

Rheola Healthcare Limited

Rheola Care Centre

Inspection report

Broad Leas

St Ives

Cambridgeshire

PE27 5PU

Tel: 01480 375163

Website: www.excelcareholdings.com/care-home/cambridge/rheola-care-centre/

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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



Overall summary

Rheola Care Centre is registered to provide accommodation and personal care for up to 42 people. The home is a converted and extended Edwardian property located near the centre of St Ives. Accommodation is offered on two floors and there are dining and lounge areas on both floors. A separate unit, accessed by a covered corridor, offers accommodation to people living with dementia.

This comprehensive inspection took place on 25 November 2015 and was unannounced. There were 36 people in residence.

There was a registered manager in place. 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.

Summary of findings

People and their relatives told us they were happy with the care being provided at Rheola Care Centre and said they felt safe. They were complimentary about the management and were effusive in their praise of the staff of the home. Several people and their relatives had sent written compliments to the home. We saw that people who lived there and the staff got on well together, had caring, respectful relationships and were comfortable in each other's company.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people were assessed, recorded and managed so that people were kept as safe as possible.

There was a sufficient number of staff on duty to meet people's assessed needs and staff had been recruited in a way that ensured that only staff suitable to work in a care environment were employed. Staff had undertaken a range of training courses so that they were equipped to do their job well. Medicines were managed safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Appropriate applications had been made to the relevant authority to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure

that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and the nutritional needs of people who required special diets were met.

Staff showed that they cared about the people they were looking after. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People were involved in the planning of their care. Staff gathered as much information as possible about each person so that care plans were personalised. This meant that people received the care they needed in the way they preferred. Some activities, outings and entertainments were offered to people although some improvement was needed in this area. People knew how to complain and complaints were responded to in a timely manner.

There was a homely, friendly and open culture in the home. People and their relatives were encouraged to share their views about the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the service could continue to improve. Audits of all aspects of the service were carried out to make sure that the best possible service was provided. Records were maintained as required.

Summary of findings

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.

Staff had been recruited in a way that ensured they were suitable to work in a care environment. There were enough staff on duty to make sure that people's needs were fully met.

People received their medicines safely and as they were prescribed.

Staff had undertaken training in safeguarding and knew how to keep people safe from harm. Potential risks to people were identified, assessed and managed so that the risks were minimised.

Good



Is the service effective?

The service was effective.

Staff were aware of their responsibilities to protect the rights of people who lacked the mental capacity to make all their own decisions.

People were cared for by staff who had received training and support to enable them to do their job properly.

People's health was monitored by the involvement of a range of healthcare professionals. People received sufficient appetising and nutritious food to meet their nutritional needs.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful in their interactions with people who lived at the home.

People were treated with respect and staff encouraged people to retain their independence. Staff supported people in a way that upheld their privacy and dignity.

Personal information about people was kept securely so that their confidentiality was preserved.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and contained sufficient, up to date information and guidance to ensure that the care delivered by staff was consistent.

Some activities, outings and entertainment were provided so that people were kept occupied.

People knew how to make a complaint and complaints were responded to within the timescales of the provider's policy.

Good



Is the service well-led?

The service was well-led.

People, relatives and staff were complimentary about the management of the service.

The home had an open culture, which encouraged ideas for improvement from everyone involved.

Good



Summary of findings

Records were accurate and complete and notifications had been sent to CQC as required by the regulations.	
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Rheola 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 was carried out by an inspector and an expert-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. The expert-by-experience at this inspection was a carer for elderly relatives.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. The provider updated their PIR following the inspection and we took this into account when we wrote the report.

We spent time in the lounges and dining areas where we observed how the staff interacted with people who lived at Rheola Care Centre. We used the Short Observational Framework for Inspection (SOFI) in one of the lounges. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at the home, five visitors, four care workers, two healthcare professionals, the deputy manager and the registered manager. We looked at three people's care records as well as some other records relating to the management of the home. These included the complaints and compliments folder and some of the quality assurance audits that had been carried out.

Is the service safe?

Our findings

People told us they felt safe at Rheola Care Centre. When we asked one person what the best thing was about living at this home, they said, “Feeling safe.” People’s relatives also told us they felt their family members were safe. One said they were sure that staff looked after their family member well and they would not come to any harm. Another relative said, “We were never worried, we knew [our family member] was safe here, it was home here.” A third told us they had never heard staff shout at anyone or speak inappropriately.

