

Sunshine Care Limited Plymouth

The Retreat Care Home

Inspection report

Belle Vue Road
Hooe
Plymstock
Plymouth
PL9 9NR
Tel: 01752 204044
Website: www.sunshinecare.co.uk

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced.

The Retreat Care Home provides care and accommodation for up to 20 people. On the day of the inspection 17 people were using the service. The Retreat Care Home provides care for people who are elderly and frail and may also suffer with mild mental health conditions and/or have restricted mobility. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

During the inspection staff and people appeared relaxed, there was a calm and friendly atmosphere. People told us the freedom they had to move around, was one main reason for choosing the home. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People all spoke highly about the care and support they received, one person said, "When I knew I needed more help, I straight away chose here and I haven't ever regretted it, I'm well looked after." Another stated: "You can't better the care you get here, marvellous." Care records were person centred, gave people control and were reviewed monthly to assist the home in quickly responding to people's change in needs. People were involved in identifying their needs and were supported to give their preferences on how they wished them to be met.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to access the community. Activities reflected people's interest and individual hobbies.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, occupational therapist and district nurses.

Staff described the management to be very open, supportive and approachable. Staff talked positively about their jobs. Comments included: "I'm really happy

here, such a good team of people and the management are so approachable, they listen to you."; "The best home I have ever worked in" and "The support I get makes me full of confidence."

Staff received a comprehensive induction programme. There were enough staff to meet people's needs. Management and staff told us the importance the provider placed on training to make sure their staff had the correct skills to carry out their roles effectively. One staff member said: "The standard of care here is excellent and I put that mainly down to how much training we are given."

Staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them was done in their best interest using appropriate safeguards.

. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. People told us they felt safe whilst care was being delivered.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Feedback from people, friends, relatives and staff was encouraged. This was all used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home.

Summary of findings

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had received appropriate training in the MCA and the associated DoLS. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Good



Is the service effective?

The service was effective because people received care and support that met their needs.

Staff received on-going training to make sure they had the knowledge and the skills to carry out their role effectively.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

Good



Is the service caring?

The service was caring because people were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's experiences were taken into account to drive improvements to the service.

Good



Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People were enabled to make suggestions about what mattered to them.

Good



The Retreat Care Home

Detailed findings

Background to this inspection

The inspection was carried out by one inspector and an 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. We visited the service on 30 July 2014.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. At our last inspection in November 2013, we did not identify any concerns.

During the inspection we spoke with ten people who used the service, two visiting relatives, the manager and five members of staff. We contacted two health care professionals who helped support people who used the service. The registered manager was not on duty when we

carried out our inspection. The manager of The Retreat, worked under the registered manager and their role was to oversee the day to day running of the home. They were present throughout the inspection and is the manager referred to throughout the report.

We looked around the premises and observed care practices throughout the day. We also looked at four records that related to people's individual care needs, five staff files and records related to the running of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who lived at the Retreat Care Home consistently told us they felt safe. Comments included: “At home I felt unsafe and that frightened me, here I feel safe and settled.” and “Feeling safe is important to me and I feel safe here.”

There was a relaxed atmosphere around the home. People were supported to take everyday risks, to move freely around the building and its gardens as they wished. People told us they went out on their own to the local shops, one person said having the freedom and independence was the one reason they chose the home. Staff said, one person liked to go by themselves to the nearby post box, to post letters on behalf of those living in the home and their choice was respected. Care records identified where individuals may have mobility or mental health needs that restricted how independent they could be. Risk assessments recorded people’s restrictions, and actions were put in place that minimised risk and enabled as much freedom as possible. For example, one person with living with dementia, liked to go out into the community, but would not always be able to find their way home safely. The manager arranged to have the address of the home printed on card. The person carried this with them when outside of the home, this meant they could be assisted if needed to return to their home safely, whilst it maintained their freedom.

There were enough skilled and competent staff to ensure the safety of people. Care and support was given in a timely manner. For example, one person requested to go to their room, immediately they were given support to do so, offered choice of how they would like to get there and asked if they needed anything brought up to them. People told us they felt there were sufficient staff to meet their needs and keep them safe. Staff said there were always enough staff on duty to support people effectively. A staff member commented: “There are always plenty of staff on duty, with a lot of experience, it’s a nice small home so we get to spend time individually with people, which I love.” The manager told us staffing levels were regularly reviewed to ensure they could meet the needs of people and the home was currently fully staffed. All staff, regardless of their role completed training required to safely support those using the service. A member of staff commented, when I’m not on duty in my cooking role I am sometimes asked to perform a caring role. They said: “Although I’m the cook, I

do all the training, I enjoy helping out in a caring role whenever I am needed.” This provided flexibility, enabled the manager to cover any absence that arose and respond to unforeseen circumstances.

Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member commented, “I had to wait for all my checks before I could start, I thought that was really good and important.”

The manager understood the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They demonstrated a good knowledge of their responsibilities under the legislation. Care records evidenced where DoLS had been considered, documented who had been involved in the decision making process and clearly detailed the outcome. Training records indicated all staff had received training in MCA and DoLS, staff confirmed this and were able to communicate their awareness of key details within the Act. One member of staff said: “Even those who lack capacity can still make some everyday decisions around things they like, I think it is important we give them as much chance as possible to make choices for themselves and encourage their independence.”

The provider had an up to date restraint policy and arrangements were in place to ensure people’s rights were protected. For example, a district nurse advised one person would need medical intervention to help relieve symptoms they had displayed. This involved the person having to be restrained whilst the procedure was carried out. A risk assessment and incident form recorded that the person’s mental capacity to make that decision for themselves had been assessed. The person had been deemed not to have capacity and therefore the local DoLS team had been contacted and their recommendations had been followed

Is the service safe?

before the procedure went ahead. This meant decisions had been made in line with legislation, appropriate action had been taken and was monitored to ensure care and treatment was delivered in a person's best interests.

The providers safeguarding policy had been updated in April 2014. Records showed all staff were up to date with

their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “You couldn’t better the staff here, they are all so good at their jobs.” and “The staff here know their stuff, that’s very comforting.”

Staff received a four day induction programme and ongoing training was made available to ensure they had the right skills and knowledge to effectively meet people’s needs. Staff all told us they were encouraged and expected to develop their skills and were continually offered training to support this expectation. One staff member said: “They are so hot on training here, it makes me feel so confident that I’m providing really good care to people.” The manager told us the provider, ‘Sunshine Care’ ran the whole training programme and made sure all staff at “The Retreat” were fully up to date with their training. If a member of staff failed to attend a training course on two separate occasions, they were suspended from working until the training had been completed.

Staff commented they felt well supported through daily handovers, regular supervision and team meetings that took place. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice.

Research was used to promote best practice, care plans evidenced this and the manager told us how they used certain tools based on proven research to help measure and assess how people could best be supported to receive effective care. For example, they used a tool called ‘Katz, Index of Independence in Activity of daily Life’ (Katz ADL). This looked at people’s individual ability to perform six key functions of daily living, namely, bathing, dressing, toileting, transferring, continence and eating. It indicated where future decline in ability and independence may arise and where improvements in health had occurred. Detailed Katz ADL assessments that were regularly reviewed, provided staff with the knowledge of how best to support individuals with their needs and plan care appropriately.

People were involved in decisions about what they would like to eat and drink. Initial assessments that took place prior to a person moving into the home ascertained people’s likes and dislikes and highlighted any allergies. People were individually spoken to each morning to obtain their choice of food for that day. People were encouraged

to say what foods they wished to have made available to them by individual discussions and also the residents survey. People were involved in the purchasing of the food and could choose to accompany the staff during the shopping outing. One person commented: “I really enjoy going shopping to get the food, I like getting to choose things I like and want for myself.” A staff member told us: “There is a good budget for food, I’m never questioned about what we buy and extra money is always allowed if it’s needed.” The outcome of a recent resident’s survey noted people wanted fresh fruit to be made available during the day. An outing had recently taken place where people who wished to go, went fruit picking to purchase fresh fruit for the home. Fresh fruit was available throughout our inspection in the dining area.

Staff all knew the importance of people having sufficient amounts to eat and drink. Staff comments included: “Each day I record exactly what people have had to eat, this information is very useful if someone becomes unwell.” and “Food is so important, it’s essential people have choice, which they get here.” Care records highlighted where risks with eating and drinking could occur. For example, one person’s record evidenced when staff sought advice and liaised with a speech and language therapist (SALT) following a risk assessment having identified a potential risk to the person choking. A soft diet had been advised to minimise the risk. This had been regularly reviewed in conjunction with the individual and the SALT team to ensure it met their assessed need. Another care record showed the importance of promoting a well-balanced, varied diet with a person who had been diagnosed with diabetes. Monthly weight checks were carried out to help monitor and manage the condition.

Care records showed health and social care professional advice had been obtained regarding specific guidance about delivery of certain aspects of care. For example, a district nurse had been contacted when concerns were recorded about a person’s catheter. A district nurse said: “Staff at the home always seek our advice and follow any advice given. They are a really good home, one of the best in my opinion.”

Records showed staff had made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. For example, diary sheets showed where GP’s had been contacted the same day people had expressed feelings of being unwell. One person

Is the service effective?

told us: “It’s an excellent service...the doctor comes to see me when I need it.” This helped the service maintain people’s good health and get the additional support they needed when required.

