Colleycare Limited

Tara's Retreat Care Home

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 took place on 31 March 2016 and was unannounced. The service provides accommodation and personal care for up to 46 older people, some of whom may be living with dementia. On the day of the inspection, there were 43 people living at the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and there were systems in place to safeguard them from the possible risk of harm. The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs. Medicines were managed safely and people received their medicines regularly, on time and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from the management team for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing, and had access to and received support from other healthcare professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. People were treated with respect and their privacy and dignity was promoted.

People's care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision. However, the advice and guidance received from the public health department had not been adhered to in order to minimise the risk of the spread of infection.

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.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

There was a robust recruitment process to ensure that all relevant checks had been carried out before an offer of employment had been made.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training and support so that they were competent in the work they performed.

People's dietary needs were met.

People had access to other health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in decisions about their care.

People's privacy and dignity was respected.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Advice and guidance from Public Health England about reducing the risk of the spread of infection had not been adhered to.

There was a caring culture at the home and people's views were listened to and acted on.

The manager was visible, approachable and accessible to people.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

Tara's Retreat Care Home

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 31March 2016 and was unannounced. The inspection team was made up of two inspectors 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.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 12 people who used the service, 2 relatives, eight care staff, and the deputy manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for six people, checked medicines administration records and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and were happy with the care and support they received. One person said, "I feel perfectly safe and happy here." Another person said, "I like it here. I chose it and I wanted to come here. I am very safe here and we have staff around us all of the time." A relative said, "Mum came here for respite and she felt that if she had to go anywhere it would be here because the staff made her feel safe." People said that they would use their call bells and speak to the manager if they felt unsafe.

Information regarding safeguarding and whistleblowing procedures that gave guidance to staff on how to identify and report concerns they might have about people's safety, had been displayed on the notice boards. Whistleblowing is a way in which staff can report concerns within their workplace. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, "I would always speak up. I would not put up with anything from other staff, other than a completely respectful approach towards our residents." Another member of staff said, "People are safe here." The assistant manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

Each person had individualised risk assessments carried out that gave clear guidance to staff on any specific areas where people were more at risk. The risk assessments were detailed and provided information on how to protect people from harm, whilst promoting their independence. For example, we saw risk assessments on skin care, mobility and potential risk of falling, delivery of personal care, nutritional and fluid intake. Care records stated the importance of maintaining each person's independence and had guidance for staff on how people should be supported. For example, one stated that staff should enabled people to choose which mobility and/or pressure relieving aids they wished to use to lessen the associated risks. We saw a risk assessment for a person who had lost their appetite and was not eating and drinking enough to maintain their health and wellbeing. We observed staff gently encouraged the person to eat and drink at frequent intervals by offering a wide range of choices such as fruit juices and various sandwiches and cooked food. Staff confirmed that they were aware of their responsibility to keep risk assessments updated and to report any changes and act upon them. We observed staff using equipment to support and move people safely in accordance with their risk assessments. The service kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

The service had an emergency business continuity plan to mitigate risks within the service. The plan included the contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff were familiar with the plans so they could assist people to leave the building safely and quickly in an emergency.

There were sufficient numbers of staff on duty to meet the needs of people. People told us they never had to wait for staff to attend to their needs. One person said, "The staff always respond quickly if I need them."

Staff said they had time to spend in a meaningful way with people and that they were not rushed in their work. People confirmed that they knew how to use the call bell system and that it was answered promptly. The staff were seen to be attentive and watchful of the people who used the service without being overbearing. The service used a recognised dependency tool to identify the level of staff required to meet the needs of people. They told us that there was limited reliance on bank and agency staff which ensured continuity of safe care for the people using the service.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines. If this was not possible or they did not wish to, then the staff administered the medicines. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed. We observed that a member of staff wore a 'do not disturb' tabard and handled the medicines correctly. They spoke to people at eye level and reminded people what the medicines were for. People were offered a choice of drink with which to take their medicines. The overall approach taken was helpful, friendly and professional.

We observed a medicine round and saw people received their medicines as prescribed. People confirmed they received their medicines regularly and at the right time. One senior member of staff had the lead responsibility for the management of medicines to ensure that all medicines were stored and administered safely, in line with current guidance and regulations. All medicines prescribed and dispensed were labelled with peoples' names, packed in blister packs and stored accordingly in the medicine trolley. We saw from a review of records that stock checks were conducted daily, weekly and monthly. The system for the safe management of medicines was robust and a full audit of the administration of medicines had been carried out. We noted that information about allergies had been recorded and there were no unexplained gaps in the medicines administration records for current cycle. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Procedures for administering medicine on an 'as and when required' basis were in place and followed by staff.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. People and their relatives were complimentary about the staff. One person said, "Sometimes I don't even have to ask because they know me so well, they just help me." Another person said, "I get good care from a good bunch of staff. They know their job very well." The majority of staff had worked at the home for a number of years and knew how to care and support each individual so that their needs were met.