Staff demonstrated that they had a good understanding of safeguarding people and would recognise if people were at risk of harm. They told us they had undertaken safeguarding training and were aware of their responsibility to report any safeguarding concerns. They said they would report to the manager and also knew the external agencies to report to if necessary. We saw posters around the home which gave everyone contact details for the local safeguarding team. A visiting healthcare professional told us that they had never heard or seen anyone being treated in a way that caused them any concern. They said that people “seemed happy” and, “There’s nothing to make me think that something’s not quite right.” Another healthcare professional told us, “I’ve never had any concerns. If I did I would speak to [the registered manager] or to my safeguarding lead.”

There were systems in place to reduce risks to people. Care records included assessments of potential risks to each person, which showed that risks had been identified, assessed and regularly reviewed. These included risks involved with falls, nutrition, pressure areas and moving and handling. Actions and guidance for staff had been put in place so that any potential risks were minimised. Staff were aware of the risks and the guidance for the people they were supporting. One relative told us that their family member had suffered a number of falls. Staff had realised that this was because of her medication so had worked with the GP to find a solution.

The registered manager told us that the building complied with the fire service regulations and environmental requirements. She said that health and safety and fire risk assessments were in place for all areas of the home and showed us that all safety checks such as fire alarms, emergency lighting, water temperature, portable

appliances and legionella had been carried out regularly. There was an evacuation plan in place so that people could be safely evacuated, for example in the event of fire or flood.

We asked people, their relatives and staff about the levels of staffing in the home. A number of relatives made comments including, “There are times when they are thinly stretched”; “Sometimes they are under pressure”; and “They do get a bit snowed under sometimes.” However, healthcare professionals who visited the home regularly told us that there were always enough staff around to help them if they needed it and that no-one had ever told them there were not enough staff. On the day of our inspection we saw that staff were busy but they had time to sit and talk to people and call bells were answered in a timely manner. One relative said that their family member had liked “one to one attention” and that staff had given them that.

Staff told us that there were enough staff and additional staff were on duty if people’s needs meant that they required extra support. They also said that the managers always helped out “hands-on” if staff were busy. The registered manager told us they used a dependency tool to calculate the number of staff needed. We saw that people’s dependency levels were monitored and regularly reviewed.

The provider had a robust procedure in place to make sure that only staff suitable to work in a care environment were employed. Staff confirmed that they had completed an application form and attended for interview. They said that all the required checks, such as a criminal record check, references from former employers and proof of identity had been carried out before they had started work at the home. On employment, they had been provided with a thorough induction, which included training in topics such as safe moving and handling and safeguarding adults from harm.

Staff we spoke with knew about the provider’s whistleblowing policy. One member of staff told us, “100% I would report a colleague if they were doing something wrong.” They were confident the registered manager would listen and act appropriately to address the issue.

We checked how medicines were managed. Medicines were stored safely and within the correct temperature range. Each person had a care plan in place, which guided staff on the way the person liked to take their medicines. Protocols were in place for medicines prescribed on a

Is the service safe?

‘when required’ basis. Medication Administration Record (MAR) charts showed that staff had signed the records when they had given people their medicines. We checked the amounts of some medicines remaining in their original packets and we found that the amounts tallied with the records.

Staff confirmed that they had received training in giving medicines safely and correctly and they told us that the

registered manager regularly checked their competence to give medicines. We found a couple of instances where the records had not been fully completed. However, we had confidence that the registered manager would ensure that in future the checks already in place would include these areas. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

Staff told us they had undertaken training in a range of topics so that they were fully equipped to carry out their role. They said their training started during their induction and continued during their first twelve months until they had been trained in all the required topics. Refresher training was made available to them at the intervals necessary for each topic, such as medication training every 12 months. The management team also carried out observations of staff practice and completed competency assessments in certain topics to ensure that standards were maintained.

The registered manager stated that all staff received formally recorded supervision from their line manager at least six times a year and an annual appraisal. Supervisions and appraisals were used to praise staff where they had done well and identify any further development needs. Staff had been offered a range of more in-depth training, such as diplomas in care and specialist dementia training. Staff told us they felt very well supported by the management team. They said as well as formal sessions, they knew the registered manager had an 'open-door' policy and they could ask anything at any time.

This meant that the provider had taken steps to ensure that staff had the knowledge, skills and support to provide effective care to the people who lived at Rheola Care Centre.

