

Meridian Healthcare Limited

# Rievaulx House Care Centre

## Inspection report

Thornhill Road  
Wortley  
Leeds  
West Yorkshire  
LS12 4LL

Tel: 01132205000

Date of inspection visit:  
25 April 2016

Date of publication:  
09 June 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 25 April 2016 and was unannounced. At our last inspection in August 2015 we found the provider was meeting the regulations we inspected.

Rievaulx House provides accommodation and personal care for up to 50 people. The home is located in a residential area close to the city of Leeds. Accommodation is in single rooms which all have en-suite facilities. At the time of inspection 43 people were living there. The service did not have a registered manager at the time of our inspection. An acting manager was in place until the newly appointed manager took up their position. 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.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service. Staff received the training and support required to meet people's needs.

There was opportunity for people to be involved in activities within the home. The home did not at the time of inspection have an activity coordinator in the home. The acting manager told us they were recruiting for someone due to the previous activity coordinator leaving the service only a few weeks before the inspection.

Staff understood people's needs and provided care and support accordingly. Staff were aware and knew how to respect people's privacy and dignity.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people they supported. People told us they felt safe with staff and we saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The acting manager and staff understood the requirements of the Mental Capacity Act 2005. The care plans we looked at contained relevant mental capacity assessments where appropriate.

Care plans were detailed and provided an accurate description of people's care and support needs. People were supported with their nutritional and hydration needs and had access to a range of healthcare services

There was an effective system in place to respond to complaints and concerns. Effective systems were in place which ensured people received safe quality care. People had opportunity to comment on the quality of service and influence service delivery.

## 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.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

There were enough staff in the home to ensure people were safe.

### Is the service effective?

Good ●

The service was effective

Mental capacity assessments were completed in people's care plans and Deprivation of Liberty Safeguards applications had been appropriately sought.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and were confident people received good care.

Staff knew how to treat people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive

There was opportunity for people to be involved in activities.

People felt confident raising concerns. Complaints were responded to appropriately.

People received support as and when they needed it and in line with their care plans.

**Is the service well-led?**

**Good** ●

The service was well led

There was no registered manager at the time of inspection. The service had been without a registered manager for a few months. The provider had appointed a new manager who was to commence their role in a few weeks. The deputy manager was acting up as the manager with support from other senior managers in the organisation.

Staff we spoke with told us they felt supported by the acting manager and found them to be approachable if they had any concerns.

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

# Rievaulx House Care Centre

## 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 25 April 2016 and was unannounced.

The inspection team consisted of one adult social care inspector, a specialist advisor with a background in nursing and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 43 people living at the home. During our visit we spoke with eight people who lived at Rievaulx, five relatives, four members of staff, acting manager and the area manager. We spent time observing care in the communal areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at six people's care plans and 12 medication records.

Before our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The provider completed the PIR. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

All the people we spoke with said that they felt safe in the home. These were some of the comments people made; "People come to check all the time", "I keep my door locked to ensure privacy", "There is always someone here if you need them", "If you use the buzzer it only takes them two minutes, they come and make sure you are ok" and "I have my own room and television, and I go to the quiet room for a cigarette, the room is en-suite."

In the PIR the provider told us, 'Staffing levels are consistently maintained with the appropriate skill mix to ensure our Residents remain safe. The staffing levels are reviewed regularly.'

Staff we spoke with said there were enough staff to meet people's needs properly. One staff member said that there were enough staff, but while they did not have an activity coordinator they were doing activities also. The member of staff told us the home had been recruiting for someone. They said "It's only been a couple of weeks so we have managed ok."

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The acting manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

We looked at the recruitment records for six staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

In the PIR the provider told us, 'All colleagues understand the importance of reporting any safeguarding and discussion takes place with the local Safeguarding team and CQC if appropriate in line with local protocols'.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us "If I saw anything I would speak to the acting manager to look into it straight away." All the staff we spoke with said they would report any concerns to the acting manager. Staff said they were confident the acting manager would respond appropriately. The provider had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse

Care files contained risk assessments for health and support, which covered areas such as moving and handling, medication and any ill health.

In the PIR the provider told us, 'The checks carried out weekly and monthly are; Water Temperature Boilers,

Tapes and Pipes, Emergency Lightings, Fire Tests, Doors, Call Points, Nurse Call System, Bedrails and wheelchairs'.

We looked at around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, water temperatures and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place.

