

Aldanat Care Limited

The Retreat

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Retreat is a care home providing personal care for up to five people who may be living with a learning disability. At the time of inspection, the service was supporting four people. The home accommodates people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager had a good overview of the service and was actively involved in people's care. There were effective systems in place to monitor the safety and quality of the care provided. People and their relatives were consulted about how the service was managed and developed.

Systems were in place to keep people safe from the risk of harm and abuse. People's needs were met by suitable numbers of staff who knew people well. Each person had a care plan containing relevant risk assessments and people received their medicines as prescribed. Staff supported people to keep the service clean which helped protect them from the risk of infection.

Staff were supported with training and supervision in order to support people with their assessed needs. Staff supported people to select their meals and helped with preparation and cooking.

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

People using the service received planned person-centred care and support that was appropriate and inclusive for them. The service worked closely with other health professionals to ensure people's health needs were met.

The staff treated people with kindness and respect. People's privacy and dignity were respected, and personalised care was provided to meet individual needs.

People had support plans which were individual to them, information included their life histories, preferences, likes and dislikes and their support needs. The service had a complaints and compliments policy. People were supported to pursue their choice of how they wished to live their life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Retreat

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Retreat is a care home for up to five people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service and four members of staff including the registered manager. We reviewed a range of records. This included two people's care records and medication records.

We looked at two staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted one relative about their experience of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I know all of the staff and they all help me." A relative told us, "I visit my relative at all sorts of times and have always found everything in order and [my relative] is happy, The staff keep me informed and I am confident they would report any safeguarding matter."
- Staff were knowledgeable about the signs of abuse and how to report concerns should they have any and had attended training on safeguarding.
- The staff informed us they felt confident the registered manager would deal with any safeguarding concerns effectively. One member of staff told us, "The registered manager has spoken with us about safeguarding and how to report any concerns to the safeguarding team."

Assessing risk, safety monitoring and management

- People had risk assessments in place to manage risks including triggers that may increase a person's anxiety and what to do help reduce this.
- Environmental risk assessments were carried out, such as gas, electrical and fire safety checks. This was to ensure people were safe in the premises.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their individual needs. The people we spoke with using the service, relatives and staff all confirmed this.
- The service recruitment process continued to be robust and included the necessary recorded checks that showed candidates were suitable to work in the care sector.

Using medicines safely

- There was a medicines policy and procedure designed so that people received their medicines safely and as prescribed.
- People received their medicines from staff trained to administer medicines and who had their medicines competency checked yearly.
- The registered manager had put a system in place to audit medicines records and follow up upon any issues identified.

Preventing and controlling infection

- Staff confirmed with us they had received training on how to prevent the spread of infection and food hygiene training. A member of staff informed us they had sufficient supplies of the correct personal protective equipment to help keep people safe.
- The service had processes in place to reduce the risk of the spread of infection such as the use of disposable gloves and hand cleaner.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager held regular meetings with staff and implemented actions as necessary to improve the service and to keep people safe.
- The registered manager reviewed any accidents, incidents or concerns to identify trends, lessons and areas for improvements to people's care.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person has a care plan which had been written from an assessment of their needs. One person told us, "I do have a care plan."
- Staff told us care plans contained the information they needed to support people according to their needs and preferences.
- We noted in people's care plans that reviews were regular and that where appropriate families were involved in care reviews. This was also confirmed by a relative we spoke with.

Staff support: induction, training, skills and experience

- Staff completed training such as safeguarding and food hygiene, as well as training specific to people who used the service individual needs.
- The registered manager had an effective system to monitor that staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.
- The registered manager provided supervision and appraisals for all staff working at The Retreat. One member of staff told us, "The manager provides supervision but you can speak with her at anytime for help and support."

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

- The registered manager told us how choices such as drinks and foods were offered and people's favourites and allergies were well known to the staff and recorded in care plans.
- Staff ensured people had enough to eat and drink and people were supported to prepare their own meals as recorded in their care plan. We observed people who lived at the service working with staff to prepare meals.
- Staff continued to work with nutritional therapists to ensure people had a healthy and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- Staff informed us how they accessed specialist advice and guidance as necessary to support them to provide the necessary support to people with their assessed needs.
- People who used the service and their relatives told us that healthcare appointments were arranged as necessary and the information on the outcomes of visits shared with them appropriately.