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. The application 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 MCA. All staff had undertaken training on the MCA and DoLS. A mental capacity screening tool was used to initially identify if a formal capacity assessment was

required and these were included in each person's care plan. Staff demonstrated a sufficient knowledge of the principles of the Act. Staff understood that even if a person had been assessed as not having the capacity to make a decision such as to leave the home unsupervised, they could still make decisions about their everyday lives. People confirmed that staff gave them choices and respected their decisions and we saw this in practice. Applications for authorisation to deprive people of their liberty, when necessary to keep people safe, had been made to the relevant authority. This meant that people's rights in this area were protected.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs had been assessed, recorded and regularly reviewed. Where the assessment showed that the person might be at risk of malnutrition, staff had sought professional advice from a dietician. The manager told us that homemade supplements and a fortified diet were provided for people who needed them. Staff were aware of people who were at risk and they ensured that additional support and supervision were offered in order to reduce the risks. At lunchtime we saw that staff were very attentive to everyone, but particularly to people who needed their assistance.

Staff told us that a full cooked breakfast was available to people every day if they wanted it. One person told us they always chose to have a bacon sandwich. People and their relatives were very impressed with the food. They said that there was always a choice of main course at lunchtime, with alternative meals, such as an omelette, available if they did not like what was on the menu. One person said, "The food is excellent. I can't grumble." A relative told us, "The food is really good, it's all freshly made." Another relative said their family member "is eating a lot better here than when s/he was at home."

One person told us, "We always have jugs of juice with us in the lounge" and we saw that people in their bedrooms also had jugs of their choice of drink within their reach. Hot drinks were offered regularly throughout the day. Special diets were catered for. One person told us that their medical condition meant they needed a special diet. They said the cook always made sure they had plenty of the right foods to eat. If people were at risk of malnutrition or dehydration, charts were put in place on which staff recorded what the person had eaten and/or drunk. In this

Is the service effective?

way the person's food and fluid intake was monitored. People were weighed regularly and staff reported any weight loss or gain to the managers so that action could be taken if needed.

People's healthcare needs were met by the involvement of a range of healthcare professionals who visited the home. We spoke with two healthcare professionals who said staff were very good at referring any issues that people had with their health to them. They also said that staff were very efficient and they were good at following any advice they were given. They said, "It's because they [staff] care so much and want to make sure they're getting it right."

One person told us that they had attended an appointment at the hospital recently and another showed us that staff supported them to follow the advice of the GP. Relatives told us that their family members had regular appointments with chiropodists, opticians and dentists. We noted that these appointments had been recorded in people's care records and any required changes had been made to the person's care plan. Another relative told us how impressed they were with the care given to their family member by the GP, district nurses and the staff of the home. This meant that suitable arrangements were in place to support people to maintain good health and well-being.

Is the service caring?

Our findings

People and their relatives all made very positive comments about the staff. People's comments included, "They're very good to us"; "The carers are very caring. If you're not well, they're there"; and "You couldn't wish for a better group of girls." One relative said, "This place is amazing, I'm so impressed. [My family member] has the best care possible, I've never known carers be so good."

Positive comments were also made about the level of care that the staff provided. One person said, "I can't fault them." A relative told us, "The staff are very friendly. There's a couple that really look after [my family member]." Another relative said, "The care here was amazing...they loved her like we loved her." A healthcare professional told us, "I think they're great here. The care's really good."

The registered manager told us, "We're really lucky here with staff, we have a really good team. They really care. The majority of our staff really do have a passion for it [the job]."

We saw that people who lived at the home and the staff got on well together and were comfortable in each other's company. Interactions between them were warm, friendly, caring and respectful. We saw staff talking to people in a calm, reassuring way and always referred to each person by their name. People told us that staff respected their privacy. One person said, "They knock on the door." We saw this in practice: staff knocked on bedroom doors and waited to be invited in before entering the room. Another person told us that staff waited outside the bathroom when they had a bath, just in case they needed them. Staff did not enter the bathroom unless the person asked them to. We saw staff sit, bend or kneel down so that they were at the person's level when they were talking to them.

Staff met people's needs in a caring and compassionate way. They offered assistance with personal care discreetly and we saw that bedroom and bathroom doors were closed when people were receiving personal care. We saw one staff member assist one person into a wheelchair. They made sure the person was comfortable and adjusted the person's clothes to preserve their dignity.

