

Care Expertise Limited

Retreat Lodge

Inspection report

57 Parchmore Road
Thornton Heath
Surrey
CR7 8LY

Tel: 02087710357

Date of inspection visit:
11 September 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Retreat Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Retreat Lodge accommodates up to seven people with a learning disability and/or autism in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were seven people using the service.

We undertook an unannounced inspection on 11 September 2018. At our last inspection in February 2016 we rated the service 'good' overall and for each key question. At this inspection we found the quality of service provision had deteriorated and the service was rated 'requires improvement'. We also identified breaches of two legal requirements relating to safe care and treatment and good governance. You can see what action we have asked the provider to take at the back of this report.

A registered manager was 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.

There were not sufficiently robust procedures in place to review, monitor and improve the quality of service delivery. The provider had a system of monthly audits but these did not address all areas of service delivery and we found some key areas of service delivery were not appropriately checked, including medicines management, infection control and the quality of care records. We found the provider had systems in place to obtain feedback from people, relatives and staff, but there was not always sufficient action planning following this feedback to address any concerns raised.

Safe medicines management processes were not consistently adhered to, meaning we could not be assured that people always received their medicines as prescribed and accurate records were not always maintained about medicines administration.

The numbers of staff on duty per shift had recently been reduced. Staff felt the reduction in staff was not yet impacting on the quality of service people received but had increased the chance of people's routines not being adhered to and the possibility of incidents occurring. The reduction in staff per shift had impacted on staff's well-being, morale and stress levels. We recommend the provider uses staffing dependency tools to ensure the staffing levels are appropriate to meet people's needs.

The provider was aware of safe recruitment practices including obtaining references from previous employers, checking employment history, criminal record checks, checking people's identity and eligibility

to work in the UK. However, we found these were not consistently adhered to and therefore we recommend the provider consistently adheres to safe recruitment practices to ensure all staff employed are suitable to support people.

Staff had received regular training and completed the provider's mandatory training. Staff also received regular supervision and appraisals to ensure they had the knowledge and skills to support people. Staff were knowledgeable and adhered to key legislation including safeguarding adults', the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and infection control procedures.

Staff knew the people they were supporting. This included their individual preferences, as well as their routines, care, health and support needs. On the whole care records were in place that detailed people's support needs and what was important to them. Care records also included a review of the risks to people's safety and how people were to be supported to reduce those risks. We saw people engaged in a range of activities and were supported to maintain an active healthy lifestyle. Staff provided people with a balanced diet and were aware of people's dietary requirements. Staff liaised appropriately with other health and social care professionals and accompanied people to healthcare appointments.

Staff supported people to maintain relationships with their families and there were no visiting restrictions in place. Staff respected a person's privacy and treated them with dignity. Staff were respectful of people's culture, religion and sexuality.

A complaints process was in place and relatives felt comfortable speaking with the registered manager if they had any concerns.

The registered manager submitted statutory notifications to the CQC about key events that occurred at the service as required by their registration. The provider clearly displayed their CQC rating so this was available to people, relatives and visiting professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Safe medicines management processes were not always adhered to. Staffing levels had been reduced and staff felt this was starting to impact on their ability to keep people safe. Safe recruitment practices had not consistently been adhered to.

Staff were aware of the risks to people's safety and undertook protective measures to minimise the risk to people at the service and in the community. A safe and secure environment was provided. Staff protected people from the spread of infections and adhered to infection control procedures.

Staff were aware of processes to follow to safeguard people from abuse and discrimination.

Requires Improvement ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

Some aspects of the service were not well-led. There were not sufficient systems in place to review and improve the quality of service delivery. There were not processes in place to audit key areas of service delivery and the processes that were in place had not identified the concerns we found during our inspection. We received mixed feedback from staff about the quality of support they received and their engagement in the service. We also viewed mixed feedback from the completed satisfaction surveys and there was not an action plan in place identifying how the concerns raised were being addressed.

The registered manager adhered to the requirements of their CQC registration and submitted statutory notifications about key

Requires Improvement ●

events that occurred. The provider clearly displayed their CQC rating.

Retreat Lodge

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 11 September 2018 and was unannounced. The inspection was undertaken by an inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with five staff, including the registered manager. We reviewed two people's care records and three staff files. We looked at medicines management arrangements and records relating to the management of the service. People using the service were unable to have full conversations with us. We met five of the people using the service and had brief interactions with them. We undertook observations throughout our inspection to observe staff interactions with people using the service.

