The Retreat York

The Retreat - York

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 of The Retreat took place on 1 and 7 December 2016 and was announced. At the last inspection in June 2016 The Retreat – York was not given an overall rating for the domiciliary care service because only two key questions were inspected: 'is the service safe' and 'is the service effective?' These were separately rated as 'inadequate' and 'requires improvement', because the service did not meet all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was in breach of Regulations 12: safe care and treatment and 13: safeguarding service users from abuse and improper treatment.

These breaches were because the service had not followed the requirements of The Mental Capacity Act 2005 in using restraint to prevent people from harming themselves. Support workers were also unaware of people's complex needs and had put people at risk of harm because of not knowing what action to take to meet those needs.

The Retreat is an independent specialist mental health care provider for up to 98 people with complex mental health needs. It also provides assessment or medical treatment for people detained under the Mental Health Act 1983. The service is located on the outskirts of York. Since September 2015 The Retreat has also been registered for the regulated activity of 'personal care' to provide domiciliary care services to people living in supported living schemes. This is provided on the site of the hospital location, in two units known as The Cottage and East Villa, which together have 11 shared accommodation places. At the time of this inspection there were eight people using the service.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last fifteen months with regard to 'personal care' and longer for the other regulated activities registered at the location. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we carried out a comprehensive assessment in which all five key questions were inspected. There was considerable improvement in the 'safe' and 'effective' key questions so they were rated as 'good'. We found the overall rating for this service to be 'good'. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Support workers were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were managed and reduced on an individual basis so that people avoided injury or harm.

The two shared tenancy premises occupied on the site were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Support worker numbers were sufficient to meet people's needs and we saw that rosters accurately cross referenced with the workers that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure support workers were suitable to care for and support vulnerable people. We found that the management of medicines was safely carried out.

We saw that people were cared for and supported by qualified and competent workers who were regularly supervised and appraised regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

Support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The service manager was able to explain how they worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to make their own decisions.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing and this was according to their individual preferences and routines.

We found that people received compassionate care from kind support workers who knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before workers undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked hard to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives wherever possible.

People were supported according to their person-centred support plans. These reflected their needs well and were regularly reviewed. People had the opportunity to engage in a variety of pastimes, activities and social events if they wished to and usually activities were to stimulate, entertain or maintain people's skills. People had very good family connections and support networks.

We found that there was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain relationships by frequent visits, telephone calls and exchanging information about each others' daily events.

The service was well-led and people had the benefit of this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys and meetings.

People had opportunities to make their views known through their behaviour, conversations with support workers and through more formal complaint and quality monitoring formats if they wished to use these. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and held securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent support workers that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind support workers. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked hard to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care

plans. These were regularly reviewed. People had the opportunity to engage in activities, pastimes and occupation.

People were able to have any complaints investigated without bias and they were encouraged to maintain relationships.

Is the service well-led?

Good

The service was well-led.

People had the benefit of a well-led service where the culture and the management style of the service were positive. The checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely.

The Retreat - York

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 of The Retreat – York supported living scheme took place on 1 and 7 December 2016 and was announced. This was because we needed to make sure members of the management team would be available for consultation. One Adult Social Care inspector carried out the inspection of The Cottage and East Villa supported living schemes. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We also requested feedback from local authorities that contracted services with The Retreat York and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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 spoke with two people that used the service, one relative, the service manager and the deputy service manager. We also spoke with two visiting social workers who had called at the service to review the placement of one person. The registered manager was unavailable for interview as other regulated activities provided by the organisation on the hospital site were also being inspected and the registered manager's time was taken with this. We spoke with two support workers that worked at The Retreat – York supported living scheme.

We looked at care files belonging to three people that used the service and at recruitment files and training records for four support workers. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring and medicines management systems that were implemented. We also looked at records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and some people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from support workers at The Retreat – York supported living scheme. They told us they found staff to be "Nice. Helpful. Kind. Liked." A relative who was visiting one of the people that used the service said, "I feel happy that [Name] is very safe here. I trust the staff."

At the last inspection in June 2016 we found that the service was in breach of Regulation 13 because there was a culture among the support workers who thought it was necessary to routinely use restraint to prevent people from harming themselves. This section on safe care was rated as 'requires improvement' and a requirement was made for the registered provider to meet the regulation on safe care and treatment.

