

Ashworth Management Company

Retreat House

Inspection report

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Southampton
Hampshire
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Tel: 02380442860

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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

About the service:

- Retreat House is a care home for people with a learning disability who may also be living with a mental health need.
- At the time of our inspection there were three people living at Retreat House.
- The size of the home was within the good practice guidelines in Registering the Right Support. The provider had reduced the number of identifying signs and other indications it was a care home. Staff did not wear uniforms which might suggest they were care staff when coming and going with people.

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

People's experience of using this service:

- People received a service that was safe, effective, caring and responsive.
- We found improvements were needed in how the home was managed.
- Improvements identified at our previous inspection had been made and sustained.
- People's care and support was based on thorough, detailed and person-centred assessments and care plans.
- There were caring relationships between staff and people they supported.
- Staff involved people in decisions about their care and support.
- People's care and support met their needs and resulted in good outcomes for them.
- There was a friendly, welcoming atmosphere in a comfortable and well-maintained environment.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:

- At the last inspection (published 4 October 2016) we rated the service good overall with requires improvement in the key area safe.

Why we inspected:

- This was a planned inspection to check the service remained good.

Follow up:

- We will follow up the areas for improvement identified in this report at our next inspection. We will re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 improved to good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service dropped to requires improvement.

Details are in our well-led findings below.

Requires Improvement ●

Retreat House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- One inspector carried out this inspection.

Service and service type:

- Retreat House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Retreat House is registered to accommodate up to three people with a learning disability in an adapted house in a residential area of Southampton.
- At the time of our inspection the service did not have a manager registered with us. A registered manager is legally responsible with the provider for how the service is run and for the quality and safety of the care provided.
- The provider had recruited a new registered manager who had started the process of applying to register for this location. There was an acting manager in post who had been responsible for the day to day running of the service. Where we say "the manager" in this report we refer to the acting manager.

Notice of inspection:

- We gave the service two days' notice of our visit. This gave staff time to prepare people using the service to expect our visit which we did not want to disturb people or disrupt their routine.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our

inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with two people who used the service and one family member.
- We spoke with the acting manager, the prospective registered manager and a staff member.
- We looked at the care records of two people including medication records.
- We looked at other records to do with the running 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were consistently safe and protected from the risks of avoidable harm and abuse.
- Everyone we spoke with said they felt safe in the home.
- Staff training in safeguarding was up to date.
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- If concerns were raised about people's safety the provider worked with the local authority safeguarding team to investigate them and notified us where appropriate.
- The provider had made the necessary arrangements to keep people safe and protected.

Assessing risk, safety monitoring and management:

- The service had an effective approach to identifying and managing risks to people who used the service.
- People's individual risk assessments included risks arising from their individual vulnerabilities and behaviours, risks arising from living closely with others, accessing the community by public transport, and risks arising from their medicines.
- People's risk assessments contained guidance for staff on triggers to avoid, warning signs, and steps to follow to manage the risk. These were written so that people's freedoms were respected as much as possible.
- There were individual risk assessments in place for each person's bedroom.
- The provider had general risk assessments in place including risks arising from outside workers in the building, visiting pets, use of electrical equipment and security.
- There had been a fire risk assessment by an external consultant in 2017. Recommended actions arising from this had been completed and had been checked by a health and safety survey by the same organisation in 2018.
- At our previous inspection in 2016 we found the provider did not have a business continuity plan in place. The provider had acted to resolve this with a continuity plan that covered emergencies including a pandemic affecting staff availability, IT and utilities failures, and environmental emergencies. The business continuity plan contained contact information for temporary accommodation if it was not possible to return to the home after an evacuation.
- The provider managed risks to keep people safe in ways that meant they had the most freedom possible.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to make sure people had a safe, consistent and reliable service.
- People told us there were always staff available if needed.
- We saw staff could go about their duties in a calm, professional way.