After the inspection we spoke with two people's relatives and received email feedback from two healthcare professionals who worked with people using the service.

Is the service safe?

Our findings

Medicines were stored securely and at safe temperatures. Staff had received medicines administration training and two staff were required to administer and sign the medicines administration records to reduce the risk of errors. We saw that people who received their medicines via a pre-measured blister pack received their medicines as prescribed. However, when we checked stocks of loose tablets we identified errors. There were inaccurate records to document the number of tablets in stock and those 'carried forward' from the previous month's cycle. This meant accurate stock checks could not be undertaken and therefore we could not be assured that people had been receiving their medicines as prescribed. Separate records were maintained detailing when PRN 'when required' medicines were administered. However, we saw these records conflicted with the information on medicines administration records (MARs) and therefore accurate records were not maintained about people's medicines and when they were administered. Whilst the pharmacy undertook an annual audit of safe medicines management practices, the provider did not have a system in place to regularly audit medicines management practices.

Safe medicines management practices were not maintained in line with good practice guidance and we found the provider to be in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

One relative told us, "I think there are enough staff, always quite a few people there. They're very friendly." A second relative also felt there were sufficient numbers of staff to support their family member although they told us, "Every time I go there are always new staff." Despite these comments all of the care staff we spoke with felt there were not sufficient numbers of staff on duty. There had been a recent reduction of staffing, with one less staff member per morning and afternoon shift. Staff felt that whilst this reduction was not yet impacting on people using the service, that it was impacting on staff well-being, morale and stress levels. One staff member told us, "[I'm the] only staff in the house at the moment so trying to cook lunch whilst engage and keep the other four residents safe... If [we're] short of staff [it's] not going to be good quality care. We try." They felt the current staffing levels were increasing the risk of incidents or accidents occurring and people's needs not being met, particularly for those people who required a strict routine to be adhered to. Another staff member said, "If people are busy with community activities there are not many staff available to support in the house... I feel it's starting to feel a little unsafe having only one staff member in the house." Staff also felt as people's needs in the house had increased with some people displaying more aggressive or challenging behaviour and another person becoming frailer and needing more physical support that staffing levels had not considered these changes. A healthcare professional told us they found the service at times struggled to allocate staff when one person was displaying behaviour that challenged and there had been times when people had rearranged healthcare appointments which they felt was possibly due to there not being enough staff to accompany people to the appointment.

Staffing levels were not determined using a staffing dependency tool and therefore we could not be assured that staffing levels were determined based on people's needs. Staff also confirmed the recent reduction in staffing was a financial decision rather than based on the level of staff support people using the service required.

At the time of inspection, the reduction of staff was not having much impact on people's safety or daily routines. However, we recommend the provider uses staffing dependency tools to ensure the staffing levels are appropriate to meet people's needs.

Overall safe recruitment practices were adhered to which meant people were supported by staff who had undergone the required checks to ensure they were suitable to undertake their role. We saw staff completed an application form and attended an interview. However, we found for one staff member it was not evidenced that gaps in their employment were explored prior to them starting work. We also found there were processes to obtain references from previous employers. However, for one staff member there were not sufficient processes in place to verify the validity of these references. The provider had undertaken criminal record checks, verified staff's identity and their eligibility to work in the UK.

We recommend the provider consistently adheres to safe recruitment practices to ensure all staff employed are suitable to support people.

Staff continued to assess and reduce risks to people's safety. Risks were regularly reviewed and staff considered how any changes in people's mental or physical health impacted on people's safety. Staff had noticed a person's health had deteriorated and this impacted on their safety. Their mobility had declined and they required additional support from staff to mobilise around the service. Staff were also aware of people at risk of choking and followed advice provided by the dietician and speech and language therapy service to protect people from these risks. All of the people using the service were not aware of the potential risks to their safety in the community and therefore staff accompanied them when they were out. This was confirmed through discussions with relatives. One relative said, "[Their family member] goes out a lot. Never on his own." They felt having this support from staff was appropriate and supported their family member to stay safe.

A safe and secure environment was provided. The front door and exits from the garden were secure so people could not access the community without staff knowledge. We saw checks were undertaken to ensure the environment was safe for people to use, including checking water temperatures, gas safety, water safety tests, electrical safety and fire safety equipment.