At this inspection support workers told us they no longer considered restraint as a means of protecting people from self-harm or protecting themselves from harm, for example, when people that used the service were in a state of heightened anxiety. Support workers said they had completed new training that concentrated only on disengagement and deflection. One worker said, "We have now completed 'Mova Training Academy' breakaway techniques training and don't use restraint. We use verbal instructions for people to disengage and only use physical disengagement as a very last resort."

We found that the service had made improvements with the systems in place to manage safeguarding incidents. We saw that support workers were trained in safeguarding people from abuse and they demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the appropriate authorities that deal with abuse allegations. Support workers said, "I completed safeguarding training when I first came here and I know how to contact the local authority safeguarding team in York if I need to contact them and make a referral" and "I would not hesitate to report an incident and would complete an incident report form straight away if I knew about or saw anything untoward". They also said there was a dedicated safeguarding team at The Retreat hospital who they could consult and report information to.

We saw evidence in support workers' training records that they were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had already been informed about by the service through formal notifications to us. There had been no new referrals since the last inspection in June 2016. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce their risk of harm from, for example, inadequate storage of their toiletries, unsafe use of their en-suite bathrooms, hazards in their home environment, moving around their environment, inadequate nutritional intake, times of heightened anxiety and when undertaking activities in the community. A relative we spoke with told us, "[Name] is happy to do lots of things in the community and all risks are assessed so that they are safe each time they go out. There are usually two staff with [Name] so I know they are safely supported."

The Cottage and East Villa were shared accommodation for people with their own tenancy agreements and the safety of the premises was covered having maintenance safety certificates in place. We saw that these included utilities and equipment used in the service; for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets and lifting equipment, and all of these were up-to-date. We also saw people's personal safety documentation for use when evacuating them individually from both buildings in the event of a fire. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring.

When we looked at the staffing rosters and checked these against the numbers of support workers on duty during the inspection we saw that they corresponded. Records showed there were 34 support workers employed for the service who worked a rota of days and nights, of which five were senior staff. Time sheets showed that some support workers were working overtime to cover vacancies that had yet to be filled. We were told by the service manager that usually eight to ten support workers were on shift at any one time and sometimes 12, depending on people's planned activities and needs.

People that used the service and a relative told us they thought there were enough workers to support people with their needs. The relative said, "Staff are always available to share information with. They are young folk which keeps [Name] young as well." One person that lived at The Cottage said, "I have a key worker and she is very nice. I like [Name] very much; we do lots of things together. I always go out a lot with staff and we have a lot of fun together."

Support workers told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and to spend one-to-one time with people doing community based activities, chatting to them about common interests and assisting them with housework and chores to develop their living skills. However, support workers said there had been some fluctuations in staffing levels over the last few months and a couple of workers were soon to leave.

They also told us that five new support workers had already been recruited to cover vacancies, but had not commenced working yet, so covering the upcoming Christmas roster was going to be a challenge. The service manager and deputy service manager assured us that all shifts would be covered over Christmas as some workers were happy to work additional hours, until all new support workers were in post. We saw that people had their needs met on the days we visited.

The service manager told us they used thorough recruitment procedures to ensure support workers were right for the job. They ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw evidence of these checks in all three support worker recruitment files that we looked at. This meant people that used the service were protected from the risk of receiving support from workers that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. Handwritten MAR charts were counter-signed in line with guidance. We

saw that medicines were obtained in a timely way so people did not run out of them, they were stored safely and access to them was restricted to only authorised workers. Medicines were administered on time, recorded correctly and disposed of appropriately. Room and fridge temperatures were recorded daily and were within recommended ranges. Support workers administered medicines and quarterly competency assessments were carried out on staff to ensure their competency. Support workers completed weekly medicine stock audits to give assurance that appropriate quantities of medicines were held at the service.

Documentation for new residents showed how medicines information was transferred to ensure that there was no delay in treatment and to ensure people's preferences were fully understood. Protocols for using 'when required' medicines were not always kept up to date in the medicines folder; this was brought to the attention of the management team during our visit and reviewed.

The service manager told us that plans were underway to relocate the medicines in each of the shared accommodation properties from a central store to individual stores in people's bedrooms, so that people would have improved privacy and dignity when taking their medicines. This was first mentioned to us in June 2016, but had not yet been achieved. Controlled drugs were safely held in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual cassettes, divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times.

When we asked people about how the service helped them to handle their medicines they said, "Staff help me to take my medicines, but I know when they should be taken" and "I like the staff to do my tablets for me." Support workers told us that sometimes people took their monitored dosage cassettes with them if they went to see family members for several days, for example. In these cases the cassettes might be in the safe-keeping of a driver taking people to their destination, but they were transported in sealed envelopes and stocks were always checked before and after transportation.

