

Meridian Healthcare Limited

Rievaulx House Care Centre

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

Rievaulx House Care Centre is a 'care home'. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rievaulx House Care Centre is registered to provide accommodation for people who require personal care and people living with dementia. During our inspection, there were 49 people living in the home. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service Good.

The provider had robust systems and procedures in place to keep people safe. There was a whistleblowing policy in place and staff knew how to raise concerns should this be required. Risk assessments had been completed and reviewed regularly. Accidents and incidents were managed effectively and action taken to prevent future risks.

Medicines were managed effectively and they were stored correctly in line with the provider's policy. People told us they received their medicines as prescribed and said regular reviews meant their needs were met and health had improved.

Staffing levels were sufficient to meet people's needs and robust recruitment processes were in place to ensure people were of suitable character. Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs. Staff were supported with regular supervisions and appraisals.

Health and safety checks were completed regularly and staff followed the provider's procedures for infection control. However, we did observe staff not wearing aprons at lunch. Fire evacuations were carried out to ensure people could be supported in an event of a fire.

Staff were aware of people's nutritional needs and we found people were offered choices about their food preferences. Some people told us the quality of food could be improved. People also received appropriate support from staff to maintain their health and wellbeing.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us staff were kind and caring. We saw people were encouraged to remain as independent as possible and people told us staff respected their need for privacy. The provider had an equality and diversity

policy in place, which staff followed. Care plans included people's preferences, likes and dislikes so their individual needs could be met.

Initial assessments were carried out before people moved into the home to ensure their needs could be met. Care plans were person-centred and reviewed regularly or when people's needs changed. People accessing the service were supported to participate in activities, to prevent social isolation. The provider had recently employed a mini bus driver, which meant people could do activities outside of the local area and facilitated further choice.

Staff told us the registered manager was supportive and approachable. Some people living in the home did not know the registered manager but all people said they would feel confident to raise any issues. Complaints were managed and the provider had responded to people in a timely manner to address any concerns raised. The provider also received compliments from people and their relatives.

Surveys were carried out to gather people and their relatives view. This meant actions could be taken to address issues to drive improvement. Meetings were carried out with people living in the home, staff and management to ensure communication was open and people kept informed of any provider changes. The provider had a home improvement plan in place to address improvements that were required. The registered manager had also taken action to drive improvement within the home; one action included recruitment of new staff to ensure consistency of care being provided.

We found some records had not been completed and did not follow the providers documentation systems. We made a recommendation that all documentation used within the home must be recorded accurately.

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 ●

This service remained Good.

Is the service effective?

Good ●

This service remained Good.

Is the service caring?

Good ●

This service remained Good.

Is the service responsive?

Good ●

This service remained Good.

Is the service well-led?

Good ●

This service remained Good.

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 was a comprehensive inspection. The inspection took place on 7 and 13 December 2018. The first day was unannounced and the second day announced. The inspection team consisted of two social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information we gathered to inform the planning of this inspection.

During the inspection we spoke with 12 people living in the home and seven visiting relatives. We spoke with three staff, the activities co-ordinator, the area director and the registered manager.

We reviewed a range of records, which included care plans and daily records for five people and four staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service, which included audits and other checks.

Is the service safe?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People told us they felt safe living at Rievaulx House. One person said, "I like it here, I feel very safe. Somebody always comes when I need them." The service had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse. Staff were aware of the different types of abuse and a safeguarding policy was in place with clear instructions for staff to follow, should this be required. The provider also had a whistleblowing policy. Staff told us they felt confident to raise any concerns and they would be dealt with appropriately by management.

We found people's risk assessments were monitored on an on-going basis and reviewed every month or more frequently if required, to ensure they were up to date. Actions were taken when people were at risk to ensure this was minimised. For example, one visitor told us their relative had experienced a few falls and the staff arranged for the person to have a walking frame to prevent future incidents. Another relative said, "[Name] has had a few falls and they [staff] have been wonderful. They had them checked out by paramedics and informed me."