We checked the systems in place regarding the management of medicines for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

We looked at 12 random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. However there were some errors in recording for two people on the ground floor. We discussed this with the acting manager and regional manager on the day of inspection who said they would action this straight away. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets. There was an up to date British National Formulary (BNF) for medication available on the ground floor. This is a pharmaceutical reference book that contains information and advice including any side effects with medication.

We looked at medication storage which was adequate for the medication in the home. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Medicines for return to the pharmacy were returned and signed for. This medication was recorded in a specific book for the purpose. Any remaining medication and clinical waste were collected and signed for by a specialist contractor.

# Is the service effective?

## Our findings

At the inspection, we found that people had access to healthcare services when they needed them. We saw evidence in six people's care plans which showed they regularly visited other healthcare professionals such as GP, Optometrist and the specialist nurse. It was evidenced and recorded monthly in all six care plans that people had maintained, or gained weight over the last 12 months which demonstrated people's nutritional needs were addressed.

We looked at staff training records which showed staff had completed a range of training sessions, which included mental capacity and Deprivation of Liberty Safeguards (DoLS), food hygiene, medication training safe moving and handling and dementia awareness. Staff we spoke with told us they had completed training courses and then received refresher training. Staff told us they were completing a course introduced by the provider 'Touch Training' which was a training programme that covered all aspects of care in a booklet for all staff to complete. The management then assessed each unit of the booklet to ensure staff had completed this accurately. We saw this on the day of inspection where staff had completed part of this training programme. Staff said that they felt that the training they received supported them in their work.

In the PIR the provider told us, 'Each of our care colleagues will receive at least two formal supervisions per year and this is evidenced in the 'staff supervision planner'.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. The staff files we looked at confirmed that staff had received supervisions. We saw staff had received an annual appraisal of their role throughout 2015 and 2016. Staff said they received support from the acting manager.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two people was subject to DoLS. A further application was in process.

In the PIR the provider told us, 'Where there are decision specific areas of care and treatment that require written consent this is recorded and assessments of capacity are considered prior to gaining this written consent.'

Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged



people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff said they used many ways to assist people to make their own decisions which included verbal communication and giving people time to respond. Staff we spoke with confirmed they had received training on the MCA and DoLS and our review of records confirmed this.

In the PIR the provider told us, 'Will be implementing the Food in Focus programme this will promote healthy eating for all our residents and good Hydration, this programme will drive improvement in food quality and choice and will also meet resident's needs in health and well-being. Training and support will be provided to all our chefs by the companies Hospitality Team.'

There were mixed responses from people about the food. We looked at the menus and could see that two meal options were offered daily. The staff were observed walking round each person and asking them individually which they would prefer. One staff member said "We always ask people what they would like. If they don't like the meal options they can always have something else." One person told us, "Absolute rubbish all the food." Another person told us, "You can eat most meals with a spoon, I would like more meat, I haven't seen pork on the menu since I moved in." Another person told us, "The food is very good and well cooked." The provider showed us a new programme they are implementing throughout the service looking at hydration, quality of food and also allergies.

Food was served from a heated trolley. Portions were generous and the food was well presented and looked appetising and hot. People received support and encouragement to eat their meals if they required this.

## Is the service caring?

### Our findings

We observed good interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. All the people we spoke with told us they liked the staff. One person told us, "I am satisfied with the arrangements here." Another person told us, "Staff are very good, respond when you need them, they know what they are doing." A relative told us, "If I had a concern about the staff I would say something but I don't have any."

People looked well presented in a clean, well-cared for way with own personal items which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and their hair was nicely styled. People were encouraged to change clothes when these became stained.

In the PIR the provider told us, 'All staff knocks on doors before entering and staff ensure when delivering personal care it is private and in a dignified manner.'

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs for people they supported.

We saw care interventions such as assisting people to the toilet were carried out with sensitivity and respect. We saw one person asked to be taken to the bathroom. A member of staff accompanied them immediately, chatting with them as they left the room.

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. We observed staff throughout the day knocking on people's doors.

In the PIR the provider told us, 'Care Plans are focussed on the outcome for Residents and they are person centred reflecting Residents' current needs, choices, abilities and preferences.'

Care plans we looked at contained information about people's preferences, interests, social lives and work histories. We saw information was recorded in a way which would assist staff in developing caring relationships with people. However it was not evidenced throughout the care plans we looked at where people or their relatives were involved in this process. We spoke to the acting manager who told us they were in the process of updating all their paperwork to show this on the care plan. We concluded that people and their relatives had been involved due to the amount of evidence to support the care plan and the comments received from a relative which included; "I am involved in [name of person] care. I always let them know if something isn't right or I look at the care plan to make sure it's right. I have no concerns." [Name of person] told us "This is in my care plan."