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

- The provider was arranging to have ramps installed to help people to access the garden.

- People's rooms were personalised, and they were able to have them decorated to their individual taste.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them, and their healthcare needs well.
- Staff informed us that appointments were made as necessary with the GP and also on an agreed timeframe with other services such as dentists.

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

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

- Staff had received training regarding obtaining peoples consent and the principles of the MCA. Staff informed us how they worked with people to obtain their consent before providing any care.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where people were assessed as lacking capacity to make a specific decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them with kindness and respect. One person said, "The staff are very nice."
- Relatives felt the staff had time to support their relatives and they were not rushed. A relative told us, "The staff take are patient and understanding and hence [My relative] responds well to them."
- People's individual needs, preferences and beliefs were respected by the staff and any specific requirements were understood and met.

Supporting people to express their views and be involved in making decisions about their care

- We observed members of staff explaining what they were doing and asking for confirmation this was correct or should they be doing something else.
- A relative informed us how the staff worked in a caring and respectful manner to ensure they engaged with their relative, so people could express their views and make meaningful decisions.
- People and their relatives were involved in making decisions about how care was delivered. Information from discussions with staff was recorded in the persons care plan.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff confirmed people were treated with dignity, respect and their independence was promoted. We observed during the inspection that people were supported to leave the service to attend events in the community or go shopping.
- Privacy was respected because confidential information was held securely in the office location.
- The staff showed respect by addressing the person with the name they wished to be called.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were recorded in their care plans which contained detailed information about how people wished to receive their care and support.
- Personal preferences were clearly recorded. The registered manager knew the people living at the service well and had built up a knowledge of preferences and choices and these had been recorded.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as using visual aids and signs.
- We saw staff taking time to talk slowly to a person and checked they understood them with appropriate questions and offered choices from those discussion and questions.

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

- The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance to ensure people living at the home led as full a life as any person.
- People were supported to take part in activities both in the home and in the community. Such as attending clubs and shopping for Christmas presents,
- People were supported to maintain relationships as much as possible. Relatives were welcome at the home at any time. One relative told us, "I am always made very welcome."

Improving care quality in response to complaints or concerns

- The service had a system in place to log and respond to complaints. One person told us, I am happy here and have no complaints."
- Relatives told us they were aware how they could complain but had not needed to do so.

End of life care and support

- The service was not currently supporting anyone at the end of their life.
- We discussed with the registered manager how the service would support people at the end of their life should this be needed. They explained how this had been achieved in the past and how they would liaise with relevant services.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection we found that the service governance system was not sufficiently robust. There were now clear systems in place for the auditing of the service to identify any issues and take action to resolve.
- The registered manager strived to continually improve the quality of the service and carried out spot checks and supervision sessions with staff to support them and identify improvements in the service.
- Changes made came from discussions and suggestions in team meetings and feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person told us, "I like living here because I like the staff."
- Relatives and staff told us the service was well-led. A relative informed us whenever they visited their was a positive atmosphere within the service.
- The registered manager was involved in planning and delivering people's care and had consistent oversight of the quality of care through observing staff. This enabled them to monitor the quality of the care being provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet.
- The registered manager carefully assessed potential people wishing to use the service. A person had not as yet been identified whose needs could be met without this having an impact upon the people living at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had effective systems and processes in place to monitor the quality of the service and drive improvement.
- Staff understood their roles and responsibilities and found the registered manager supportive. A member of staff told us, "The manager is helpful and is a positive role model because of the way they support people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw recorded in meetings minutes and care plans as well as listening to staff engaging with people during the inspection that people using the service were engaged and involved with the running of the service.
- The registered manager had regular contact with people's families to keep them involved and informed about peoples care.
- Staff had the opportunity to share their opinions on the service in team meetings and in supervisions and with the registered manager. We observed an open culture within the staff team.

Working in partnership with others

- The service worked collaboratively with other agencies such as the local authority.
- The service sought the advice of various professionals as appropriate to plan and review the care provided.