Records were maintained of all incidents and accidents that occurred. Staff liaised with other professionals involved in people's care in response to incidents to try and understand why they occurred and whether they signified any changes in a person's health or support needs. Where practical changes could be made to prevent recurrence of incidents action was taken. For example, one person using the service was very tall and had previously been able to climb over the fences in the garden. The provider arranged for the fences to be extended.

Staff continued to safeguard people from abuse and discrimination. Staff received regular training on safeguarding adults' to refresh their knowledge and ensure they knew the processes to follow if they had concerns about a person's safety. Staff were aware of the reporting procedures and they told us they would inform their management team if they had any concerns about a person's safety. Information was available to all staff to access about how to raise concerns with the local authority safeguarding team. Since our last inspection there had been no safeguarding concerns raised.

A clean and pleasant environment was provided, with no malodours. Staff had received training on infection control and protected people from the spread of infections. A cleaning schedule was in place which ensured all areas of the service were cleaned on a regular basis and as needed. We saw information was displayed in kitchens and bathrooms about the importance of maintaining good hand hygiene and there was hand soap

available. We saw from some people's care records that staff were working with them to understand the importance of regular hand washing to promote good hygiene. Cleaning materials and hazardous substances were kept securely to minimise the risk of harm to people.

Is the service effective?

Our findings

A healthcare professional told us, "The staff I have met have sufficient skills and knowledge to meet [people's] needs." Staff told us and records confirmed they completed regular training to ensure they had the knowledge and skills to undertake their duties. This included training on infection control, medicines administration, safeguarding adults, first aid, food hygiene, health and safety and moving and handling. Some staff had also completed the Care Certificate, a nationally recognised tool to give them the key skills and knowledge to undertake their roles. The provider also supported staff complete national vocational qualifications in health and social care. However, one healthcare professional felt staff would benefit from additional training related to people's specific diagnoses, including autism, cognitive and behavioural difficulties.

Staff received regular supervision from the registered manager. These sessions enabled staff to talk about their roles and the support they provided people. The registered manager also asked many questions during these sessions to ensure staff had retained the information they were taught on training courses to provide people with quality care in line with current good practice guidance. Staff also received an appraisal process.

People had a nutritious and balanced diet, with freshly cooked meals provided every day. The weekly menu was developed by the staff based on information they gathered about people's likes and dislikes from conversations with their family and observations about what people enjoyed eating. At lunchtime on the inspection we observed people were provided with generous portions and people ate the meals provided indicating they enjoyed what was provided. People had access to hot and cold drinks throughout the day.

Staff were aware of people's dietary requirements. This included being aware of people's food allergies and also their requirements in terms of the texture of their meals. Some people required soft meals due to their risk of choking or due to dental reasons. Staff ensured these people were provided with a soft diet. However, we observed staff pureeing the whole meal together rather than each individual part. This would impact on how pleasant the meal was for the person to eat. We spoke with the registered manager about this who said they would give further guidance to staff about how to present meals for those with soft diets.

Staff worked with healthcare professionals to meet people's needs. Staff worked closely with the local learning disabilities mental health team to obtain advice and guidance about how to support individuals. Staff worked with this team to develop positive behaviour support plans to further understand why people displayed behaviour that challenged and how staff could support the person proactively to reduce this type of behaviour. Staff also liaised with people's psychiatrists and relevant specialist healthcare professionals to review people's medicines, and where possible staff were supporting people to reduce the amount of medicines they took.

Staff raised any concerns or changes in people's health needs to the relevant professional. One person's needs had significantly changed and staff had organised for this person's needs to be reassessed to establish the level of support they required and how this could be delivered. Staff implemented any advice

provided including from occupational therapists, dieticians and speech and language therapists.

People were registered with the local GP practice and were supported to attend appointments. This included attending their annual health review, attending screening appointments for example with the diabetic nurse, and appointments where there were concerns about a person's health. Staff also supported people to attend the dentist, optician and chiropodist when needed.

Staff were knowledgeable about the Mental Capacity Act and adhered to the principles in the Act. Staff were aware of what decisions people had the capacity to consent to and tried to involve people in as many decisions as possible. Some people were able to make day to day decisions, but did not have the capacity to make complex care decisions or financial decisions. Staff were aware of who had power of attorney or appointeeship to make decisions on people's behalf and best interests meetings were held with these people and relevant professionals to ensure appropriate decisions were made on people's behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people using the service did not have the capacity to understand the risks to their safety and were therefore deprived of their liberty. Staff had appropriately applied for people to be assessed for DoLS authorisation and these arrangements were reviewed when the authorisation expired.

