

RRC (GB) Ltd

Horizon Retreat

Inspection report

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Tel: 07377789607

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 29 November 2018. This was the first inspection of the service since it registered with the Care Quality Commission to deliver regulated activity to people in January 2018.

Horizon Retreat is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and personal care for up to six people with mental health needs. At the time of our inspection there were six people living in the service, one of whom had been admitted to hospital.

The service had a registered manager in post at the time of the inspection. 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.

People who presented with behaviours which may challenge were not supported appropriately. Risk assessments did not cover all of the behaviours people could present with. Care records did not provide staff with guidance on managing escalating behaviours and staff did not receive any training in the management of people's behavioural support needs. The provider did not always operate safe recruitment practices, as not all staff files contained appropriate employment references.

People received their medicines safely in line with the prescriber's instructions. Medicines were stored securely. Staff followed appropriate food safety and infection prevention procedures.

People did not always receive effective care because staff were not trained to meet all of their needs. However, people's needs were assessed with input from healthcare professionals and staff were supervised. People were supported to eat and drink sufficiently. Staff treated people in line with mental capacity legislation and ensured they had on-going access to healthcare services.

Staff were caring towards people and promoted their independence. Care records were personalised and enabled staff to learn about people's backgrounds and what was important to them. People's privacy was respected and staff treated people with dignity.

Staff provided people with person centred care. People were involved in developing their care plans and in reviewing them. Staff monitored and responded to changes in people's mental health needs and supported people to participate in activities.

The service was inadequately led. The registered manager failed to plan to keep people and staff safe. This was because known risks were not assessed adequately and staff did not receive the appropriate support required to manage problematic behaviours in line with best practice. Where serious incidents occurred at the service the registered manager failed in their legal responsibility to submit timely notifications to CQC.

The registered manager failed to ensure all staff were safe and suitable by obtaining appropriate references.

During this inspection, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe. People's behavioural support needs were not appropriately assessed.

Plans to manage behaviours which may challenge were not adequate.

Staff were not always recruited through robust processes.

People received their medicines appropriately.

Safe food hygiene and infection prevention practices were in place.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not receive all of the training they required to support people effectively.

People's needs were assessed and they participated in the assessment process.

The registered manager supervised staff.

People's nutritional needs were met.

Staff supported people to maintain regular contact with healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring. People told us the staff were caring.

Staff respected people's privacy.

People were encouraged to be independent.

Staff maintained people's dignity.

Good ●

Is the service responsive?

The service was responsive. People received individualised care.

Good ●

Care records were person centred.

The service monitored and was responsive to people changing needs.

A keyworking system was being developed.

People were supported to engage in activities.

Is the service well-led?

The service was not well-led. There were no quality assurance processes in place.

Staff were not always recruited using methods which confirmed their safety and suitability.

The registered manager failed ensure staff had the skills and knowledge to manage people's behavioural support needs.

The registered manager failed in its statutory duty to notify CQC of serious incidents at the service.

Inadequate ●

Horizon 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 29 November 2018 and was unannounced. This meant the provider did not know we were coming. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about Horizon Retreat including notifications we had received. Notifications contain information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with three people, three members of staff and the deputy manager. We reviewed four people's care records which included their needs assessments, risk assessments, care plans and medicines records. We reviewed five staff files which included records of recruitment, training and supervision information. We reviewed health and safety records and information related to the management of the service. Following the inspection, we wrote to three health and social care professionals and requested their views about the service.

Is the service safe?

Our findings

People were not always safe at the service. The service did not support people who presented with behavioural support needs in line with published best practice. People's risk assessments did not always review the full range of behaviours they presented with. For example, one person's risk assessment did not refer to behaviours which had occurred at the service. Additionally, the care plans in place to reduce known risks were not always comprehensive or appropriate. For example, to manage one person's behaviours, which could pose a risk to the physical well-being of others, the risk management plan in place advised staff to encourage them to play rap music. Risk management plans in care records lacked the strategies staff required to prevent situations escalating and the actions to take if an escalation in behaviour occurred. Staff told us they had not been trained to manage behaviours which challenge and did not know what to do when difficult behaviours presented. This meant staff did not have clear guidance or adequate skills to keep people safe.