Staff told us that they had received a variety of training to help them in their roles. A member of staff said, "I have recently received training on equality and diversity and it has really raised my awareness of my resident's unique needs and differences, which I respect, fully." Another member of staff said, "We are always given opportunities to attend different training. I have done my induction and all my training and we are reminded when the next one is due." We noted from the staff training records that staff had undertaken relevant training and had completed yearly refreshers so that they were aware of current safe practices when supporting people to receive effective care. They had also attended other specific training such as dementia care, nutrition and wellbeing, end of life care, moving and positioning, and managing behaviour that impacted on others. The deputy manager said that they made sure that all the staff received all the relevant training they needed so that they had the right skills and knowledge to support people in meeting their needs. We observed staff put their training into good practice when assisting people to mobilise with the use of mobility aids.

Staff confirmed that they had received regular supervision and appraisals for the work they did. One member of staff said, "I receive regular supervision. We discuss my performance, personal development and anything else about my work." Another member of staff said, "I feel supported at all times."

People were supported to give consent before any care or support was provided. One person said, "I am always asked at what time I would like my help in the morning. I prefer to have a wash and get dressed earlier in the morning and this is what happens." Where people had been able to, we saw that they or their representative had signed their care plans and given consent to their care and treatment. Other people had been assessed as not having mental capacity to make particular decisions. Where this was the case, we saw that mental capacity assessments had been completed, and decisions were in the person's best interest and the least restrictive options. This was done in conjunction with people's relatives or other representatives, such as social workers. We saw staff offering choice to people to make decisions about what they would like to eat and where they would like to spend their time during the day. One member of staff said, "I try to get people to make decisions and choices, no matter how small they may seem. For example what they would like to wear or eat." Another member of staff said, "Choices give a person some control and this is something we really prioritise here."

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate. For example, referrals had been sent for people who needed to use bed rails to prevent them from rolling out of bed and for people who were assessed as being at risk if they walked out of the home on their own.

We observed lunch being served and we asked people about the quality and choice of food offered. One person said, "The food is very good. I enjoy my food." Another person said, "I am well fed. Food is nice and I do get enough to eat and drink." People we spoke with told us that they were given choices of what they wanted to eat and that the quality of the food was very good. One person said, "The staff always give me choices of what and where I have my breakfast or where I have my supper." Another person said, "If you don't like what is on the menu, you can always ask for something else. That's not a problem." We saw people being shown the food on offer at lunchtime in order to make their choices. We also observed that staff took time when assisting people with their food. We noted that people were offered a variety of drinks and snacks in between meals during the day. There were drinks brought to people throughout the day as well as fluids available within reach to those in their rooms.

We noted from the care records that a nutritional assessment had been carried out for each person and their weight had been checked and monitored regularly. One person said, "They check my weight each month and it is stable." We saw that where food supplements were prescribed, these were provided and recorded in line with the prescription. The deputy manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. Staff recorded fluid and food intake and were aware of the amount of fluid a person at risk of dehydration should be offered.

We saw evidence in the care records of the involvement of external health professionals. District nurses and tissue viability nurse were available to advice on any concerns about pressure area care or pressure ulcers present. Opticians and chiropodists had visited people regularly. General practitioners visited the home when requested. We saw that entries had been made in people's care records by visiting professionals and that advice given to staff had been incorporated into care plans and acted on.

Individual needs were met by the design and decoration of the building which was provided to a high standard. Soft furnishing, fixtures and fittings were well maintained. People had personalised their bedrooms with their personal belongings.

Good

Is the service caring?

Our findings

People we spoke with told us how caring and compassionate the staff were. One person said, "Staff are very kind and try their absolute best for me." Another person said the staff are wonderful." We saw that staff showed patience and gave encouragement when supporting people. Another person said, "I was upset one night and the carer made me a cup of tea and came and sat on the bed and held my hand. They really do care."

People felt that staff knew them well including their preferences and personal histories. People told us that they were able to make choices about how they lived including what they ate, where they spend their time and when they got up and went to bed. One person said, "I go to bed and get up when I am ready." Another person said, "I choose what I like to wear and how I spend my day." We saw there was a good interaction between staff and people, and spoke with staff who knew and understood the people they were providing care to. The conversations we heard between people and staff were polite and caring. For example, we heard a member of staff saying, "I'll change your top after pudding." The person said, "How often will you change it?" The member of staff responded, "As often as I need to, there's no problem." The atmosphere throughout was calm and relaxed. People were complimentary about the staff providing their care and support. One member of staff said, "What people really like is to chat and tell us about their lives. I have time to listen and this is a very important part of caring for people."

People and their relatives told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. One person said, "I make my own decisions. I talk to my keyworker and they support me the way I like." Another person said, "My relative is also involved. They are very helpful here."

People's privacy and dignity was respected. One person said, "I'm very impressed with the level of help, they are very nice. They always knock on the door and wait before they come in." Another person said, "When they give me a wash, they close the curtain and cover me up." Staff understood the importance of respecting people's dignity and privacy and they promoted their independence and human rights. A member of staff said, "We respect people's privacy and dignity. I had my training in dignity and respect. Everybody deserves that." Another member of staff said, "We always ask people how they would like to be supported with their personal care and we try to make sure that people continue to do as much as possible for themselves." We noted that staff knew the names of people who used the service and addressed them with their preferred names.

