

Rheola Healthcare Limited

Rheola Care Home

Inspection report

Broad Leas
St Ives
Cambridgeshire
PE27 5PU

Tel: 01480375163

Date of inspection visit:
18 November 2021
03 December 2021

Date of publication:
09 December 2021

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

About the service

Rheola Care Home is a residential care home that was providing personal care to 38 older people at the time of this inspection. The service can accommodate up to 42 people in one adapted building.

People's experience of using this service and what we found

People were safe, risks were assessed, monitored and well managed. A person told us, "I feel very safe, the staff look after me very well." Staffing levels met people's personalised care needs. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. The service was clean and tidy.

People were supported to access health and social care professionals. Dietary needs were assessed, and guidance provided in care plans. People received enough food to eat and drink. People told us they were happy with the variety and choice of the food they were offered.

There were various activities on offer for people to engage in as they wished. Families were welcomed into the service, when guidelines had allowed this to happen. There was a complaints procedure in place and the provider responded to complaints appropriately.

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

People told us the staff were kind and caring. A person said, "The staff are wonderful; they are always doing their best for us." Care plans contained detailed, personalised information. The management team continued to review the care and support provided.

The registered manager and their team carried out regular checks on the quality and safety of the service. The registered manager understood their regulatory responsibilities. People and staff gave positive feedback about the management. A member of staff said, "(The registered manager's) door is always open, they are always checking that we are okay." Staff stated that the registered manager was always open to their suggestions and provided them with support when required.

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

Rating at last inspection

The last rating for this service was good (published 9 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test

the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rheola Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "I feel very safe and if I didn't, I would speak to my family."
- Safeguarding information was available for people and relatives.
- Staff received safeguarding training and recognised signs of abuse. Staff said they were confident to report to the local authority, police and CQC.
 - Staff were aware of the whistleblowing process. One member of staff told us, "I am not afraid to raise anything that concerns me, with the (registered) manager. I feel confident they would deal with it."

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place and had been reviewed regularly. These included areas such as weight management, falls risk, choking, oral health, and moving and handling.
- Regular checks of the safety of the service were completed. For example, safety checks of equipment, alarm systems, fire drills and building maintenance.
- Personal Emergency Evacuation Plans (PEEPs) were up to date and regularly reviewed. They detailed the support each person required to enable them to safely leave the premises in an emergency.

Staffing and recruitment

- The registered manager regularly reviewed staffing levels. Staffing was reflective of people's changing needs.
- Staff responded to call bells in a timely way. One person told us, "Staff come as quick as they can. I do sometimes have to wait but that is when they are very busy."
- The provider's recruitment policy continued to ensure as far as possible that new staff were suitable to work in the service. This included a criminal record checks and references from previous employers.

Using medicines safely

- People continued to receive their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines.
- People's care plans included protocols providing staff with information on how to administer as and when required medicines.
- Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and tidy.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Learning lessons when things go wrong

- The provider continued to demonstrate they assessed and learnt from mistakes.
- The registered manager explained all accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. Staff were informed of any actions through handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff continued to involve people in how they received their personalised care and support. A person told us, "Staff talk a lot about what I need and am I happy with the care I get. I am very happy with living here."
- Assessments of people's needs were supported by advice from other professionals. For example, support of a dietician for meeting a person's nutritional needs.
- Staff were able to explain people's needs and how they supported them.

Staff support: induction, training, skills and experience

- Staff continued to receive appropriate training and had the skills they required to meet people's needs. Training plans were in place which were reviewed and updated on a regular basis. Staff told us the registered manager responded to training requests and was aware of the knowledge and skills that they needed to support people who use the service.
- Staff had regular supervision meetings with the registered manager which supported their development. Staff told us the registered manager operated an open-door policy for informal discussions and guidance when needed.

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

- People told us they were happy with the support they received from care staff with meals and drinks.
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were consistently supported to access appointments with healthcare professionals.
- Staff knew people well and recognised when they needed healthcare support.
- Care plans were in place that instructed staff how to support people to meet their oral hygiene care needs.

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

- Adaptations had been made to ensure people were able to move around the service safely. A handrail was in place along one side of each corridor. Equipment was in place in toilets and bathrooms to allow people to safely use these areas independently.
- People were able to personalise their rooms as they wished. Rooms were individual to people's tastes and

contained items personal to them.

