

Sunshine Care Limited

The 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?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 and 21 March 2017 and was unannounced on the first day. The Retreat Care Home (known as The Retreat) provides care and accommodation for up to 20 people. On the day of the inspection 19 people were using the service (two people were in hospital). The Retreat provides care for people who are elderly and frail and may have mild mental health and / or physical care needs.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

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

On the day of the inspection staff within the service were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff and we observed positive interactions between people and staff. Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were motivated, and creative in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home and equipment was well maintained. All staff had undertaken training on safeguarding vulnerable 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 were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making where necessary. The service followed the laws and processes were in place which protects people's human rights and liberty.

People were supported by staff teams that had received a comprehensive induction programme, and tailored training and ongoing support that reflected their individual's needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. No written complaints had been made to the service in the past twelve months.

Staff and relatives all described the management to be excellent, supportive and approachable. Staff talked positively about their jobs. The registered manager was supported by the nominated individual, a manager and two assistant managers.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Inspection feedback was listened too to further enhance quality of care.

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 remains Safe.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-Led.

The 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.

The inspection was undertaken by one inspector and an expert by experience. The inspection took place on the 17 and 21 March 2017. 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, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. 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 reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager, the nominated individual, the care manager and three members of staff. We spoke with ten people and three relatives. We received feedback from the local authority and the local safeguarding team during the inspection. Following the inspection we contacted two doctors, a district nurse, a pharmacist and a local priest for their views on the service.

We looked at two records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, three staff recruitment files and records associated with the management of the service, including quality audits and a themed feedback questionnaire.

Is the service safe?

Our findings

The service continued to provide safe care. People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe within The Retreat in the local community. One person told us, "I'm looked after very well, if anything happens at night, I only have to ring the bell and they are there". Another relative told us of the relief they felt since their mother had come to live at The Retreat, they confirmed she was safe and very well cared for. The nominated individual told us, "Safeguarding information is reiterated in the induction and in staff supervision." The provider and registered manager were looking to further develop ways staff could anonymously share any concerns they may have.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels against people's needs, so that people received reliable and consistent care. During the inspection we observed staff responding promptly to people's needs and people confirmed this.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. Staff ensured the environment was safe to enable people's independence and regular checks were undertaken on equipment such as wheelchairs and hoists. A full time maintenance man ensured health and safety checks were completed frequently for example on window restrictors, the beds, and the fire system and call bells. These checks helped maintain people's safety.

Risk assessments highlighted where people were at risk of falls, skin damage or weight loss. Staff knew the plans in place for each person to mitigate these risks and when to involve the district nurse or people's doctor for advice.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert). Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and, we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's medicine charts and care records included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines. Thorough medicine checks occurred each day to check stock balances and ensure people had received their medicines. The management team and staff confirmed they had a good relationship with their local pharmacy for any advice or support they required. Staff confirmed any medicines which were required quickly, for example antibiotics, were promptly received so people could start these quickly.

Is the service effective?

Our findings

The service continued to provide effective care.

People were supported by well trained staff who effectively met their needs. The provider (Sunshine Care Limited) had two days of essential training staff were required to complete followed by practical skills and observation of their care. Additional training was provided for staff by an in house trainer and included topics such as catheter care and diabetes. The registered manager and nominated individual closely monitored staff training to ensure staff it remained in date. The nominated individual told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role. Knowledge quizzes devised by the in house trainer supported staff to learn in different ways.

Staff received a thorough induction programme, which included shadowing experiences when they started with the provider. The management team monitored staff progress through competency reviews to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Formal and informal supervision took place. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve.

People we met at The Retreat had capacity. Some people had mild cognitive impairment and the management team and staff understood when appropriate, to assess in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Staff told us "We assume people have capacity." Care records evidenced people's consent had been sought for example consent to night time checks.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team understood the processes they were required to follow if people's health needs changed.

People where appropriate, were supported to have sufficient amounts to eat and drink. Staff shared how they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. People's weight was monitored closely and GP advice sought if staff were concerned by weight loss or gain. People who were unwell and at risk of not having sufficient food or

drink had recording charts in place to monitor this aspect of their health. People who had diabetes were known and their diets monitored.

People told us the food was good and varied, "She (the cook) does nice stuff"; "They feed us well and plenty of it"; "They know I can't eat onions"; "Plenty of choice". St Patrick's Day was celebrated with a home cooked lamb stew. We observed relatives visiting at lunch were also provided with a sandwich and refreshments.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted.

Is the service caring?

Our findings

The service continued to be caring and compassionate. Equality and diversity was understood and people's strengths and abilities valued. The provider's statement of purpose reflected the philosophy of care they strove for and we observed this in practice during the inspection. The nominated individual told us "Residents' are our prime concern."

People confirmed throughout the inspection they were well cared for. Themed audits occurred. We reviewed the March themed residents' and staff feedback forms for "Caring". Comments included "Very pleased"; "I'm quite content, not lonely and enjoy watching the trees"; "Staff very helpful"; "Not much room for improvement, certainly do their best." Staff feedback shared included "I've been so welcomed by all the lovely staff and of course the wonderful residents"; "Residents are treated with respect, kindness and compassion."