This is a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff were not always recruited appropriately. We reviewed the records of five staff and found that two staff were employed without appropriate references. Both staff had two references but these were not from a manager or person authorised to issue references from a previous employer. Additionally, the references supplied were not written on company headed paper and did not have an official stamp. The provider had not made sure that staff worked where they said they had or confirmed when and why they left. Whilst checks of identity and criminal records were carried out the failure to obtain appropriate references meant that the provider did not assure themselves that staff had not been dismissed from previous roles because of their unsuitability.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Notwithstanding our findings, people told us they felt safe. One person told us, "I like it here. I'm safe." Another person also said, "I'm safe." Staff received training in safeguarding people from abuse and improper treatment. They explained to us the types of abuse people were vulnerable to and the actions they would take if they suspected a person was being abused. One member of staff told us, "Reporting it to my manager is my priority." Care records showed that the registered manager reported safeguarding concerns to the local authority and healthcare professionals appropriately.

People received their medicines safely. Staff received training to administer people's medicines and recorded that they had done so in people's Medicine Administration Record [MAR] charts. We reviewed people's MAR charts and found they were signed appropriately. Where people received medicines administered by healthcare professionals in clinics to support their mental health, records of this were maintained. People's medicines were stored safely and securely.

People were protected from infection risks because staff followed appropriate hygiene practices. For example, when preparing food, staff used colour coded chopping boards for specific food types such as vegetables, meat, fish and bread. This reduced the risk of bacterial cross contamination which could make people unwell. Staff stored food safely in the fridge. Items which had been opened were labelled. Staff monitored and recorded the temperature of the fridge along with the temperature of cooked foods. People were protected from infection risks during personal care by the staff use of personal protective equipment (PPE). PPE included gloves worn by staff which were disposed of after each use. The care home was clean and we did not detect any unpleasant smells. A schedule for cleaning was followed by staff and people were encouraged to participate in this to develop their independent living skills.

The provider ensured that where specialists were required to undertake checks within the home environment these were undertaken. Records of specialists' checks were maintained and copies of certificates were available for inspection. For example, we saw the service's certificates for gas safety, portable appliance tests, electrical installation, water testing and fire alarm systems check. All bedroom and bathroom windows had restrictors to prevent people falling from height. Fire alarm drills were carried out by staff so that people and staff were familiar with the procedure to evacuate the service in the event of an emergency. Details of fire alarm tests and drills were maintained.

Is the service effective?

Our findings

People received care and support from staff who did not have the skills and knowledge to meet all their needs. The provider did not ensure that staff received training to meet people's specific needs. People who were assessed as presenting with behaviours which may challenge were supported by staff who had not received any training in managing behavioural support needs. Staff did not have the knowledge to keep people or themselves safe when presented with problematic behaviours. Whilst staff received training in the safe administration of medicines, infection control, food hygiene and mental capacity they were not trained to manage situations where aggression was present. This meant people were not always receiving effective care.

This is a breach of Regulation 18 the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People were supported with thorough assessments of their needs. Healthcare professionals undertook detailed assessments of people's needs which included their mental and physical health. People participated in their needs assessments and in regular reviews with healthcare professionals and staff. Before moving into Horizon Retreat staff assessed people's needs to confirm with funding authorities the service was capable of meeting people's needs and preferences.

New staff completed a three day induction which covered the provider's values, policies, procedures, organisational structure and training which the provider considered mandatory. Staff were given an induction handbook and shadowed experienced colleagues as they delivered care and support to people. This enabled new staff to observe and familiarise themselves with the provider's practices.

Staff were supervised in their roles. The registered manager and deputy manager held one to one meetings with staff. These meetings were used to review staff strengths and weaknesses, performance issues, the provider's policies and procedures and staff training needs. As this was a new service which had been open for less than a year, annual appraisals had not yet taken place. We were informed these were being planned and that the structure and content for them was in place.