Care plans had been written in a personalised way that gave staff guidance on how to support the person to maintain their independence. People's preferences were

included in the care plan so that staff were able to offer people choices in all aspects of their daily lives. We saw that staff supported people to maintain their independence at mealtimes by only offering assistance when it was really needed. In one lounge we saw a member of staff ask one person to explain how to play the game of dominoes to her before they started the game. The person was clearly pleased to have been asked.

Lunchtime was calm and relaxed. Tables were attractively set with table cloths, serviettes, full cutlery and drinking glasses. Staff made sure people were comfortable where they were sitting and that they had everything they needed so that they could enjoy their meal. Medicines were not given to people during lunch so that the meal was not interrupted. Staff told us that medicines were never given to people during meals.

People's relatives and friends could visit at any time. One relative told us that because of their own work commitments they often visited early in the morning. They said it had never been a problem for the staff. All relatives told us how welcoming staff were when they arrived at the home and they were always offered a drink. They could stay and have a meal with their family member anytime they wanted to. One relative said, "They always speak to us when we come – it's very reassuring."

People's care records were kept in locked cupboards, which were only accessible to staff. People could choose to look at their records, or share them with their family but only if they wanted to. This meant that people's privacy and confidentiality were maintained.

The registered manager told us that advocacy services were advertised around the home so that people could contact an advocate if they wished to. They said that at the time of the inspection there were no advocates involved as everyone who lived at Rheola Care Centre had relatives to act on their behalf if needed.

One set of relatives were visiting the home following their family member's funeral, to thank the staff. They were effusive about the care the staff had given to their family member and could not find the words to fully express their gratitude. They said, "All we can say to any new families is, it's everything you could ever ask for. They treat people with dignity and really care about them."

Is the service responsive?

Our findings

The registered manager told us that all the people who lived at Rheola Care Centre had a comprehensive pre-admission assessment of their needs. Risk assessments were carried out and a care plan developed to deliver personalised care to each individual. Staff were given as much information about each person as possible, before the person moved into the home, so that they could get to know the person. Staff adapted the way they engaged with each person to meet that person's individual needs.

We looked at three people's care records. Care plans were written in a personalised way and gave staff detailed guidance on the way that person preferred to be supported in all aspects of their lives. Care plans were cross-referenced to risk assessments and to care plans relating to other aspects of the person's care. Care records included information about people's life history and people's likes and dislikes. Information was added as staff got to know the person better.

Relatives told us that when their family member moved into the home they were all involved in discussing and deciding with staff the care and support their family member needed. They said that staff "took on board straight away" what their family member liked and did not like, which helped the person settle in. They were always kept informed if there were any changes to the care required by their family member and they were asked to confirm that updated care plans met their family member's changing needs. Other relatives also told us that communication from the staff was excellent so that they always knew what was happening with regards to their family members.

Relatives told us that staff "knew the little things, like [their family member] liked their toast without crusts on and would only take their medicines if the water was tepid, not cold."

The provider had developed a 'resident of the day' scheme. Each day one person was 'resident of the day' and staff worked hard to make sure that the person had a special day. The person could choose what they did, for example one person chose to eat at a local curry house and another wanted to be taken into town to place a bet. Several of the women chose to be pampered for the day, having hand and foot massages and their nails done. Relatives were

invited to discuss the person's care plan, if the person wanted them involved, and their care records were checked to make sure they were up to date. One person's relatives told us that staff had offered to plan a tea party when their family member was 'resident of the day', because they knew that was what the person would like. They provided a "whole trolley stacked with food - sandwiches, cakes and crisps". They told us, "It was just so nice."

Relatives gave us an example of the way staff adapted the support they gave in response to an individual's needs, without any fuss. On occasion their family member would sit down on the floor in the corridor and refuse to move. Staff provided blankets and cushions to make the person comfortable, made them a cup of tea and sat on the floor with them, chatting until the person was ready to move.

The home had a planned activity schedule, which was organised by the activity coordinator based on what people had expressed an interest in. Some activities were organised as group activities and some on an individual basis. On the day of the inspection we saw a group of people in one unit making Christmas cards and staff playing games with individual people. People were encouraged to join in activities of daily life, such as watering plants, folding laundry and setting the tables for meals. Some entertainments came into the home and some outings had been arranged. The registered manager said, "Staff have an understanding of the importance of meaningful activity and can adapt the way activities are provided to suit the person they are working with."