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Staff told us people at the service were like their extended family. Staff shared their love of their jobs, "Yes, I love working here, great conversations – we have a laugh and a joke"; "It's a nice atmosphere, everyone pulls together."

Staff took time to get to know people by reading their care records, talking to their family and discussing people as with the team. A key worker system was in place so people had a named person to support them from admission. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for and their preferences for care respected. Staff knew people's particular mannerisms which might mean they were distressed or in pain because they knew them well.

People were involved in their care as much or as little as they wished. They felt listened too and the aspects of their care they felt were important were delivered by the service. One person shared, "Early bed making and breakfast always appreciated!"

People's privacy and dignity were respected and their independence was valued and encouraged. Staff knew to knock on people's doors, close curtains and cover people up when providing personal care. We observed people in bed who were unwell, were well cared for and checked on frequently. They looked comfortable and peaceful. People who liked to have a more active role within the home enjoyed helping lay the tables and folding laundry. Relatives told us they were welcomed at any time of day and always made to feel welcomed.

People's confidential information was kept secure and staff understood the need to respect people's private information.

The provider and registered manager were looking to improve people's end of life experience at The Retreat. Staff were to be undertaking additional end of life training and all people were having their end of life care reviewed to ensure their resuscitation wishes were known and recorded.

Is the service responsive?

Our findings

The service continued to provide care responsive to people's needs.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to The Retreat and further personalised care plans were developed as staff got to know them.

People and their families where possible were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. Monthly reviews noted how people felt about their care and whether any changes were needed. One person had commented at their review, "Very happy with everything, all my care needs are met. Everything gets handled very well but I'd like to go to bed earlier." This had been arranged for them.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. People's preferences were respected regarding what time they liked to wake and rise and where they liked to spend their time for example in one of the quiet areas at the home, the main lounge or if they preferred their room. Staff knew people who liked large portions of foods and people's favourite foods; they knew who liked two pillows at night and who preferred their door closed.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff meetings shared important changes to people's care. This meant staff knew what had changed and how to care for people as they required for example if someone had recently been in hospital.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were enabled to take part in activities and encouraged to maintain hobbies and interests. For example, people had enjoyed a trip to the beach café prior to the inspection. During the inspection, stretching exercise were enjoyed by some people. The activities and hobbies people enjoyed were also known for example those who liked to listen to particular music, watch soaps on TV and the paper people preferred to read. A book recorded people's feedback about the outings they had enjoyed. Volunteers came in to sit and chat to people and helped people get out and about if they wished. The local choir had been to the home to sing and the local priest often visited people at The Retreat. We heard that one person and their daughter were going to make the garden summer house a special place for them when the weather improved.

A newsletter informed people, relatives and staff what was going on within the home, new staff that had

started with the service and activities which were planned. A suggestion box was in place for people to leave anonymous ideas and suggestions.

The service had a policy and procedure in place for dealing with any concerns or complaints. There had not been any recent complaints at the service. People and relatives all told us they would talk to the staff if they had any concerns.

Is the service well-led?

Our findings

The service remained well-led. People and relatives, without exception, all described the management of the home to be excellent. Comments included "They are all approachable, open and supportive."

Since the previous inspection, the manager had left the service. Another manager had recently been appointed but they were unavailable during the inspection. The service at the time of the inspection was being managed by the nominated individual and registered manager, the provider's (Sunshine Care Limited) care manager was supporting the home two days a week, and there were two assistant managers who had recently been appointed. The registered manager advised the leadership structure within the home was new and being reviewed.

There was a positive culture within the service. The Retreat was a family business and the provider and registered manager had a vision of how they wanted care at the service to be. Staff shared, "Feel fully supported by the owners and managers; always on hand to help and listen"; "Supported by all the senior management"; "Everyone works as a team and works together."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. As improvements which had been suggested were made, this was feedback to people and relatives. For example, we noticed a few people had commented about some minor issues with the laundry. During the inspection the nominated individual and registered manager were looking at how these could be improved.

The registered manager told us they and the staff were continually looking to find creative ways to enhance the service they provided. Staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. Issues which had been identified from audits to improve health and safety were shared and knowledge tests were undertaken. This meant information was clearly communicated across the staff team.

The service was signed up to relevant best practice websites to ensure evidence based practice was maintained. The registered manager and nominated individual coached and mentored staff to achieve their best which supported people to have positive experiences of care and enhanced their well-being.

The service worked in partnership with key organisations to support care provision particularly primary care services. Good working relationships had been fostered with local doctors and the district nurses.

The registered manager and nominated individual created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from errors highlighted through audits. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and nominated individual inspired staff to provide a quality service. Staff were empowered under their leadership, told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. The management team were considering further ways for staff to disclose information of concern anonymously.

There was an effective and robust quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.

Plans for the next year included continuing to update people's care records to a new style the management team were adopting; implementing the hospital passport (a form with essential information about people if they needed to go into hospital) and enhancing the end of life care at the home.