The service was provided in a converted home across three floors. There were photographs of people using the service undertaking different activities displayed throughout the building providing a homely feel to the service. People's needs were taken into consideration when allocating bedrooms and we saw people with higher mobility needs were accommodated on the ground floor which was more accessible. People's bedrooms were personalised and one relative told us, "[Their family member's] got a nice room." Staff were respectful of people's belongings and we heard that one person had preferred places for all of their belongings in their room. Staff ensured they did not touch or move any of their items without the person's permission.

Is the service caring?

Our findings

A relative told us, "[Their family member's] very happy" and "I go once every three weeks. [She's] always settled." Another relative said, "Staff are really nice, they really are" and "[Their family member] was 50 at the end of February and they put on a really lovely party." A healthcare professional told us, "I believe that the service is very sensitive and caring towards their residents." A second healthcare professional said, "A significant strength for the service is the caring attitude displayed from staff towards the residents...they show commitment and motivation to improving [people's] lives and difficulties they experienced."

Staff supported people to maintain relationships with their families and those important to them. Relatives confirmed there were no restrictions regarding visiting their family member and they were welcomed by the staff on arrival at the service. Relatives also confirmed staff supported people to have regular phone contact with their family. One relative told us, "They call if they don't hear from me. They organise for her to call me so she doesn't panic or get upset if she doesn't hear my voice."

Information was included in people's care records about what was important to them and their preferences. Staff were knowledgeable about people's preferred routines and how they liked care and support to be delivered. Staff confirmed most people at the service valued the importance of a structured and predictable routine. Staff as much as possible stuck to their routine so people were aware of what to expect and helped to reduce any anxiety people may experience. Staff were also aware of how sensory stimulation affected people. For example, they had identified that some people found loud noises overstimulating and staff tried to provide as much calm and space away from busy environments as possible for these individuals, but at times this was difficult due to the physical environment at the service.

Staff supported people to be involved in decisions about their care as much as possible. This included in regard to daily activities such as what to wear and what to eat, as well as in regard to their routine and what activities they liked to undertake. Staff were aware of people's communication methods and provided tools to support non-verbal communication, including pictorial exchange communication (PECs). Staff were aware of people's non-verbal communication and what this meant, including which noises meant the person was happy and those that meant they were upset or in pain.

Staff supported people to develop their skills and become more independent. Staff involved people in as many household activities as they could, including simple meal preparation, laundry and cleaning and tidying their room. A skills development area had been built in the outbuildings in the garden. This provided people with a space to use a kitchette to support kitchen skills and a computer to develop their IT skills.

Staff respected people's individual differences. Staff were respectful of people's backgrounds, religion, culture and sexuality. One person was supported to practice their faith and religious leaders visited them at the service for prayer. The provider was respectful of staff's religious and cultural beliefs. Staff told us other staff members of Muslim faith were given protected time for prayer and halal food was provided so they could still eat with people using the service. Staff confirmed that at the time of the inspection none of the people using the service had expressed a desire to be in a relationship but that staff would support this if it

was something a person wanted.

Staff were also respectful of people's privacy. Staff gave people time and space in their bedrooms if they wanted some private time or time on their own away from the rest of the group. Staff supported people with their personal care in the privacy of their bedroom and en-suite bathroom. We observed staff speaking to people politely and in a friendly manner, and respected people's dignity.

Is the service responsive?

Our findings

One staff member told us, "My role is to look after the clients. Make sure they are safe. Check their health, provide meals, help them to improve and develop skills where possible and participate in activities."

People received personalised care that met their needs. Care records were written with information gathered from health and social care professionals, discussions with people's families and from people themselves. There was information about the person, their interests, likes and dislikes, and most importantly in regard to people's routines. People's routines were very important to them and staff we spoke with were aware of what those routines were. Sticking to these routines enabled people to be aware of what was happening now and what was due to happen next. This reduced uncertainties, anxiety and frustrations for people. A relative told us, "[Their family member] tells me his routine and the staff stick to the routine...He has his routine and everything's there for him."

