have 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service appointed a manager who commenced in post in January 2016. They had begun to address the issues needing urgent attention at the service as identified in our last inspection report. They had since left the service and the new manager appointed in September of 2016 had continued with the necessary improvements. This manager was not yet registered with the Care Quality Commission to manage this service, but is seeking registration. As well as The Retreat they are employed to manage another service within the providers group.

At our last inspection, the overall rating for this service was 'Inadequate' and the service was therefore placed in 'Special Measures'. Services in Special Measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Following the last inspection the provider gave us an action plan of how they intended to improve. We used this action plan to assist us with the planning of this inspection and checked the evidence we found, against the action plan. At this inspection we found significant improvements had been made but there was still some work left to do.

At this inspection, we found that the staff had increased in number on duty. They were supported with supervision and training and knew people well. We found there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The issues of fire safety had been addressed and the cleanliness of the service had been improved by the recruitment of a designated person to carry out cleaning duties. A system was now in place to ensure there were sufficient numbers of staff on duty to support people to follow interests and take part in social and activities. There were sufficient staff to enable people to go out into the community while ensuring there were also sufficient staff to support those who remained at the service.

Staff had received additional training with regard to meeting the specific needs of people as well as a range of other areas relevant to supporting people effectively.

There was an effective recruitment and selection process to check that potential new staff were suitable to work with people who used the service. Staff were receiving training and supervision.

Medicines were managed and stored safely and administered correctly to people. People were supported to maintain good health.

Staff had continued to develop positive relationships with people. They knew their individual care and support needs well and people were supported, where able, to express their views and choices. The service had applied the principles of the Mental Capacity Act 2005 and issues of capacity and consent had now been considered and recorded.

Other professionals had been consulted to work with the service to address people's physical needs.

The system of audits had been further improved. More auditing was taking place than at our last inspection but we were concerned about the overall effectiveness as the audits as these had not always identified issues, in particular that people's care plans were up to date and accurate.

The complaints system had been rewritten and with the involvement of family members and advocates regularly visiting the service, had increased the choice and activities for the people using the service to enjoy.

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.

The physical environment was maintained and kept clean.

There were sufficient staff on duty to meet people's needs

Staff had an awareness and understanding of potential abuse and how to keep people safe from abuse.

People received their prescribed medicines properly.

Is the service effective?

Good ●

The service was effective.

People's capacity had been considered and advice sought with regard to how to meet people needs.

Staff had now received training and regular supervision.

Deprivation of Liberty safeguards were in place.

Is the service caring?

Good ●

The service was caring

Staff had developed positive and caring relationships with people using the service and people were treated with respect.

Opportunities to access the local community had improved.

Is the service responsive?

Good ●

The service was responsive.

The service staff had reviewed and worked upon the care plans so that they were focussed upon person-centred care and sought advice from other professionals to develop the care plans.

The service had an easy to read complaints process.

Is the service well-led?

The service was not always well led.

The service did not have a registered manager

The service had a statement of purpose

The service had systems to monitor and improve the quality and safety of the service provided, although these had not always been effective.

Requires 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.

This inspection took place on 30 January 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we checked the information that we held about the service. Concerns had been raised with regards to the physical environment, cleanliness, having sufficient staffing and staff support as well as providing a person-centred service at our last inspection.

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 used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who used the service. Other people were unable to speak with us directly because they had limited verbal communication or because they were anxious. We used informal observations to evaluate people's experiences and help us assess how their needs were being met. We also observed how staff interacted with people. Throughout the day we spoke with two members of the care staff, one senior member of care staff, the manager and the director of the company. We also communicated with the fire inspection officer from Essex Fire and Rescue to check they were content with the work that had been undertaken at the service. We also spoke with a relative of a person living at the service and a professional supporting two people at the service.

We looked at four people's care records and information relating to the management of the service such as staff rotas, training records and quality monitoring information.

Is the service safe?

Our findings

At our last inspection of March 2016, we found that the service was in breach of regulation 12 due to fire safety concerns, cleanliness, issues within the people's home about their comfort and safety and staffing levels. At this inspection we found these areas had all been addressed. We found that the provider had communicated with the Fire Department who confirmed that the fire safety issues had been resolved.

Blinds had been installed in the conservatory so that people could sit in the shade out of the direct sun. An en-suite lavatory had been refurbished and was no longer leaking. The person using the room told us how much they liked the room and staff had helped them to personalise it with their own possessions.

The landing area carpet had been replaced, the stair bannister was now secure and all wardrobes were secured to the wall to prevent them from falling. The provider has also addressed and finished the tiling in an en-suite wet room.