- On-call support was available for when staff worked alone.
- The provider's recruitment process included the necessary checks that candidates were suitable to work in the care sector.
- New staff did not start work until the necessary checks were complete and required records were in place.
- People could be reassured staff had been checked for their suitability to work with people in their own homes.

Using medicines safely:

- Staff managed medicines consistently and safely, and kept accurate records.
- People told us they received their medicines according to their needs and wishes.
- People received their medicines from trained staff who had their competency checked yearly.
- Records relating to medicines were accurate, complete and up to date.
- At our previous inspection in 2016 we found instructions for staff about medicines prescribed to be taken "as required" were not adequate. At this inspection we found appropriate protocols were in place which described these medicines, explained their purpose and contained specific guidance for staff. The provider had appropriate arrangements in place for the recording of these medicines.
- Processes were in place to make sure people received their medicines safely, as prescribed and in line with their wishes.

Preventing and controlling infection:

- There were processes in place to reduce the risk of the spread of infection.
- Staff received training in infection control and food hygiene.
- The home and its contents were kept clean and hygienic. People using the service were responsible for cleaning their own rooms. Staff cleaned the shared areas of the home.
- Staff supported people to follow high food hygiene standards when cooking their meals.
- Risk assessments were in place for the more common types of infection such as influenza and norovirus.
- There had been no recent incidents of infectious disease.
- The provider took steps to protect people from the risk of infection.

Learning lessons when things go wrong:

- There was a process in place to record and follow up incidents, accidents and near misses.
- Staff were aware of their responsibility to report incidents honestly, and they felt supported to identify and reflect on lessons to learn.
- The provider acted positively in response to incidents, for example by removing items in the home that might impact on people's safety at certain times.
- Where necessary the provider made changes in people's care and support to promote people's safety.

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

Good: 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:

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These make sure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- Comprehensive assessments and care planning led to good outcomes for people.
- People we spoke with told us their care and support met their needs and took their choices into account.
- The manager assessed people's care and support needs with the person and their families. Care plans were detailed and individual to the person.
- People's care and support assessments reflected guidance and input from their previous placement, and other organisations and agencies involved in their support and welfare. They reflected shared good practice with respect to positive behaviour support plans and goal-based recovery plans.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- Staff had the right skills, knowledge and experience to carry out their roles.
- People told us they thought their care workers were properly trained and had the skills and knowledge to support them effectively.
- Staff were satisfied with the training they received, and told us their training had prepared them for situations they might meet while supporting people.
- Training included modules on learning disabilities and specific conditions such as epilepsy.
- Training included safeguarding, and equality, diversity and human rights. There was a module on mutual respect and understanding between different faith groups.
- The manager followed up training with regular supervisions and annual appraisals.
- The manager monitored that staff training and competency checks were up to date.

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

- People were actively involved in this aspect of their care and support as part of their recovery plans to develop daily living skills.
- Staff supported people by making sure they had a healthy, balanced diet through agreed, planned menus.
- People could buy, cook and prepare additional meals and snacks as they wished.
- People's care plans included guidance on people's food and drink preferences. Where there were concerns a person was not eating and drinking enough, the manager had arranged for a GP appointment.
- The provider acted promptly if there were concerns about people's food and drink intake.

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

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- The provider worked with other healthcare professionals, such as psychologists, psychiatrists, mental health nurses and GPs to understand and meet people's needs.
- The provider worked with other agencies such as social services to make sure people's support was designed to keep them safe and meet their needs.
- The manager and staff worked closely with other services when people moved into Retreat House or moved on to more independent accommodation.
- People's care and support reflected guidance and input from other relevant organisations and agencies.

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

- People were involved in decisions about how the premises were decorated, and people's own art works were on the walls.
- The building retained the features of a home with as few clinical or institutional characteristics as possible.
- Where adaptations had been made, these were to improve people's safety.
- There was an enclosed rear garden and planting had been retained in the front garden as it gave more privacy.
- People told us the home was comfortable and they could use their individual rooms for quiet, private space.