The service had systems in place to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

People told us they thought support workers at The Retreat – York supported living scheme understood them well and had the knowledge to care for them. They said, "I like the staff, they know what to do to help me" and "Staff are good at what they do, they know all about me and what I like to do. They find things out for me and help me to go places."

We saw that the registered provider had systems in place to ensure support workers received the training and experience they required to carry out their roles. A training record was used to review when training was required or needed to be updated and there were certificates held in support workers' files of the courses they had completed. Training completed since the last inspection included new personal safety training which was based on alternative methods to support people when they were anxious rather than physical restraint, mental health awareness training, epilepsy awareness and medication administration training. We looked at four support workers' files that confirmed the training completed and the qualifications they had achieved.

The registered provider had an induction programme in place and reviewed support workers' performance via one-to-one supervision and the implementation of an appraisal scheme. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life. The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills for Care. Skills for Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce.

Support workers told us they had completed training as required of them by the registered provider to ensure their competence and had the opportunity to study for qualifications in health and social care. One support worker said they had a Level 3 BTEC qualification in Health and Social Care and NVQ Level 2 and 3 in mental health. They affirmed that supervision took place and appraisals were implemented.

We saw that communication within the service was good between the service management team, support workers, people that used the service and their relatives. Methods used included daily diary notes, hand-over sheets, telephone conversations, meetings, notices and face-to-face discussions. The service manager's diary was used to pass messages to support workers about, for example, ensuring someone's medication went with them to day services, when appointments at hospital were to be attended and whether or not people required finances to be collected.

People that used the service and their visitors were seen to ask support workers for information and exchanged details so that workers were aware of people's immediate and forthcoming needs. Some people had their own individual methods of communicating with family members and support workers, including picture exchange communication systems, Makaton and personalised signs and sounds.

We saw that the service used hand-over sheets that contained information about people that used the

service. This hand-over sheet was a multi-functional sheet that also recorded checks on hot water temperatures, fridge and freezer temperatures, call-bell functionality, emergency lights and fire door closer efficiency, as well as tasks completed by night staff and daily medicine counts. The multi-use of this form was discussed with the service manager to consider separating information about people that used the service (to go in individual records) from that information which was in effect gathered as part of the registered provider's safety checks.

We saw an extra diary sheet that was also used to record details about, for example, all five people at The Cottage and there was a laminated activities plan which again included all people that lived at The Cottage. We discussed with the service manager that information about all service users on one sheet or plan was inappropriate with regard to holding confidential information. The service manager agreed to look at making changes to the way confidential information was held.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). For people living in their own home (including those living in supported living schemes), this would be authorised via an application to the Court of Protection.

Acquisition of Court of Protection orders had been of some concern at the last inspection, because the registered provider had not obtained evidence that people were living on the site of The Retreat under such authorisations. Since then the registered provider had obtained information from the placing local authority to show that best interests decisions had been made in relation to the care and support that people received and applications to deprive people of their liberty had been submitted. Six of the applications were the responsibility of the local authority and two were that of the health authority. Of these eight applications two were still being addressed by legal representatives and two others were still being applied for by Continuing Health Care services. Two more authorisations were pending health capacity assessments being carried out and were in the last stages of being completed.

The registered provider was doing all it could to ensure the process of acquiring authorisations on people's restrictions to the freedom of their liberty was being implemented. We saw a capacity assessment that had been completed for one person that required, as part of their behaviour modification programme, the wearing of a weighted coat at times of heightened anxiety. Another person had written interventions in their support plan (May 2016) that instructed support workers on how to 'breakaway or deflect' the person's blows away from themselves and others, where absolutely necessary.

The instructions included supplying workers with Kevlar protection gloves against wounds to their hands and stated that in the absolute last resort workers should use level one envelope hold, with minimum force and for the least possible time. However, since the last inspection these measures had only been used once, when out in the community and to protect the person and support workers from traffic on the road.

People had capacity assessments in place regarding the self-management of their medicines, which showed responsibility was to be taken by support workers. Capacity assessments, for example, regarding the ingesting of toiletries were in also place to show people were unable to keep themselves safe from handling

products.

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 were being met. We saw that people had documents in their files relating to best interests meetings or discussions with family members and there were decisions about particular support needs or interventions to ensure people's safety was upheld while using the least restrictive practice possible. These decisions were reached following full clinical and psychological assessments and consultations with professionals and specialists in learning disability services and/or sensory behaviour modification disciplines.