At our last inspection we reported that radiators throughout the service were not covered and posed a potential risk of burns. Individual risk assessments which identified risks associated with mobility or burns had not considered this. At this inspection we saw that all of the radiators had been covered, but one had been missed in the conservatory. During our inspection the manager ensured the radiator was turned off and prevented access to the radiator by re-arranging furniture. The manager informed all of the staff of the situation and worked with the provider to resolve the problem by purchasing and fitting a radiator cover. The manager has informed us since our visit that the cover was now in place.

At our last inspection the numbers of staff on duty were not sufficient to deliver consistent personalised support and enhance people's quality of life. At this inspection we found the situation had improved. We examined the rotas, spoke with the director of the company, manager, staff and relatives to understand how consistent personalised care was provided. The manager who also managed another nearby service arranged for staff of both services to support people on regular outings. This meant that if people wish to stay in their own home and not attend an outing they were supported to do so as the service now had sufficient staff to meet peoples assessed needs.

There were processes in place to protect people from bullying, harassment, avoidable harm and abuse. Staff had received training and had knowledge of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm. The manager told us, "We have involved advocates and we will not let any harm come to the people here."

The manager had worked with the staff to consider the actions the staff were to take to support people when any distressed behaviour took place. The actions to take had been recorded in the person's care plan. This included accurately recording what had happened and identifying any possible events leading up to the situation, so these trigger points were noted and could be avoided when possible in the future. The action was to ensure the environment was safe and for staff to leave the person at that time but return as soon as it was considered appropriate to offer support.

The service had a recruitment policy and procedure. We saw from the staff records that when people applied for a position a process was completed to determine whether or not to interview the person. Staff that were successful at interview did not commence employment until two references had been obtained and also a Disclosure and Barring Service (DBS) check. The manager also checked for any gaps in the person's employment history and asked them to account for these absences.

We spoke with the senior carer about the medicines that had been prescribed for the people who used the service. They explained to us the purpose of each medicine and were aware of the possible side-effects of which to be aware.

People's medicines were safely managed and each person received their medicines in a timely way as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. We saw from the training records that the staff responsible for managing and administering medicines had received appropriate training. The medicine administration records (MAR) charts were clear and up to date and all medicines administered or omitted for a reason had been signed for.

Some of the people using the service would not be able to verbalise they were in pain and we asked the senior carer how would they know when any pain relief was required. They explained to us that people's behaviour would change and they would then talk to the person and offer PRN (as required) medicines. There was guidance in the care plans about the use of PRN medicines.

Is the service effective?

Our findings

At our last inspection we found the service did not have a pro-active approach to staff member's learning and development needs in line with the service being delivered, and people's specific needs. Staff had not received training with regard to understanding challenging behaviours, positive behaviour support, training in alternative communication methods and understanding and supporting people with a learning disability and formal supervision had lapsed.

At this inspection we saw that the provider had addressed the issue of training the staff. One member of staff told us, "I feel far more confident now to help the people here; this is because of the training." We saw from the training records that specific training had been provided with regard to increasing the staff knowledge for the specific needs of the people using the service, for example, diabetes. We saw that further training was planned. A relative told us, "I think the staff have the knowledge to care for [my relative]." We saw that further re-fresher training was planned this year.

Staff supervision sessions were now planned and delivered. The manager told us how they intended to continue to provide supervision to support the staff and link this to the yearly appraisal system. We saw records that supervision had been provided and the staff we spoke with also informed us that supervision had taken place. A member of staff told us that they found the manager approachable and they provided on the spot support as well as discussing issues of providing support in the planned supervision sessions.

At our last inspection staff told us people paid for redecoration of their rooms and replacement of furniture. This is no longer the case, people do not pay for re-decoration and replacement of furniture. People may if it is their choice purchase additional items for their room. At this inspection one person told us about how they had been involved in the decorating of their room, they had selected the colour scheme. When we arrived we saw the maintenance person undertaking some routine maintenance and also repairing a leaking pipe. We saw that some refurbishment and decorating had taken place and there was on-going maintenance. The provider informed us of the plans to continue to refurbish the service on a planned cycle.

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. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection, the service had not understood or applied the principles of the MCA when considering issues of consent and capacity. No one using the service was able to manage their own financial affairs and they received a guardianship service from the local authority. At this inspection we saw the correct procedure with regard to the MCA had been applied and the service staff had worked closely with the responsible local authorities, including the management of people's monies

People can only be deprived of their liberty when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on

authorisations to deprive a person of their liberty were being met. At our last inspection, we found the service was working within these principles and applications for standard authorisations had been made to the local authority in relation to DoLS as it was in the best interests of people using the service not to leave it without support and supervision.