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

- People experienced positive outcomes regarding their health and wellbeing.
- Staff supported people according to their needs and wishes to attend healthcare appointments, including NHS health checks and a yearly GP review.
- There were regular basic health checks, such as people's weight, and appropriate checks for any individual medical conditions.
- The service supported people to take part in outdoor exercise, such as walks and trips to the beach. One person had exercise equipment in their room.
- People had encouragement and opportunity to make healthy lifestyle choices.

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

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

- Staff received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated code of practice. Records of previous mental capacity assessments showed the correct process was followed according to the code of practice.
- Nobody supported by the service had been assessed as lacking capacity at the time of our inspection.
- Records showed people had consented to their care plans and other arrangements. Staff checked consent was still valid during people's regular care plan reviews. Staff discussed with people what they wanted to do during the course of their day to day support.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through application procedures called the Deprivation of Liberty Safeguards. We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were no deprivation of liberty authorisations required because nobody lacked capacity to consent to living at Retreat House at the time of our inspection.

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

Good: 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 had positive relationships with staff who treated them with dignity, respect and kindness.
- We saw people got on well with staff. They told us they felt supported by them.
- One person said they had a "good support base" at Retreat House.
- Staff respected and promoted people's human rights by advocating for them in discussions with other agencies. Staff had supported one person in making a complaint against another agency involved in their care.
- Staff were sensitive that people might need additional support when they first moved in to the service from a hospital setting. They spent time sitting with them to get to know them and to reassure them that this was now their home.

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

- The provider supported people to be involved in decisions about the service.
- Records showed people were involved in their care plan assessments, reviews and risk assessments. Reviews took place every three months.
- There were monthly meetings with people who used the service where they could discuss the service they received.
- People told us staff listened to them, and they had enough opportunities to express their views.
- The service considered people's changing needs in supporting them to express their views. When one person was unwilling to speak with staff on duty, they had contacted by phone a colleague who had a good relationship with the person.
- The manager worked to make information for people as inclusive as possible, with written information available in easy to read formats. At the time of our inspection the easy to read complaints process was only available on the computer. The manager informed us after the inspection that they had printed it so that it was available for people in the shared lounge.
- People were supported to be involved in decisions about their care in ways that respected their individual needs.

Respecting and promoting people's privacy, dignity and independence

- The provider respected and promoted people's privacy, dignity and independence, taking into account their protected characteristics under the Equality Act.
- We saw staff respected people's privacy and dignity, treating them as individuals.
- When people wanted to talk about something confidential staff went with them to their room where they could have privacy.
- Staff respected the privacy of people's rooms, only entering them with the person's permission unless

there was an urgent concern about their safety.

- The provider had developed house rules with people so that they respected each other's personal space.
- The service supported people to develop and practice life skills which promoted their dignity and independence.
- Arrangements were in place to protect confidential information about people, including their medication and other records.
- Staff made sure they had the person's permission before they contacted their family or other professionals about their care and support.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff supported people according to care plans which reflected their needs, preferences and risks involved in their care.
- People had individual recovery plans which were goal based and reflected their ambitions; for instance, to move into accommodation where they would have more independence. People's care and support focused on developing daily living skills to achieve this aim.
- Staff supported people to be involved in care planning and care plan reviews, giving people choice and control.
- People told us they were happy with the care and support they received. They said they could follow their own routine.
- Staff kept detailed and up to date records of people's care and support so that their progress could be followed and potential changes to their care and support could be identified.
- People were able to pursue their interests in the home and in the community. Staff discussed with people their preferred activities and excursions, and kept records of individual and group activities.
- Staff supported people to pursue interests in the community, such as shopping, trips to the seafront and movies. In the home, there were "girls' nights in", film nights and board games. At the time of our inspection the three people living at Retreat House were all interested in and enjoyed cooking.
- Staff were not aware of the Accessible Information Standard, which describes best practice in meeting people's individual communication needs. However, they had identified where people had communication needs, and had developed communication care plans.
- People's communication plans reflected any needs associated with sensory impairment or learning disability. The provider could present information in an easy to read format for people.
- People with individual communication needs had choice and control because these needs were identified and met in the service.