However, some people and some staff felt that the range and amount of activities could improve to give people more to do. Two people were filling in colouring-in pictures. One of them said, "We've got to be busy or we'll be bored to tears."

The provider had a complaints policy and procedure in place, which was advertised around the home. The manager said that all staff, including the management team, made a point of talking to people all the time, making sure they were satisfied and any issues were addressed. People and their relatives told us that they knew how and to whom to complain if they needed to. One person said they had no complaints but would know what to do if they were concerned about anything. Another person said, "I've no complaints." A third person said they did not have any complaints but "they give you the

Is the service responsive?

opportunity if you want to criticise.” A healthcare professional said, “I’ve never heard anyone complain.” Staff demonstrated that they would respond appropriately if anyone wanted to complain.

The registered manager showed us that they had received three formal complaints in the last 12 months. The complaints had been responded to within the timescales of the policy. Two of the complaints related to people who

stayed at Rheola Care Centre for a short break. As a result, an ‘exit questionnaire’ had been introduced to gather feedback. Staff asked people to complete the questionnaire before they left so that any issues could be addressed. The registered manager said that any trends were analysed and improvements made wherever possible.

Is the service well-led?

Our findings

People told us they were happy living at Rheola Care Centre and their relatives were very appreciative about the care being delivered by the staff. One relative said, “I couldn’t say to anyone enough that your family members would be safe and loved here. The difference between a standard care home and an exceptional one, which this is. We’re very lucky [our family member] came here.”

The home had also received many written compliments from people and their relatives. Comments included, “If you would have me I would come back tomorrow. I’ve never known such lovely people”; “I just want to say thank you for allowing us to be part of the Rheola family”; “I just wanted to thank you from the bottom of my heart for the way you all cared for my [family member]”; and “I would like, on behalf of all the family, to thank everyone involved with my [family member] for the exceptional care, affection and love shown to them during their stay at Rheola – it was brilliant and, I must say, beyond our expectations.”

Rheola Care Centre had strong links with the local community. They had joined a local ‘Time Bank’ scheme, which enabled the home to earn and spend ‘time credits’. For example, the home’s hairdresser had earned credits by going to the homes of people in the community to do their hair. The home had spent some credits by inviting the local scout troop to come and plant hanging baskets with people who lived at the home. Local churches held services at the home and there were links with schools and the local leisure centre. Staff took people into town on market day and some people went to local restaurants for a meal.

There was a registered manager in place. The registered manager had been in post for nearly three years. People knew who the manager was and she was well liked and respected by people who lived at the home, their relatives and the staff. One member of staff told us, “The residents all love [the registered manager’s name].” Another said, “[The registered manager’s] really supportive and treats everyone the same.” A third member of staff said, “I’ve no complaints about the management they’re helpful, hands-on and there when we need them.” A healthcare professional told us, “We can always find whoever’s in charge. The managers are very much involved with the residents and have a good knowledge of the residents and their visitors.”

Staff told us they enjoyed working at Rheola Care Centre and that they worked well as a team. One staff member told us, “I really like it here, everyone’s really nice and friendly. I wouldn’t change anything.” A healthcare professional described the culture of the home as “homely, friendly and the residents are all treated with respect.”

The provider had a range of systems in place to make sure that the service delivered by the staff was of the highest possible standard.

People who lived at the home, their relatives and the staff were all given opportunities to formally comment on the standard of the service being offered. This was so they could feed back what was done well and where improvements could be made. Meetings for people at the home and their relatives were arranged regularly. Staff said that some relatives turned up and took the opportunity to discuss what could be improved. Other relatives told us they knew they could speak with the registered manager or deputy manager at any time so had no need to attend a meeting. The provider sent out an annual written questionnaire to people and their relatives. Responses were collated into a report and an action plan put in place if improvements had been requested. Staff meetings were held monthly and all staff received regular supervision and appraisals.

The management team carried out a range of audits, covering all aspects of the service. These were done weekly or monthly and the registered manager produced a report for the provider, with an action plan if one was required. The provider’s representative also carried out regular audits of the service.

Staff were rewarded for outstanding practice. Each month, people who lived at the home, their relatives, visiting healthcare professionals and staff were encouraged to nominate individual staff members to receive the ‘employee of the month’ award. The winner each month received a monetary award as well as a certificate stating why they had been nominated.

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.