At this inspection we spoke with the manager about further clarity of supporting people with regard to DoLS as people were leaving the service with staff support but not on their own. The manager took action on the day by informing the local authority to clarify the situation, so that this can be considered when the service is visited by the local authority with regard to checking the DoLS.

We saw that the staff had sought advice about supporting people with their finances. People had been assessed and as deemed appropriate people had been reimbursed for expenses they had paid incorrectly, for example, regarding chickens that were living at the service at the time. People's finances were now subject to the Court of Protection. The safeguarding authority reported that people financial records were in order and that people's money was being spent appropriately to support them with their daily choices and living expenses.

At our last inspection we saw that staff protected people, especially those with complex needs, from the risk of poor nutrition and dehydration. Where required, individual care plan's contained detailed information on specific needs around dysphagia (difficulty in swallowing) and diet, including advice about textures and types of foods and thickness of fluids required to meet people's individual nutritional needs safely. One person received fluids and medication via a percutaneous endoscopy gastrostomy tube, usually referred to as a PEG because they were at high risk of aspirating. At this inspection we saw that the person was no longer requiring their needs to be met with a PEG. The staff were clear that this had been stopped on the instructions of other professionals and we saw information in the care plan about how to support the person.

There was an accurate risk assessment in the care plan of which the staff were aware of how to support the person now that the PEG feed was no long in use and for staff to be aware of and take action to lessen the chance of the person choking.

Staff were cooking lunch and assisting one person to cook. The staff told us that they told people about the choices they had for meals and this was supported by showing people the ingredients. On the day of our inspection we saw that the vegetables were all mixed and pureed together rather than being individually offered to people. Hence, the service was not fully providing a choice of meals to the people using the service. We discussed this with the manager and they informed us they would address this issue with the staff to increase the choice of foods to people using the service. Staff told us that there was a planned four weekly menu and people's preferences were taken into account. Snacks and drinks were freely available and offered regularly by staff.

People had access to healthcare services and received on going healthcare support where required. Their general health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff supported people to attend appointments and follow ups with health care professionals such as doctors, dentists, chiropodists and district nurses. There was evidence that annual health checks had been carried out.

Is the service caring?

Our findings

The physical environment of the service had undergone refurbishment since our last inspection to make it a more homely and suitable environment for the people using the service. This was the case for the communal areas and also for people's personal rooms. Incontinence pads were not stored neatly out of sight while being easily available for when required in people's rooms.

One person's bed was lacking a duvet cover and mattress cover. The manager was surprised as this had not been the case when they were last with the person in their room and they said they would address this issue. They would also speak with the staff for the purpose of providing the support to the person to ensure mattress and duvet covers were in place. The person required the support of the staff to change and wash these covers and to ensure they had been put back in place.

However, we also saw staff treat people throughout the inspection with kindness and compassion. One person during our inspection had become upset and the staff spent time talking with them to understand the problem and helped to resolve it. One person told us, "The staff are nice and help me." They also told us about what they enjoyed doing and what was very important to them was that, "The manager listens to me."

The environment within the service was divided into rooms where people could watch television, relax, eat a meal and also there were various things around the service that people could use for entertainment. A relative told us, "I feel very welcome when I visit, people are relaxed, the stable staff means relationships have been built up and [my relative] has more to do now than in the past."

We saw positive interactions and communications between the staff and people who used the service. One person smiled when staff approached them and spoke with them. Each person was referred to by their chosen name in the care plan. Staff used non-verbal communication, eye contact and also sat next to people to engage in conversation with them.

People were supported to express their views. We saw in the care support plans that people's preferences and what they liked with regard to food and clothes of choice had been noted. Staff explained to us this information had been built up over a period of time from their observations and confirming this by offering different choices and noting down the preferences expressed by individual people. There was a keyworker system in place and reviews were carried out each month by the key worker and manager. The keyworker works with all people in the service and not exclusively with one person. Their function is to take a social interest in the person, developing opportunities and activities for them and in conjunction with the manager took part in support plan development with the person.

The staff had sought advocates to promote the people's needs and develop independence. We saw people were provided with good support to make choices and decisions whenever they could during our inspection. We spoke with an advocate and they told us about the refurbishment of the service and support that had been provided to the people using the service. This included working with one person upon a

memorial garden and supporting people to access a church group.

Is the service responsive?

Our findings

At our last inspection, staff told us that social integration and participation in the local community was minimal and people needed and wanted to go out more.

The service had sent us an action plan of how the service would be improved for the people living at the service as a result of last inspection. The plan informed us how the service staff assessed people and would take account of their changing needs.

At this inspection we found that staff had continued to work with people to identify their goals and aspirations. More activities were provided at the service and people did go out more than before to access the local community. More and regular staff who knew people had been employed and the current and previous manager had worked upon this as a priority and involved other professionals to support improvements. A supporting professional told us about the Rocket Club, which people were attending and enjoying.