Accidents and incidents were managed and actions had been taken following incidents to prevent future risks. The registered manager told us that should any person have two falls or a fall causing injury, they would immediately take action. This included referring the person for a falls assessment to determine if equipment was needed or occupational therapy to minimise any risk in the future. We found this had been effective as recent analysis showed a reduction in falls within the home.

Staffing levels were sufficient and people told us their needs were met. People living in the home and their relatives said, "When I need help staff do come and look after me, so yes there is enough staff" and "They know where [Name] is all the time and check on them." Staff recruitment checks were carried out. We looked at four staff files which showed relevant information had been gathered. This included references, identification documents and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Medicines were managed safely. People told us they received their medicines as prescribed and reviews of medicines took place. One person who used the service told us their medication had been changed and they felt better because of this. The person said, "My medication was altered and I only get one at night now, which works better for me." We checked the medicine administration records (MAR)'s used to document when medicines had been administered and staff had signed these appropriately. The registered manager told us they used a telephone medical care system to contact general practitioners and district nurses online for advice. This meant there was an immediate response to address people's needs.

We found the home was clean and tidy. There was an infection control policy, which staff followed to protect against cross infection. However, we did note that some staff did not wear protective aprons when serving

lunch. Fire assessments were carried out along with gas and electrical tests to ensure the premises were safe. Every person had a Personal Emergency Evacuation Plan (PEEP) so staff knew how best to support people to evacuate the premises. Fire drills were carried out each month to make sure staff knew how to evacuate people in a timely manner.

Is the service effective?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People living in the home and their relatives told us staff had the skills and knowledge to meet their needs. Comments included, "They are as qualified as they can be. They know how to shower me and how to give me the right amount of independence" and "They seem competent."

There was an induction programme for new staff, which included a three-day training programme and shadowing of experienced staff. New staff also completed the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours. All staff received training, which provided them with the skills and knowledge to care for people living in the home. We found 86 percent of staff had completed their training. The registered manager monitored training to ensure it was completed within required timescales.

Staff were supported and had regular supervisions, which followed the provider's policy. Staff told us they felt supported by the management team and felt confident any issues raised would be managed effectively. One member of staff said, "Yes, I have supervisions and appraisals regularly and I would be happy to speak with the management."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found capacity assessments had been carried out for those people who lacked capacity to make certain decisions. The provider had made Deprivation of Liberty Safeguards (DoLS) applications when restrictions were in place to ensure people's safety. Staff told us they always asked people for their consent and people living in the home also confirmed this. One person said, "Everything goes smoothly regarding my care. I make all my own decisions."

People were supported with their nutritional needs. Care plans indicated what specific dietary needs people had. For example, one person had a small appetite and staff assisted them with eating meals. They also monitored the person's weight to ensure they did not lose significant amounts of weight. Another person had a specific food request and this was delivered by staff. We observed lunch during the inspection visit. Most people told us they enjoyed the food and relatives said they were invited to eat with people should they wish. One person said, "I like the food, it is very good. Smashing. The day before they ask you what you would like. It's lovely." Some people told us the food could be improved. For example, one person said the food was not hot enough. This was discussed with the manager during our inspection and told us this would be addressed.

People were supported with their health needs. Staff supported people to health appointments when needed and we saw health professionals visited the home. One person told us, "They [health professionals] are all available if you need or want one. I go to the opticians. If I feel unwell, I tell them I am staying in bed. They will call in to see me during the day to make sure I am okay. If I need a doctor they would get one."

Is the service caring?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People told us staff were kind and caring. Comments included, "Staff who come past my room always say, "Hi [Name], do you want anything?"; it's worth a fortune", "They are all nice to you and look after you. The people who work and live here are nice" and "They are always kind and gentle with me and I always thank them." We observed positive interactions between staff and people living in the home. People appeared relaxed, were laughing and engaged in conversations with staff.