Care records also provided information about people's support needs and how people were to be supported to develop their skills and knowledge. A skill development room was available at the service and staff supported people to engage in a range of activities at the service and in the community. The service also had a sensory room which people could use. We spoke with one person who confirmed they used this room frequently and they found it a relaxing space.

A relative said, "I'm very happy with the service. They look after her good. I have no complaints at all. She's doing well. They take her out for walks – to the park, to the shops." Each person had a detailed weekly programme and staff ensured people engaged in a range of meaningful activities. One relative told us this had previously included accessing college courses but this had now stopped and they were aware the staff were trying to find another suitable course for the person to participate in. On the day of our inspection people were being supported at the service and in the community. People were supported on daily walks and to access local sports amenities to encourage people to have an active healthy lifestyle. Staff also supported people to go on holiday and one person told us they were all going away to centre parks the week after the inspection. They were looking forward to this holiday.

Staff were knowledgeable about people's health and support needs and they could describe to us how people were supported. However, we noted that some care records needed to be improved to ensure they contained detailed information about the support people required with their health needs. This included in relation to one's person's diabetes and another person's seizures. We spoke with the registered manager about this and we were reassured that staff had the knowledge to support people appropriately with these needs and they agreed to update people's care records to ensure all information about people's needs was available to staff, particularly new and bank staff.

A complaints process remained in place and information was provided to people about how to make a complaint. Some people were unable to articulate if they wanted to make a complaint but staff told us they were aware of the body language and change in behaviour people displayed if they were upset. Relatives told us they had not needed to make a complaint. One relative said, "No, not needed to make any

complaints." Another relative told us, "If any concerns then I would go to the manager." Relatives said they felt comfortable speaking with the registered manager about any concerns and were confident appropriate action would be taken to address any concerns raised.

Is the service well-led?

Our findings

There was clear management and leadership at the service. The registered manager was visible and often delivered 'hands on' care and support so the people using the service knew him well. We observed people interacting freely with him throughout the inspection. Relatives also confirmed they knew the manager well. One relative told us, "The manager is available – I see him quite a bit."

We received mixed feedback from staff about the management of the service and the provider's senior management team. Some staff felt well supported and felt they had could speak openly with the registered manager. One staff member said, "[He] is a good manager. He's supportive." Another staff member told us, "My manager is supportive and approachable." Whereas other staff felt their views were not always valued or listened to. A staff member said, "[The registered manager] asks staff their opinion but in the end he does what he wants. [I] don't always feel involved in service provision and decisions." At the time of our inspection staff told us morale within the team was low, mainly due to not feeling consulted or listened to regarding the recent decrease in staffing numbers per shift. This also led to high stress levels within the team.

There were systems in place to obtain feedback from people, relatives and staff about their experiences of the service through the completion of satisfaction surveys. We saw mixed feedback was received through this process. One relative said, "Very happy with the home and staff, I know my brother is happy here." Comments from staff included, "you are doing well, provide training to staff which help to improve the knowledge and carrying out our duties," "Care Expertise cares about dignity and rights of service users." However, other comments from staff included, "We need more staff to provide activity for service users", "Care Expertise do not care about dignity and rights of staff", "Management need to listen more to staff." There was no clear action plan identifying what action had been taken in response to these comments.

There were not sufficient systems and processes in place to review the quality of service delivery. Whilst there were arrangements for a member of the senior management team to come and visit the service monthly and audit areas of service delivery. These audits were not robust enough to review all areas of service delivery and identify the concerns we found during our inspection. There were not regular audits in place to review compliance with safe medicines management, infection control or the content and quality of care records. We also found there were not sufficient systems in place to review the quality of staffing levels and to ensure there were adequate staff on duty. The management team did not use a staffing dependency tool to establish staffing levels. We also found that whilst there were records about individual incidents and complaints, there was not an active system in place to analyse this key service data and use it to improve service delivery.

The evidence above shows the provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of their CQC registration responsibilities. This included submitting statutory notifications about key events that occurred. The provider adhered to their responsibilities to display their rating from previous CQC inspections. We saw their rating was clearly displayed at the service

and on the provider's website.

The provider had systems in place to recognise good practice and Retreat Lodge had won the award for the 'Most active service' in 2017 recognising the quality and amount of activities provided to engage and support people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not ensured the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not established and implemented sufficient systems and processes to assess, monitor and improve and the quality and safety of service delivery. Regulation 17 (1) (2) (a)