# Is the service responsive?

## Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. One staff member told us, "I am involved in the care plans and they are easy to follow, some areas better than others. We are looking to change the paperwork so hopefully this will be a lot better for us all." We saw care plans were reviewed and updated as indicated whenever the needs of the person changed. Daily record showed people's needs were being met. However these did not include 'This is my life' section which provides a social history for the person. The acting manager told us the new care plans would reflect this information. Staff spoke confidently about people's needs. We concluded staff knew people and their needs well.

At the time of the inspection the home at the time of inspection did not have an activity coordinator in post. An advert had gone out for the position. The acting manager told us the previous activity coordinator had just left the service a few weeks ago. The acting manager told us people had not been affected by this due to staff supporting on activities throughout the day. The acting manager told us that some staff had requested to do extra hours to support this vacancy.

People chose to sit in different areas of the home. On the ground floor people were involved in an activity singing along with staff. On the first floor people had just finished watching a film. People told us they were things for them to do. People told us they were not forced into doing activities if they did not want to take part. A member of staff told us "Activities are important activities are not forced on anyone we just encourage people to join in if they would like to." One relative told us that birthdays were celebrated with cake and family could use the quiet rooms to have family celebrations. Two people we spoke to recalled activities they had done with the previous activity coordinator but they said this had recently stopped and that activities were not as organised as they were previously. One person said, "I understand they try their best, they are looking for someone to come in to do more activities with us."

In the PIR the provider told us, 'We have an 'open door' policy and Residents, Relatives and Visitors can raise concerns, complaints and compliments through our formal and informal process. We also hold regular Resident / Relative meetings.'

The home had systems in place to deal with concerns, complaints and compliments, which provided people with information about the complaints process and a complaints policy. On the day of the inspection we saw five complaints recorded since the last inspection in August 2015 which had been handled in a timely way. Staff confirmed they were aware of any complaints or concerns around the people in the home and this was evidenced in the staff meeting minutes which showed concerns were discussed in order to prevent re-occurrence of issues. The home had also received many thank you letters and cards. Examples of these

were '[Name of person] is very settled here thank you for making her feel welcome.' Another example was 'I am free to do whatever I want.'

The acting manager told us they were always reviewing complaints to detect themes or trends, and confirmed there had been no trends identified. People who used the service and their relatives all told us they would feel confident to complain if they needed to ; and could approach any staff member or the acting manager. One person told us "One time I pressed the buzzer the care staff came and I told them that my tea was cold I had not left it long it had only just been served, immediately they got me another one." A visiting relative told us "I would raise any issues with staff and I would feel these would be dealt with." Another relative explained that they had made a complaint and the matter had been dealt with and they were happy with the outcome.

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager at the service. The deputy manager was acting up until the newly appointed manager started at the service in a couple of weeks.

Staff said they felt supported in their role. They said the management team supported them in ensuring good standards were maintained. Staff said the management team was approachable and had time for them. They said they could raise ideas or concerns if they had any. The staff said that they all worked alongside each other as a team.

We saw staff meetings were not held on a regular basis. We spoke to the acting manager who told us this was due to management changes in the home. We looked at previous meetings from 2015. These gave staff the opportunity to contribute to the running of the home. In addition to this care issues were discussed which meant that any key issues relating to the people were communicated to the staff. However we told the acting manager of the importance of regular staff meetings.

We looked at minutes of 'relative meeting' and saw these were in place and actively completed monthly. The acting manager was looking into new ways to get people and their relatives involved in the meetings due people not attending.

We saw the provider had a quality assurance programme which included visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans with time scales and improvement plans. Areas of improvement included; supervisions, activities and recording in care plans. There was a system of audits and checks in place. We saw evidence people's care plans and risk assessments had been audited on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission. Maintenance checks were in place as well as weekly fire tests and six monthly fire drills with all staff.

There were plans in place to ensure people who used the service and their relatives were asked for their views about the care and support the service offered. The provider had not completed a survey in 2015 due to management changes in the home. However, a recent survey was underway at the time of our visit 2016 had just been undertaken. This survey was to be closed on April 29th 2016 so no results had been looked at.

In the PIR the provider told us, 'We monitor trends in complaints, falls and other incidents to ensure we prevent recurrence. We collate report and monitor key clinical indicators to help us understand and improve on key clinical areas such as pressure care and weight management.'

We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and that any actions identified were clearly documented to show that they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents, to protect people from harm which indicated the acting manager was looking at improving practice in the home.