The provider had an equality and diversity policy in place, which staff followed. For example, a member of staff with diverse needs had been provided with extra support during their training to facilitate their learning. Staff told us they were respectful of people's diverse needs and right for privacy. One person living in the home said, "Staff always knock on my door and respect my privacy." The most recent survey to relatives in July 2018, showed 56 percent of people felt their family members were treated with privacy and that this was respected. Forty four percent of those people felt this aspect of care was excellent.

People told us they were involved with their care planning and said staff knew how to support their needs. One person told us they had been involved in interviewing staff, which meant people living in the home were included when deciding new staff coming into the home. There were resident meetings held to ensure any changes were communicated with people living in the home. For example, we found activities had been discussed with people in November 2018. A suggestion of a pantomime at Christmas time had been agreed and on the first day we inspected, we observed the pantomime taking place and people enjoyed this.

People were supported to remain as independent as possible. Relatives told us, "[Name] likes to dress themselves but needs help. Staff know to let them choose what they want to wear and lay it out for them in a morning and they then assist them to dress" and "They are very empathetic with [Name]; they don't wrap them in cotton wool. They give them as much independence as possible but they know when they need help."

The registered manager told us that should anyone wish to have an advocate they used a local agency, which people had access to. An advocate is a person who can support others to raise their views, if required.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection legislation. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.

Is the service responsive?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

Initial assessments were carried out to ensure people's needs could be met before they moved into the home. Person-centred care plans were completed and included people's likes, dislikes and their preferences for care. For example, what people liked to eat, what activities they enjoyed and how they wished to take their medicines.

People were offered choices about their care. One member of staff said, "We always ask for people's opinions. We ask them about their likes or dislikes. We try to accommodate what people would like, for example, asking people what clothes they would like to wear."

We saw the care plans contained information specific to the person and identified the support they required. These were reviewed regularly. Our observations confirmed that people received care that was person-centred and in line with information in people's care plans. For example, one person's care plan had recorded they often became distressed and for staff to reassure them during this time. We observed staff reassuring this person until health professionals arrived to provide advice and treatment. Staff had responded to an increase in the person's distress levels and contacted health professionals to determine what further input was needed.

People had plans in place to reduce their social isolation and encourage involvement in activities of their choice. There was an activities co-ordinator who had a weekly programme of activities, which included games, arts and crafts, watching films and quizzes. The co-ordinator maintained records to evidence when people chose to participate in activities. We found some people in the home received 1-1 time when they did not wish to participate in group activities. One relative told us, "[Name] loves the bingo; they communicate better when they get involved [with activities]."

The activities co-ordinator also used DVD's and 'You tube' for reminiscence projects with individual people living in the home. One of these included a programme about 1950's beauty queens for a person who had participated in beauty pageants years before. For Mother's Day, the co-ordinator had arranged a vintage tea party for families and told us this had been a success; five families attended and enjoyed the day with people living in the home.

Some people living in the home told us they wished to go out of the home more often to do activities. The activities co-ordinator said some of these had included trips out to a garden centre and going out for lunch.

We found complaints had been managed effectively with written letters of apology, investigations and lessons learnt to avoid future occurrences. Complaints had all been recorded and responded to in a timely manner. People told us they knew how to complain and felt confident to do so. One person told us, "There has been the odd complaint about the food. They do listen. I would speak to my family and we would

arrange to speak to someone in the office and talk it all through."

The provider had also received compliments. Feedback included, "[Name of person] has settled at Rievaulx House more than I would ever have imagined. I feel this is due to the care and kindness shown to them over the past year. I would like to say a big thank you to one and all" and "The standard of care and attitude of staff is excellent. The care is very good; I could not ask for more."