People's nutritional needs were assessed and met in line with their preferences. One person told us, "The food is good. They give us whatever we want." People chose the meals they ate and when they ate them. Staff supported people to shop for meals, snacks and drinks.

Staff supported people to access healthcare professionals whenever they required. Mental health professionals monitored people's mental and emotional well-being and met with them regularly. Staff made routine appointments for people to meet with healthcare professionals such as GPs, dentists and opticians as well as appointments to address people's specific presenting needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people were supported in line with legislation. Staff supported people to make choices about their care and respected their choices. Staff understood how people's decision making should be supported on a day to day basis and the actions required to support a best interests decision making process, should people lack capacity.

Is the service caring?

Our findings

People told us staff delivering care and support were caring and kind. One person told us, "The staff are good. They provide for me. They care for me. I have no concerns." Another person referred to staff as, "Good company." A healthcare professional told us, "The staff are compassionate."

People and staff, whilst still new to each other, were developing positive relationships. People's care records contained a section entitled, "Their life so far". This was developed with people and was used to provide staff with information about people's backgrounds and interests. Staff told us this information helped them get to know people and prompted meaningful conversations with them.

Staff supported people to make decisions about how they received their care and support. People's overarching plan of care was agreed during an assessment process and through care planning in which they had input. On a day to day basis people were supported to make choices about what they did, where they went and what they wore. Staff supported people in line with their assessed needs around making choices. For example, when required people were advised about the weather appropriateness of their clothing choices.

People were supported to be independent. People's independent living skills were assessed by healthcare professionals prior to resettlement in the service. Staff monitored people's daily living skills on an on-going basis and reviewed them with people periodically. Staff supported people to re-acquire and in some instances, develop the skills they needed to perform tasks such as laundry, room maintenance and meal preparation. This meant that people received planned support to develop the skills they required to move on to lower support services where they would have greater independence.

People's privacy was respected. Staff knocked people's bedroom doors and waited to be invited in before entering. We observed once instance when a member of staff knocked on a person's door and was told by the person not to enter. We saw the staff respect the person's decision and say they would return later. People's care records were kept securely. Staff ensured that people's care records were stored in the office which was locked when not in use. This meant that visitors to the service could not accidentally see people's confidential information.

Staff promoted people's dignity. People were supported to maintain their personal care. Where people presented with a history of poor self-care, care plans guided staff around meeting people's assessed needs. Staff discussed people's personal care in a sensitive manner and encouraged people to maintain an appearance which garnered respect when in the community. Where people required support to meet their personal care needs staff provided this.

People were encouraged to receive visitors. Visitors to the service were made to feel welcome and offered drinks, snacks and privacy if they wanted it. Visitors signed into and out of a sign in book so that staff knew who was in the service in case of emergency, but no other restrictions were placed upon visitors.

Is the service responsive?

Our findings

People received personalised care based upon their assessed needs. Staff delivered people's care in line with their care plans which stated how people's needs and preferences should be met. People participated in the development of their care plans. Where people lacked insight into their mental health needs care records noted their general goals and aspirations and linked them to the therapy and support they required. People's care plans were regularly reviewed and healthcare professionals participated in people's review meetings. One healthcare professional told us, "The care is individualised" at Horizon Retreat.

Care records were person centred and noted people's hobbies and interests. For example, one person's care records stated they liked, "Music, reading, travelling, watching TV and talking to people." Care records contained a section entitled, "Things that may worry or upset me" and another section called, "What helps me relax?" Staff knew this information and told us they used it to prevent circumstances arising which may cause people to become anxious. Staff had guidance in care records to identify the signs that people maybe experiencing a deterioration in their mental health and the actions they should take. For example, care records directed staff to inform healthcare professionals if people exhibited signs that they may not be mentally well. This meant people received monitoring and support to prevent relapse.

People were encouraged to develop their skills for independent living based on their preferences and assessments. One person explained to us how staff supported them to develop menu planning, shopping and cooking skills. Another person described how staff assisted them to re-acquire confidence and skills around household tasks including doing their laundry. Care records showed that people were also supported to develop their money management and budgeting skills.