Is the service caring?

Our findings

People told us they were well cared for, they spoke highly of the staff and the quality of the care they received. Comments included: "I'm well looked after...everybody is very helpful." and "The staff are genuine, they care and are so friendly."

Health care professionals who had contact with the Retreat Care Home were positive about the caring nature and attitude of the staff. A district nurse commented: "The standard of care is very good, excellent in fact." A pharmacist said: "It is a very helpful, caring residential home, people I see, seem happy and enthused about the care they receive."

We saw staff interacting with people in a caring and supportive manner. We observed one member of staff giving a manicure and chatting to a person in their room. We heard lots of laughter during an activity being held in the lounge. We saw staff speaking with a person who had sought help because they wanted something to do. Staff responded quickly, were gentle in their approach, listened to what the person had said, offered choice of things they enjoyed and then supported them to complete the activity they chose.

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us: "One thing I love about working here is how well all the staff know all the residents so well, it's like we are one big family." and "It's such a friendly environment, I know the residents really well and this helps me to suggest things they might like to do, when I see they look a bit down."

People were given information and explanations about their treatment and support so they could be involved in making decisions about their care. For example, care records evidenced when people declined hospital appointments and when they agreed to attend them. We saw people being given choice over simple day to day decisions, like where they would like to have their lunch and what they would like to drink. People told us they could get up when they wanted and had several choices about how and where they spent their time. Staff said "I give people ideas and they make the choices" and "We give people so many choices, we make sure they have the information they need and then follow the decision they make."

Supervision, daily handovers and staff meetings promoted people's independence and maintained staff's understanding about the importance of providing respectful compassionate care on a day to day basis. Staff discussed any concerns they had about people and shared information with each other to help identify any potential issues. This meant staff were informed about where additional support may be needed to help keep people safe. Staff told us respecting people's dignity and privacy and supporting people to be as independent as possible were discussed every day and were a priority when delivering care. Comments included: "The standard of care here is excellent, it comes right from the top, the owner was a district nurse and her very caring nature, is something they insist staff have and show in their work."; "One person I support is a very private person, it is so important I make them feel as comfortable as possible when I need to carry out personal care." and "When providing personal care, I treat people how I would want to be treated. I make sure people are comfortable, talk them through what I am going to do, respect their privacy at all times and let them be as independent as possible."

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. For example, one record stated a person would like to wear a certain type of glove at night to protect themselves from scratching their skin. Another stated a person disliked food being wasted and so preferred small portions at meal times, detailing they would request more food if they still felt hungry. We saw this had been respected on the day of our visit and the person told us staff always respected all of their wishes.

People told us they met with staff monthly to review their care plans and felt regularly consulted about their own care. The PIR informed us and the manager confirmed that reviews were carried out every month on a one to one basis with the individual or those acting on their behalf. We noted care records were up to date, signed to agree any changes that had occurred and that feedback had been given. For example, one person during a review had requested to change rooms to one more suitable to their need, this had been agreed, fed back, recorded and the move had taken place. The manager told us the person had requested a move three times and each time their choice had been respected.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in their care plan, they wished to get up in the morning at a certain time. Daily notes showed this was respected and the person confirmed this need was met. They commented: "When I wake I just press my bell once, then they'll know it's me and I'm awake." Another person stated they had always enjoyed gardening, their room had a balcony with several flower pots positioned on it so they could safely maintain their interest. They told us, "Having my own little garden is so important to me."

Each care record contained a family tree, this highlighted people that mattered to an individual, it listed interests, including a person's personal history and captured special memories. One record noted an individual used to be a cook, discussions had been recorded about what that meant to them and how they would like to be supported in their interest. Staff confirmed and the care record stated, they had been involved in developing the menus for the

home. Another person's record showed they had an interest in gardening, they were given freedom to tend to the garden as they chose. They told us they had weeded the flower beds in preparation for the recently held garden party. They said this had given them a great deal of pleasure.

People told us they often went out with friends or relatives. One person told us they appreciated the variety of social activities they were able to do. The manager confirmed visitors were welcome at any time and people were supported to be as independent as they could be. People told us things they did to maintain their independence, which included, taking part in a sporting activity, going out in the evenings with friends and weekly outings with relatives. Staff arranged several outings to avoid people becoming socially isolated. These included tea at the Ritz, shopping trips and a 'French' breakfast. One member of staff said, "People being able to leave the home and enjoy what's out there, brings so much enjoyment and is perfect for promoting independence."

People were supported with the care and support they needed in the terms of their age, disability, race and religion. Activity lists were created for the home by the people, using resident meetings and ideas collected from a suggestion box situated in reception. For example, people had previously requested time to say prayers and sing hymns. The home held a church service every first Wednesday of each month, for people that wished to attend. People confirmed they were asked monthly about their preferences for activities that took place in the home. Staff confirmed this, one said "We give people the choice when it comes to what they do, it's up to them and we adapt ideas so everyone can take part if they wish to."