Some people living in the home received end of life care. Care plans had been devised to assess people's needs and wishes. We found these to be detailed and included people's preferences and who they wished to be involved in their care. We did look at one care plan, which lacked detail and had not recorded the person's preference for end of life care. We have discussed this in the well-led section of this report.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. They told us they provided and accessed information for people that was understandable to them.

Is the service well-led?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

We found a slight lack of records to demonstrate actions had been taken to improve the service provided. The registered manager completed daily 'walk-arounds' of the home to ensure checks had been carried out to make the home safe for people to live in. However, these checks did not record any feedback from people living in the home or their relatives.

People told us their care was being carried out as they wished but records of this were not always in place. For example, we found one end of life care plan, which had not recorded the persons funeral arrangements.

The home carried out 'resident of the day' audits. These focused on one person each day and checks were carried out on their needs and documentation to ensure this was accurate. We found five of the records we looked at did not record everything that had been asked. For example, one person's weight had not been recorded. Another person had their body mass index (BMI) recorded as 15 (which was below average and a potential risk) but there was no record of any action plan to address this concern on the form.

We discussed this with the provider who told us all actions from the audits and home visits were added to the home improvement plan and signed off once completed by the area director. We found this to be in place.

We recommended the provider and registered manager ensures all documentation is recorded accurately and follows the provider's audit system in place.

People their relatives and staff all told us there was a positive culture within the home and the management were approachable. Comments included, "The management seem quite competent. They are very reassuring to watch; they keep me informed and involved. Very caring" and "The manager is very approachable. They are really nice and things get done. The manager is approachable and families will approach them and they will sort it out" and "It's nicely run and it's like a family home; it doesn't feel like work."

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the 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.

Some people living in the home told us they did not know who the registered manager was. The registered manager told us they were planning to have conversations with people to ensure they knew who the manager was should they need to speak with them.

Daily flash meetings were held with staff to ensure people's needs were continuously reviewed and meant staff were kept informed of any needs that may have changed. For example, the registered manager said that if a person had a chest infection, they would alert staff that the GP had been contacted and to wait for further instructions as to the person's support needs.

Management meetings were carried out on a regular basis and included topics for discussion such as staff recruitment, incidents and accidents, complaints and any risks within the home. In one meeting, they had identified that weight loss was a potential risk within the home. The registered manager told us new people moving into the home had food and fluid charts in place for 6 weeks to determine people's levels of nutritional needs. As a result, every person was then weighed monthly to identify any weight loss and should a person lose more than 2kg or their BMI was less than 20, they would be referred to a dietician.

Bi-monthly visits were carried out by the area director, which included checks of care plans, incidents, medicines and actions taken. We found these did not always record when actions had been completed on the form used by the provider. For example, in August 2018, actions were identified but no dates of when this was to be completed. The form stated, 'Note the action, the person responsible and the deadline for completion.' The area manager told us these actions were implement on the homes improvement plan. In the July 2018, visit we found care plans needed to be completed but there was no completion date for these. We checked the person's file and found care plans and risk assessments had been updated. This meant there was no impact upon the care being delivered however, records had not always been completed. We also found one catering audit which had not been signed to say who had completed it.

Surveys were carried out on an annual basis to gather people's views. The last relatives survey was carried out in July 2018. We found actions had been taken to address any issues identified. For example, some relatives said they were not aware of the complaints procedure and so the provider displayed details of the complaints process in the entrance and communal areas of the home. We found 33 percent of relatives said the overall impression of the care home was average while, 22 percent said it was good and 44 percent said it was excellent.

The registered manager told us they continuously looked to improve care for people. The registered manager said they previously used high levels of agency staff and to address this they had employed new staff. This had been effective as the home had not used agency workers for the past three months; this ensured consistency with care provision. The registered manager had introduced a 'proud file' to show what improvements had been made. For example, the provider had employed a mini bus driver, which meant people were now able to go out of the home to do activities.

The provider had also introduced a telecare online system and were planning to introduce new ways of working so prescriptions could be obtained online and automatically sent to pharmacies for immediate use.