The service was developing a key working system at the time of our inspection. Keyworkers are members of staff tasked with specific responsibilities towards individual people. These responsibilities included developing a rapport with people, liaising with their families and healthcare professionals, arranging appointments and coordinating activities. Whilst staff and people were matched for the key working system, one to one key working meetings between people and staff were not taking place. Staff told us that key working meetings would start shortly and would include a focus and discussion around people's, "Thoughts, feelings and frustrations."

The service had a complaints policy in place which people told us they understood. One person told us, "I would talk to the [registered] manager." Another person said, "I would tell my care coordinator who would talk to them and make the problem go." No complaints had been made by the people currently living at the service.

Is the service well-led?

Our findings

The service was not well-led and the leadership was inadequate. The service was developed to meet the needs of people with mental health issues and behaviours which may challenge. However, the provider failed to adequately plan for or to meet people's behavioural support needs. This was because risk assessments did not address all of people's behaviours. Care records did not give staff guidance in line with best practice on managing behaviours that challenge and staff did not receive any training in managing difficult behaviours. This meant people's care and support in these behavioural areas was poorly managed.

People lived in a service where the quality of care and support they received was not audited. The registered manager failed to carry out routine checks to ascertain the impact of care delivery. We were shown a quality assurance file during the inspection but this was empty. We were also shown a generic template document which was not in use. There were no records in place to show that checks were carried out of the home's operations including health and safety, infection control, accidents and incidents, risk assessments or staff training. Additionally, there was no evidence of shortfalls being identified or of any action plans implemented to make improvements.

This is a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good Governance.

The registered manager failed in their legal duty to notify the CQC of significant events at the service. We found evidence of incidents which required the attendance of the emergency services. Had we been aware of the volume or the seriousness of these incidents we would have assessed the risks to people and determined if an inspection should have taken place sooner. By failing to submit timely notifications the provider prevented the CQC from carrying out our regulatory function to monitor services and make sure people received safe care.

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had experience of hosting team meetings but the registered manager had not held any for staff at Horizon Retreat. We were told that team meetings had not taken place because both the staff and people using the service were new. However, the provider did arrange general meetings. These were meetings at which some staff from each of the provider's three services attended. We reviewed records of these general meetings and found issues such as organisational and staff changes such as shift swapping, signing in and out, handovers training and dress codes were discussed. The deputy manager told us that team meetings for Horizon Retreat staff will take place in the new year which will focus on meeting people's changing needs. We will be monitoring the situation to confirm this has happened. Staff surveys were undertaken by the provider at its other locations and plans were in place to gather staff views in this way after the service had been operational for a year.

The provider gathered the views of people. The registered manager supported people to attend and

participate in resident meetings. These were used to discuss issues such as activities, shopping, one to one time with staff and weather appropriate clothes. Records were made of relative's meetings and reviewed at the following meeting.

People benefited from the collaborative work undertaken by staff at the service. The registered manager and staff liaised with health and social care professionals in an on-going basis and when issues arose. One healthcare professional told us that staff at Horizon Retreat, "Liaise well with mental health services." The service also maintained contact with commissioners from local authorities and participated in monitoring activity by them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager failed to notify the CQC without delay of incidents which occurred whilst services were being provided in the carrying on of regulated activity.</p> <p>Regulation 18 Care Quality Commission (Registration) Regulations 2009.</p>

The enforcement action we took:

We issued a Fixed Notice Penalty.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to do all that is reasonably practicable to mitigate risks.</p> <p>Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>

The enforcement action we took:

We served a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity.</p> <p>Regulation 17 (2) of the Health and Social Care Act</p>

2008 (Regulated Activities) Regulations 2014.
Good Governance.

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to establish and operate effective recruitment processes to ensure staff were of good character, have the qualifications, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p>

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff received appropriate support and training.</p> <p>Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p>

The enforcement action we took:

We served a Warning Notice.