A resident feedback questionnaire was given to people and those acting on their behalf in May 2014. A 100% of surveys results indicated people's views and wishes were taken into account with regards activities. People were involved in making decisions about how they wished to be supported and they were able to stay in touch with friends and families.

Service user guides held in people's rooms contained details of how to raise concerns and make complaints. The complaints policy was up to date and gave clear details on how people's complaints would be responded to, by whom and specified times frames for the whole process. People told us they knew how to make a complaint and felt they

Is the service responsive?

would be responded too if they did. However, nobody we spoke with could recall ever having made a complaint.

Comments included: "I can't fault it, I have no complaints" and "It's absolutely wonderful, I have no complaints." The PIR informed us and the manager confirmed they had received no complaints.

Is the service well-led?

Our findings

The PIR informed us the registered manager was in the process of taking a less active role in the running of The Retreat Care Home. The manager told us they had started the process of applying to become the new registered manager. The manager took a very active role within the running of the home and had good knowledge of the staff and the people who used the service. People told us the manager was seen “On the floor” all day and was described as “Lovely” and “Very, very kind.” Staff told us the manager was very hands on and always available.

People and their relatives told us the provider encouraged people to voice their opinion and they felt listened to when they did. One relative told us they had made suggestions on improvements they felt could be made. These had been followed through and actioned. Some people told us they would like a separate lounge where they could go if they did not wish to take part in activities and still be sociable with others. The manager told us they were aware of this and there were plans to have an unused building converted, to provide a second lounge for people to go when they wanted a quieter space to enjoy. This indicated the home encouraged good communication to drive improvements.

People were involved in developing the service, they helped to hold events that linked in with the local community and raised funds for equipment within the home. For example, funds raised at a recent garden party enabled a karaoke machine to be purchased. People told us, they all agreed this is what they wanted to buy and it had brought a lot of enjoyment.

The manager took account of incidents and accidents to influence practice and help meet people’s needs. For example, the incident log highlighted where an issue had been raised regarding hospital transport. Three people had to find alternative transport at short notice due to the hospital cancelling their agreed service. Following a discussion the provider agreed to look into purchasing a black cab with wheelchair access for the home to prevent any missed hospital appointments occurring in the future. The black cab was purchased and in use in May 2014. The home no longer needed to rely on hospital transport. This demonstrated how learning from incidents occurred and quality of care had been protected as a result.

Health care professionals who had involvement in the home, confirmed to us communication was good. They told us the staff worked in partnership with them, followed advice and provided good support. A district nurse said, “Communication is excellent, if the home has any problems, they always contact us first.” A pharmacist commented, “They are a very proactive, efficient service, that is well run.”

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider promoted an open culture as the home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they felt protected, were encouraged to raise concerns and that management were always open to suggestions. Comments included: “All the management are so approachable, if I had any concerns I wouldn’t hesitate to go to them.” and “The management are excellent, very fair and very firm.” The latest CQC report and the results from the most recent resident questionnaire were displayed in the entrance hall to the home. Minutes from staff meetings documented where staff had been asked their ideas and suggestions for improvement to the service.

There was a clear management structure in place. Throughout our inspection, management interacted positively with staff. We saw conversation with staff was open and the atmosphere was relaxed. Staff confirmed leadership was visible at all levels. One member of staff told us the provider would often visit the home and was “Inspirational” in their manner with the residents. They said “The owner (provider), is always popping in, always spoiling the residents, bringing them little gifts, it’s moving to see how caring they are and that rubs off on the other staff.”

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Supervision was up to date for all staff. The manager told us supervision was a two way process. Open discussion was used to provide staff the opportunity to account for their performance, highlight areas where support was needed and encourage ideas on how the service could improve. Comments included: “The manager is really good, I’m encouraged to develop.”; “I’m really happy here, great team work and I feel so supported.” and “The atmosphere here is really nice and creates such a positive feeling, the moment I walk through the door I feel

Is the service well-led?

happy and this feeling is maintained throughout the day. If staff are happy, residents are happy, you can sense it.” This demonstrated the service inspired staff to provide a quality service.

There was an effective quality assurance system in place to drive continuous improvement of the service. The PIR informed us, the provider carried out regular “self-auditing quality reviews” which monitored the homes

organisational and staff practices at all levels against the CQC regulations and guidance. We saw evidence this had recently been completed and recommendations to improve practice had been identified and actioned. The PIR also stated the home was ISO 9001 compliant; this is an external quality management system. The provider recorded they used this mechanism to evidence they were fulfilling their required standards.