Families of people using the service and other professionals supporting people at the service told us about how they were involved in the reviews of people's care. This was so that aspirations could be identified and progress to achieve them monitored.

The care and support plans reflected how all aspects of people's lives would be supported. This demonstrated how to support people to lead more fulfilling lives. The plans explained when prompts or more active support was required by staff to support people. There was detailed information about each person, their likes and dislikes, their behaviours and how to recognise and reduce their anxieties.

The previous manager had reconstructed the care plans and these changes had been continued by the current manager and staff. There was now an index for ease of locating information, and while some older records had been removed and stored, an updated assessment and important information about the person had recorded. This approach had improved upon making the care plans person-centred.

At our last inspection the provider's complaints policy and procedure was not visible and freely accessible to people using the service, and others, so it was not clear how people were encouraged to discuss any concerns. The service did not have any recorded concerns or complaints. At this inspection we saw that the staff had worked and consulted with other professionals to develop and put a complaints process and procedure in place. The complaints procedure used what is called an easy read process so included pictures to help people to understand how to make a complaint. Staff told us they would support people to complain should the need arise and the complaint would be recorded as would the resulting actions. To further help people to complain and resolve difficulties other professionals had been consulted and brought into the service to work with people.

Is the service well-led?

Our findings

At our last inspection we found a lack of effective provider oversight and effective quality assurance systems in use to maintain quality and drive improvements forward. The provider did not take all possible action to maintain and improve the quality and safety of the service, including the premises for people to live in.

At this inspection we saw that as well as our inspection the service had received a monitoring visit from the local authority safeguarding officer and as a result had taken steps to improve the service. This included additional support hours which meant that another member of staff was employed at the service. The impact was that people's support had improved, so that they were now accessing the community more as well as having their needs meet.

Although there were now systems in place the auditing this was not always effective, as they had not identified some of the issues that we identified such as those relating to the environment, radiator covers and care plans.

A radiator did not have a cover which meant that people were at risk of harm if exposed to the direct heat. Action was taken to resolve this situation within 48 hours of the inspection.

We could not find a daily record or professional's record of when the PEG feed for a person using the service was discontinued. The staff were signing to say they had read and understood the care plan but it had not been reviewed or updated to take account of this situation. The impact was minimal upon the persons care as other professionals were aware as were the service staff of the persons care needs. However the review of the care plan should address this issue. The manager contacted other professionals with immediate effect so that the correct information could be added to the care plan.

At our last inspection, we reported the garden area posed a risk of tripping and falling for people with limited mobility. There was building debris in most areas of the garden and paving stones were loose and uneven. Work had been undertaken to improve the garden. However, at this inspection we saw that further improvements were required because the heavy amount of pebbling and shingle on the paths meant the use of wheelchairs would be extremely difficult. Also the garden was at a different level to the accommodation and there was no ramp for people to use. Further improvements were needed to ensure that wheelchair users could safely access the garden.

Staff told us that the manager visited the service regularly and carried out audits checks upon people's well-being by spending time with them. They also checked the staff rota to ensure that sufficient staff were planned to be on duty. Necessary work had been carried out regarding the safety of the environment, fire safety and ensuring that the refurbishment work has taken place. Maintenance was now planned including a weekly fire maintenance check. The cleanliness of the service had been improved by a designated member of staff employed and given time to clean the service.

The manager told us about the quality assurance audit they carried out on a monthly basis and worked

through the latest report with us that they shared with the provider and also the staff. There was an action plan in place and evidence that the work identified in the action plan had either commenced or been completed.

The service had a statement of purpose and was developing a positive culture that was empowering for the people who used the service. This was supported by the use of advocates and working with relatives.

The manager appointed to the service in January 2016, had begun to address the issues that needed attention and when they left this had been continued by the current manager. The new manager as had the previous manager also managed another service. This meant they spent two and a half days at the service each week, while were also available for support and advice by telephone. They could also be at the service within half an hour if required to do so. Staff told us they found the manager approachable and did split their time between the services. This meant for the service to be effectively managed for the benefit of the people using the service it was necessary for there to be accurate communication with the senior staff and a close working relationship. The manager had introduced a system of an in-tray for staff to place information to be brought to their attention, to aid communication and so that they were aware of necessary information.

The manager was seeking registration with the Care Quality Commission for this and another service in the group nearby. The manager informed us they had regular time with the provider and because of the needs being different at the respective services the statement of purpose for this service had been recently reviewed. We saw the statement of purpose and it had drawn upon the experiences of our last report and also other bodies involved with the service to clearly define the service aims and how it would support people to meet their individual needs.