Two social workers visiting the service on the second day of the inspection told us they were satisfied with the quality of care provided to a newly admitted person and that they had settled well. They said that support workers had taken on board the person's individual needs and applied their learned knowledge about the person to their everyday care and support. This meant that the person's needs were met, for example, in respect of privacy, routine and appropriate stimulation.

We saw that people consented to care and support from workers by either saying so or by cooperating with support workers when asked to accompany them and accepting the support they offered. There were some documents in people's files that had been signed by people or relatives to give permission for photographs to be taken, care plans to be implemented or medication to be handled on their behalf.

People had their nutritional needs met because people and their relatives had been consulted about their dietary likes and dislikes, allergies and any needs due to medical conditions. Support workers sought the advice of a Speech and Language Therapist (SALT) when needed. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink.

We saw that people had their health care needs met because people and their relatives had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. We were told by support workers that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction was or the outcome of the consultation. We saw that computer held diary notes recorded where people had been assisted with the health care that had been suggested for them.

Good

Is the service caring?

Our findings

People told us they got on very well with support workers and each other. They said, "[Name] is my care worker and the one I like best. They always take me out to places I want to go. We've been to concerts, out shopping and to the pub. They are helping me to find a partner, someone I can have a relationship with" and "I like [Name] a lot. They always help me and take me out. We cook my tea together as well."

We saw that workers had a pleasant manner and used a mixture of appropriate approaches when they supported people as well as offering sound advice about safety and appropriate behaviour. We saw people being asked for their views and decisions and we saw that people were listened to by support workers regarding their choices, health care needs and entertainment wishes. Support workers took time to get to know how people communicated and learned from the experiences they had with them.

Support workers knew people's needs well. Some of the support workers had been employed at The Retreat (independent hospital) several years and had moved to the supported living scheme when it was first added to the hospital's registration. The service management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives. The service management team and support workers were sensible, encouraging and caring. They were also forward thinking and encouraged people to experience modern developments with regards to communication opportunities and social media.

People that used the service were treated with compassion: in a way that valued them as human beings and supported their self-respect, even at times when their wishes were not readily known. All of this alleviated people's anxieties and enabled them to maintain their dignity and have fun whilst having their needs met.

Discussion with support workers revealed they completed equality and diversity training and were therefore able to recognise when anyone living at the service was treated differently or discriminated against regarding particular diverse needs in respect of the characteristics of the Equality Act 2010.

People did not experience any discrimination or unequal treatment based on the grounds of age, disability, gender, race, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity status (or a combination of these), which may have resulted in their needs not being recognised or met. This was because the registered provider had systems in place to monitor people's experiences of their community and support workers were equipped, through training and following policy and procedure, to challenge discrimination that people may potentially face.

We were told that some people experienced difficulties when accessing community based services and facilities but these issues were adequately and successfully tackled with support from workers who always accompanied people. We saw no evidence to suggest that anyone that used the service was discriminated against while being supported by workers at the service.

Support workers sought to ensure people were represented with regard to their rights and there were

examples in diary notes where workers had championed people's rights. For example, one person was supported to use picture exchange communication systems (PECS) to ensure they made choices about their daily living: food or activities. These PECS were operated while out in the community as well so that the person could choose where they wished to go, who with, when and whether or not they changed their mind about things. They used these to ensure their rights were respected when out in the community.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset their mental health, or affect their physical ability and health. People were supported to engage in pastimes and activities that interested them or gave them pleasure and they were able to live many aspects of the lifestyles they chose for themselves.

An agreed shared activity was for people and support workers on duty each Sunday to eat Sunday lunch together, as though people were extended family members. This involved one support worker cooking the meal on a rotational basis and people that used the service and workers on duty in the supported living scheme sharing the cost of paying for the ingredients. It gave people a sense of being part of a large family gathering once a week, a social event that involved the eating of food together. All of this helped people to feel their lives were eventful, based on a family model and so aided their overall wellbeing.

One person told us they loved popular music and sang along whenever they could. Another was interested in cars and had chosen the make and model that gave them most satisfaction as their Motability car. Another person, we were unable to communicate verbally with, showed their contentment with just spending time in their home watching videos. We saw people engaged in cooking tasks which also gave them pleasure, purpose and satisfaction. We found that people were experiencing a satisfactory level of well-being.

While we were told by the service manager that one person using the services of The Retreat – York supported living scheme was without relatives or friends to represent them and therefore they had used the services of an advocate. We were told that advocacy services were available to anyone that required them. Advocacy services provide independent support to ensure people's rights and views are heard.