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

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Where people lacked capacity to make certain decisions for themselves, this was recorded in their care records. Capacity assessments and decision specific best interest decisions had been undertaken taking into consideration people's preferences and wishes.
- The registered manager ensured applications to deprive people of their liberty had been made by the service in a timely way.
- Staff were provided with MCA training and understood the principles. They supported people in the least restrictive way. Staff told us people should be given all support available, for example, communication aids, to prove they have capacity, as people's capacity fluctuated.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they continued to receive kind and compassionate care. We saw compliments that said, 'As a family we cannot thank you enough for all the care and love that you have given to [family member].' 'The staff are all amazing and show so much care and compassion.'
- Staff responded to people's distress. For example, staff responded swiftly with kindness and attention to a person who was getting a little upset. Staff knew the level of support needed and how the person preferred their support to be given.
- Staff referred to people by their preferred name.
- Peoples cultural and religious needs were detailed in their care plans. Staff had received training about equality and diversity and were able to explain what this meant for people.

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

- People were being encouraged to make decisions throughout our inspection. For example, choosing their preferred meals, where and who they wished to spend their time with.
- Meetings took place for people using the service where they were encouraged to share their views and opinions about the service.
- Each person's care records provided details of how people communicated and how they wanted their care and support needs met.

Respecting and promoting people's privacy, dignity and independence

- Confidential and sensitive information was safely stored in line with General Data Protection Regulations (GDPR).
- People continued to be treated with dignity and respect. For example, one person told us that staff always knocked on the bedroom door before entering.
- Staff continued to enable people to maintain their independence. For example, when people were supported to eat, staff encouraged them to hold their own utensils but would steady their arm as they brought it up to their mouth.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information about people's history, and personal preferences. Care plans were reviewed regularly or as needs changed. People and their relatives were fully involved in this process as appropriate.
- People's cultural, religious and social support needs were assessed and supported.
- Staff told us they had time to read people's care plans. This was demonstrated through their interactions with people. They knew people's hobbies and interests and what was important to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and gave an example of how information could be provided to a person e.g. in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors were welcomed, relationships encouraged, and families involved in activities. People living at the service had formed friendships with each other.
- An activities coordinator was employed by the service. During our inspection we observed people engaging in Christmas card making, with lots of chatter taking place.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and outcomes shared through team meetings.
- Complaints continued to be responded to in line with the service complaints policy. We saw complaints were resolved promptly and to people's satisfaction.
- People and family felt confident their concerns would be resolved to their satisfaction. One person told us, "If you have a complaint, I will tell the staff and they will sort it out."

End of life care and support

- People's wishes and care for the end of their lives had been considered and were detailed in their care plans. Staff were committed to providing ongoing care and support.
- People's cultural needs were referenced in their end of life care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a positive attitude and was passionate about delivering person-centred care and achieving good outcomes for people.
- Care plans were person-centred. Staff understood the need to treat people as individuals and respect their wishes.
- Staff told us they felt supported, sharing their views through meetings and individual supervisions. Staff told us, "Everyone is friendly," "I enjoy coming to work," "We are one big happy family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families. A comment we read said, "The home manager has been especially wonderful, and nothing has been too much for them when they were supporting my [family member] to move in."

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

- The registered manager had carried out various audits including training records and staff employment checks and acted where improvement was needed.
- The registered manager understood their regulatory responsibilities and had provided CQC with notifications about important events and incidents that occurred in the service, such as falls. The CQC rating was clearly displayed at the service and on their website.

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

- A shared experience survey had recently been completed by the family and friends of Rheola. Overall, the survey was positive with comments such as, 'Rheola feels homely and is local', 'Everyone is so welcoming and caring.' 'The team always keep me in the loop.'
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Regular staff meetings took place and were well attended. These were an opportunity to discuss changes within the service and to identify areas for improvement.

Continuous learning and improving care; Working in partnership with others

- Staff development was supported by the management. Staff had been supported to undertake National Vocational Qualifications (NVQ). These are work based qualifications that recognise the skills and knowledge required for the job role.
- The provider had assessed the impact of COVID 19 on the service and devised a contingency plan.
- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. The registered manager contacted other organisations appropriately.