Staff were aware of their responsibility to maintain confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. One person said, "We do get information. Sometimes the staff tell us and we can also

ask at the reception." Some people's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that they had answered questions and provided information about themselves when they had their assessment of needs carried out. We noted from their care plans that they had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plans so that staff were aware of the care and support each person required. We saw evidence in the care plans that people's family members had also been involved in the care planning process wherever possible. Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "The staff know what I like or do not like. They always ask me though."

Care plans provided information about the individual, including their past history, medical conditions, daily progress and evaluation records, their risk assessments and other information relating to the person's health and wellbeing. There was sufficient information for staff to support people in meeting their needs. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. A relative said, "We went through the care plan in detail and they said they will talk to us about it regularly to make sure everything is ok. Other records held in people's rooms were up to date and showed that people were cared for as planned.

People told us they liked the activities provided for them and a therapy dog was visiting on the morning of our inspection, which people said they, "Loved." Staff told us however that the financial budget for external providers of activities was being reduced. They were concerned that this might mean an end to external entertainers which people enjoyed very much. We saw that each person had a record of all the activities they participated in. This meant staff were able to audit whether the activity was popular to ensure that they provided an activities programme which people were happy to engage in.

A variety of activities was planned and provided for people. We noted that a weekly activity schedule had been displayed on the notice boards and people were reminded of the activities taking place on a daily basis. One person said, "Each day is different here. Today we had the 'pat' dog." Another person said, "When there are activities, they are good. Sometimes people go out for walks and some people go out with their relatives for lunch." A third person said, "There are books on the bookshelves over here, that's good and I get a newspaper every day. I look forward to that." Staff told us that additional activities were planned to celebrate seasonal events and peoples' birthdays.

People we spoke with knew how to make a complaint and felt confident in raising any concerns with the manager or staff. One person said, "I've never had to complain about anything major. Little things only and they sort them out." Another person said, "I did have a wanderer in here in the middle of the night. I found it frightening. So I talked to the staff about it and now I can lock my door at night, like a hotel and they have a key when they want to check and I unlock it first thing in the morning. That works for me at the moment."

Staff were able to describe the complaints process confidently and how they would handle any complaints. We looked at the complaints book and noted that all complaints received had been investigated and

responded to. We also noted that the service had received a number of compliments.

Requires Improvement

Is the service well-led?

Our findings

We noted that a person had contracted an infectious skin condition that required the involvement of the Health Protection Nurse from the Public Health England Centre. The advice and guidance provided had not been adhered to or followed. For example, no signs had been displayed to inform other people, staff, relatives and visitors about the possible risk of contracting the condition. The deputy manager explained that the diagnosis was not confirmed and the advice given to them was precautionary. The advice was to escalate to a heightened awareness in the home over a period of six to eight weeks and that all staff should be treated to control the spread of infection. We also noted that there had been a lack of communication between senior staff in relation to the infection and the procedures that needed to be followed to minimise the risk of other people acquiring the infection.

The service had a registered manager. People and their relatives knew who the manager was and felt that she was approachable. People were complimentary of the care they received. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. We noted from the most recent minutes of the staff meeting held on 22 February 2016 that there had been a number of issues discussed such as activities for people, care plan audits, medicines, communication, training and allocation of duties. Staff told us that they were encouraged to contribute to the development of the service so that they provided care and support that met people's needs and expectations.

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak with them at any time. People told us that they spoke to the manager regularly. One person said, "She is very approachable and I could talk to her anytime." Another person said, "I know I can see her anytime if I ask."

Staff were positive about working with people using the service. They were enthusiastic about the value of the relationships they had formed with the people who lived at the home. One member of staff said, "I just love working here, my job is so rewarding and that's down to the opportunity to get to know my residents well, know about their lives and offer them a high standard of care." All staff we spoke with said that their morale was good and that they felt engaged with developments in the home. Staff told us they felt able to report incidents, raise concerns and make suggestions for improvements. Staff were clear about their expected roles and responsibilities.

Regular 'residents' meetings were held to discuss any issues people had and to inform them of future events. One person told us they attended these meetings and discussed and variety of issues. They said, "Yes they are quite good and I'm sure they try to do things that we suggest." Another person said, "Sometimes at the meetings, they tell us what they intend to do. We are going to lose the 'pat' dog due to cost." We noted from the most recent minutes of the meeting that people had discussed how the home was run, and their experiences of living at the home.

We noted from the most recent questionnaire survey had been carried out in 2015 and 23 relatives, five health professionals and 15 staff had responded. The feedback had been positive including comments such as, the manager has an open door policy, staff were happy with the training opportunities offered to them and the management listened to them.

The provider had effective systems in place to assess and monitor the quality of the care provided. A number of quality audits had been carried out on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, and staffing. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that robust records were kept in relation to people's care and further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The deputy manager said that they were a learning service and were continuously seeking to improve the quality of service provision. The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.