People told us their privacy, dignity and independence were respected by support workers. People said, "I like going to my room sometimes and being on my own, staff let me do this". We saw that staff only provided personal care in people's bedrooms or their en-suite bathrooms, knocked on bedrooms doors before entering and ensured people's personal business was kept confidential. People were supported quickly if they showed signs of conducting their lives in a way that might mean they would be seen in an undignified state.

Support workers said, "Consistency of care and support for people is very important to them and to the reputation of the supported living scheme. Privacy and dignity are carefully safeguarded so that people's modesty is maintained" and "Doors must be knocked on, curtains closed and confidences upheld."

Good

Is the service responsive?

Our findings

People told us they felt their needs were being appropriately met. They talked about going out a lot and having staff assist them with arrangements and getting ready to go out or liaising with the people that came to collect them. They mentioned community based activities, friends and acquaintances and suggested that their relationships with support workers were good. One person showed us some of the pastimes they engaged in at home and expressed contentment with the support they received. Another person said they liked going out in their car, enjoyed lots of activities and got on very well with their support workers.

We looked at three care files for people that used the service and found that the support plans reflected the needs that people appeared to present. Support plans were person-centred and contained information under four sections; personal information, assessment, action plans and records of support provided. Action plans included details on how best to meet people's individual needs. The areas covered included communication, mental capacity, relationships, daily activities, living skills, physical health, physical and mental wellbeing, medicines, continence, complex needs and dreams and wishes.

People's files contained personal risk assessment forms to show how people's risks could be minimised, for example, with anxious behaviour, skin integrity, falls, nutrition, using personal space, accessing the community and taking part in activities. We saw that care plans and risk assessments were reviewed three monthly or as people's needs changed.

The care and support that was given to people was evidenced in confidential and electronically held diary notes (a system that was adopted and managed by the registered provider). Information was also recorded in the service manager's diary, which showed when advice and treatment had been requested from the services of GPs, district nurses, speech therapists, behaviour therapists and incontinence nurses. There were appointments at hospitals recorded in the service manager's diary and once people had attended these appointments details were also recorded in people's electronic diary notes.

People had their daily activities and pastimes planned, with a mixture of some activities held in-house and others in the community. Some of the places people attended included several day care facilities, local museums, shops, York University sports facilities and also a variety of community based classes in sensory arts and crafts, for example. People told us they enjoyed going to the pub, local cafes, the cinema, playing boules or ten-pin bowling, taking walks in town or country, swimming, going to discos and attending other social events held by the day services they frequented.

We saw that the service used equipment for assisting people to maintain their independence. Where it was considered appropriate people were asked if they would like to use of adapted cutlery and crockery aids or specialist furniture and lighting features so that they could do as much as possible for themselves. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and any risks with using them had been assessed.

Support workers told us that it was important to provide people with choice in all things, so that they made

as many decisions as possible for themselves and exercised control over their lives. People chose their meals each day and were usually accompanied by workers to shop for goods and to prepare and cook the food. People chose who they socialised with, when they rose from or went to bed, what they wore each day and whether or not they went out and followed their planned entertainment and activities. Their wishes were recorded in daily plans to show that people's needs and choices were respected.

People were encouraged to maintain relationships with family and friends, and they were made welcome when they visited. One relative we saw said they called whenever they wanted to and they were always made welcome. Support workers got to know family members of the people they supported and kept them informed about health needs and incidents if people wanted them to.

The service had a complaint policy and procedure in place for everyone to follow. Records showed that complaints and concerns were handled within timescales and according to procedures. Support workers said, "Complaints are passed to any of us and the service manager passes them through the computer to head office. There are brochures on making complaints, which are available to people and their relatives." Compliments in the form of letters and cards were also kept as a record of people's views about the service. People told us they knew how to complain. They said, "I'd tell [Name] if I was unhappy" and "I could tell [Name] or the police if I wanted to."

Support workers told us they understood the way the complaint procedure worked and had a positive approach to receiving complaints as they acknowledged that these helped them to resolve problems and ensure things were right the next time as well as to improve on the service delivered to people. The service monitored and analysed complaints on a quarterly basis and during the last quarter of the year prior to our inspection, had handled one complaint. The complainant had been given written details of explanations and solutions following investigation. The complaint had been about supporting people that used the service to attend hospital appointments, but not arriving on time. Action was taken to ensure people were supported earlier in order to arrive for hospital appointments on time. All of this meant the service was responsive to people's needs.