Improving care quality in response to complaints or concerns:

- The provider had a process for dealing with complaints. The manager reminded people about the complaints process in residents meetings. There were complaints and compliments books available near the entrance to the home.
- There had been two complaints logged in the year before our inspection. Both had been dealt with professionally and to the satisfaction of the complainant.
- The manager dealt promptly with concerns raised informally.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had not consistently met all their regulatory and legal requirements.
- There had been two periods since our last inspection during which the provider did not have a registered manager in post, 21 June 2017 to 10 July 2018, and since 26 November 2018. The provider had made arrangements for the management of the service during these periods, but it is a condition of their registration that there be a registered manager in place to manage the regulated activity at Retreat House.
- At the time of this inspection there was an acting manager who was supported by an experienced manager who was registered at another service. The supporting manager intended to take a formal role with the provider and to register as manager of Retreat House.
- It is important that people who use services and others are informed about the quality of services. Providers are required by regulation to display their ratings in a clearly visible position in the service. The provider had not done this before our inspection, but the manager did it the same day after we discussed it with them.
- The provider had been inconsistent in their response to recommended actions arising from external quality assurance surveys.
- The provider had upgraded fire doors and emergency lighting in response to their external fire risk assessment. However, some actions from a quality audit by the local clinical commissioning group (CCG) had not been completed in a timely fashion. For example, the CCG had recommended a copy of the local multi-agency protocol for safeguarding be available for staff in the home, but staff were not aware of this at the time of our inspection.
- There was a system of internal quality checks, which included medicines, health and safety, maintenance, and the home environment.
- Staff were clear about their responsibilities. They had job descriptions and access to the information they needed to do their job.
- Staff were aware of risks associated with people's care and support, and were confident risk assessments allowed them to identify, prevent and manage people's risks.
- The provider notified us of certain events as required by regulations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service had a positive, person-centred culture, delivering good care and support.

- A visiting family member told us their first impression was that, "They really know what they are doing."
- Staff told us the focus was on helping people achieve their goals to the best of their abilities.
- The provider promoted fairness and equality in their workforce, making reasonable adjustments for protected characteristics under the Equality Act.
- Staff were aware of their responsibility to be open and honest in communications with people and others involved in their care.

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

- In a small service there was continuing individual contact and engagement with people using the service. Personal contact meant staff could take into account people's preferences and needs arising from their equality characteristics, such as finding a quiet space to talk.
- The manager had recently encouraged people to complete a survey form. This had shown a high level of satisfaction with the service with no negative comments.
- The provider also engaged with people by means of care plan and risk assessment reviews and residents meetings.
- Engagement with staff was through a regular programme of supervision, appraisal, and team meetings. These were opportunities for two-way conversations.
- Policies and processes were in place to enable staff to engage with the provider, and staff were confident they would use them if they needed to.

Continuous learning and improving care:

- The manager had reflected on the systems and processes in place and had made some improvements in the areas of staff supervision, regular checks and audits, and training.
- The manager encouraged staff to suggest improvements based on their reading of people's care plans.
- The manager arranged for suggestions for improvements to be discussed at staff and residents meetings.
- There were systems in place to learn from incidents. The manager had implemented changes as they got to know people and their risks better.

Working in partnership with others:

- The service worked collaboratively to deliver joined-up care when people moved into and out of the service.
- There were good working relationships with other service providers which allowed transfers to take place over a longer period of time, which meant people could have control and get to know their new service.
- Staff from a person's proposed new service came to Retreat House so they could get to know the person in an environment where they felt comfortable.