Compliments were also monitored and there had been two in the last year. A person that used the service was on a bus being supported by a support worker and a member of the public had observed and commented that the interaction between them was very good. Also an officer of City of York Council had expressed satisfaction with the way in which a person that used the service was integrated into the shared accommodation and had, as a result, settled well.

Good

Is the service well-led?

Our findings

People told us they felt the service was individualised and suited them well. Staff we spoke with said the culture of the service was, "Founded on a strong team approach, was pleasant, friendly and caring."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last fifteen months with regard to 'personal care' and longer for the other regulated activities registered at the location.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We knew this because the registered manager had discussed their responsibilities with us at the previous inspection and had already demonstrated their understanding. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

We found that the management style of the registered manager and the service management team was open and approachable. Staff told us they could express concerns or ideas any time to the service manager and that they felt these were considered and often trialled before adopting or rejecting them. One staff member said, "I really appreciate the service manager. They will do anything that's needed and will never dismiss anything we suggest. They listen to and help us."

Much of the day-to-day management of the DCA service was carried out by the service manager, as the registered manager had other responsibilities managing the regulated activities carried out at the main hospital on the site at The Retreat. Because of this and some organisational approaches there were some operational practices that did not enable the people that used the service to maintain all of their autonomy.

For example we were told that because The Cottage and East Villa were buildings on the main postal address site of The Retreat, then any post sent to people that lived there was delivered and received at the main reception for the hospital. This was pigeon-holed by an administrator and then collected by the service manager each day. So although people were living in their own rented accommodation they did not have their personal mail delivered to their homes.

Another practice that was contrary to supported living best practice principles was that The Cottage had an office from which the regulated activity of 'personal care' was operated by the registered provider. This was located in the building that was home to five people that used the service and not a typical situation for people living in their own home with a tenancy. The third obstacle to people's independence being maximised was that medicines were centrally stored.

The service manager told us they attended a morning meeting every day at The Retreat hospital building

and while this was an organisational requirement, there was often little discussed that related to the practices of the supported living scheme or to the lives of the people that used the service. This was because people that used the hospital services did so under the Mental Health Act 1983 and its related topics were mostly discussed, while those that used the supported living scheme were not and so the people using the supported living scheme were very much in the minority.

Organisationally the supported living scheme service was tied into specific practices that really only related to the hospital setting and the mental health practices and legislation in place. The Retreat – York supported living scheme was registered in September 2015 for the regulated activity of 'personal care' and since then this has been managed along with all other regulated activities on the site. However, the management policies and practices did not fit well with a service that was essentially an adult social care model of provision.

For example, people were not detained under any legislation, the address of their tenant properties was not independent of the main hospital address and post code and if an emergency vehicle had to be called to attend a person that used the service it could only be admitted on site via the hospital reception. Plus there was a lack of a dedicated office and the plans in place to use an alternative and suitable independent building from which to operate the supported living scheme at The Retreat would move the model further towards an adult social care one. We were told that eventually this was going to be adopted as the service manager's office and support workers' meeting / staff room.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

The audits carried out by the service included those on medicine management practices, care files, support plans, accidents/incidents, complaints and health and safety issues. Audits were analysed by the organisation and findings published in quarterly reports to direct the registered provider on where action was needed to improve service delivery.

A recent City of York Council quality monitoring visit was carried out and the report dated 20 September 2016. This highlighted areas for development. These included more detail needed in support plans, clearer explanation on how people and relatives were involved in goal planning, audits to be carried out more frequently and robustly, medication records to be better maintained and evidence required of capacity assessments and best interests decisions.

Discussion with the service manager and viewing documentation relating to these areas evidenced that action had been taken to meet these areas for development since the monitoring visit and the last CQC inspection.

The service manager told us people that used the service were in the process of completing satisfaction surveys, some with support from relatives or staff. These were issued twice a year. Two relative surveys that had recently been received contained all positive answers. Comments such as, "Happy" and "Very happy" were given in answer to most questions. All relatives had been issued a survey, but there were three relatives of new service users who declined to complete them as they were unable to comment on the service at such an early stage in their family members' residency.

Support workers told us they attended team meetings to share knowledge and that there was a mixture of experienced staff working on site, so they bonded well and used each others' strengths to everyone's

advantage. They said senior support workers were easy to speak to regarding any problems.

The service manager maintained records regarding people that used the service, staff and the running of the business that were in line with the requirements of regulation. We saw that they were appropriately maintained, up-to-date and securely held. We were told the organisation adhered to the guidelines of the Information Commissioner's Office.