

Turning Point

Reevy Road Care Home

Inspection report

60 Reevy Road West
Bradford
West Yorkshire
BD6 3LH

Tel: 01274691035

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24 April 2019
30 April 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service: Reevey Road is a residential care home which can accommodate up to 24 people. At the time of this inspection, the service was providing 19 people with accommodation and personal care.

People's experience of using this service:

The service continued to be safe. People were protected by staff who knew them well and understood how to prevent avoidable harm. Risk assessments had been carried out and guidance given to staff to promote people's well-being.

Pre-employment checks on staff were undertaken to see if they were suitable to work in the service. Once employed, staff were supported through an induction, training and supervision.

Systems were in place to manage people's medicines safely. Staff had been trained on how to correctly administer medicines.

Relatives told us staff and the registered manager were responsive to any concerns they wished to raise about the service.

Staff were aware of people's dietary needs. The menu gave people choices and met the needs of people of differing religious backgrounds. Staff treated people equally and respected their preferences.

The building was clean, tidy and free from odours. Adaptations had been made to the building which supported people's free movement around the home.

Documentation was up to date and accurate. Staff worked in partnership with families and professionals from different backgrounds to seek information, advice and guidance on how to meet people's needs..

Staff had developed end of life plans with people and their relatives if it was appropriate. However, they also respected people's wishes not to discuss this sensitive issue.

We found people were treated with kindness. Staff had been trained in dignity and had certificates to say they had become dignity champions.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005)

were followed.

The service continued to be well led by a registered manager who carried out a comprehensive review of the service when they came into post in October 2018. This led to an action being developed to make service improvements. Relatives and staff were complimentary about the registered manager and the changes they were making to improve the service.

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

Rating at last inspection: Good. (Last report published October 2016).

Why we inspected: This was a scheduled inspection based on previous rating to check that this service remained Good.

Follow up: We will continue to monitor this service with partner agencies and through information sent to us by the provider. Our next inspection will be carried out in line with our inspection scheduling unless information of concern comes to light. Should concerns arise we may bring forward our next inspection.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Reevy Road 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector

Service and service type: Reevy Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was an unannounced inspection.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information together with information sent to us about events in the service to plan our inspection. We also contacted professionals including local authority commissioners and the local authority safeguarding team.

During inspection: We spoke with two people who used the service and carried out observations of people who could not speak for themselves. We spoke with five relatives. We also spoke with six staff including the registered manager, senior care staff and care staff.

We reviewed three people's care documents and gathered information from other records held by the provider. These included records about medicines, complaints, audits, and accidents and incidents.

After inspection: We reviewed the information gathered during our inspection visit and contacted relatives by telephone to seek their views.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were trained in safeguarding and were aware of how to report any concerns.
- People's finances were safely managed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks to people had been assessed in detail. Staff understood people's personal risks and knew how to avoid harm to people.
- Monitoring of the safety aspects of the building were routinely carried out. Checks on gas, electric and water supplies had been completed. Fire safety arrangements for the home was in place.
- Accidents and incidents were monitored by the registered manager.
- Staff felt they were learning lessons on how to improve the service from the registered manager and avoid things going wrong. Lessons learnt were discussed during staff meetings.

Staffing and recruitment.

- The provider had a safe recruitment process in place. Pre-employment checks were carried out before staff began working in the service to check they on their suitability.
- The registered manager carried out checks on agency staff to see if they were suitable to work in the service.
- There were sufficient staff on duty to meet people's needs.

Using medicines safely.

- Medicines were safely used by staff. Staff were trained in the receipt, storage, administration and disposal of medicines.
- During our inspection the service was changing from receiving people's medicines in pre-prepared dosette boxes to receiving medicines in their original packaging. Suitable arrangements had been put in place to manage this transition.

Preventing and controlling infection.

- Actions were in place to ensure the spread of infections were minimised. The home was clean, tidy and did not have any malodours.
- People's laundry was individually washed. The laundry was arranged to avoid cross contamination between clean and dirty clothes.

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.

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.

- Assessments of people's needs were detailed and in line with national standards. Professionals with specialist knowledge had contributed to the assessments. Staff had appropriately challenged professionals to seek the correct advice and deliver the right care. For example, staff had sought further clarity from a professional about a person's epilepsy diagnosis.
- Separate files were held on health care needs as people using the service had often complex and enduring health issues. These included advice and guidance on the use of equipment.
- People's choices were documented. For example, people's preferences to have their personal care delivered by male or female staff were noted. Daily records showed people's choices were respected. A relative commented, "They know [person] well."

Staff support: induction, training, skills and experience.

- Staff were supported through a period of induction to familiarise themselves with the service and gain the necessary experience to work alone.
- The registered manager had identified where there had been gaps in staff training and had set a date by which all staff were required to update their training. Staff were working through this task.
- Since coming into post the registered manager ensured everyone had received supervision. They had continued to monitor the frequency of supervision meetings.

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

- There was a menu in place which provided people with choices for a balanced diet. The menu met the dietary requirements of religious groups. Suitable daily snack choices were available.
- Throughout our inspection people were offered drinks to maintain their fluid levels.
- Staff had been trained and assessed as competent to support people who needed a tube in their stomach to receive their nutrition.
- Relatives told us they had seen improvements to the presentation of pureed food.

Staff working with other agencies to provide consistent, effective, timely care.

- Evidence in people's files showed regular contact with other agencies to seek their advice and guidance to provide effective care.

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

- Adaptations had been made to the building to meet people's needs. Kitchen facilities were provided for people who wished to be more independent. Signs on toilets and bathroom doors supported people to orientate themselves around the home.

- Equipment was provided in a sensory room which was open for people to access.

Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to attend appointments and welcomed other healthcare professionals into the home. A healthcare professional visiting the home told us staff followed the guidance they provided.
- People were supported to participate in activities which supported their well-being.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were provided with training in the MCA and DoLS and had carried out mental capacity assessments. These had resulted in best interest decisions being used to decide on how to meet people's care needs.
- Appropriate DoLS applications had been made to the local authority. These had been granted and the service had arrangements in place to keep people safe.
- Mental capacity assessments had been carried out and best interest decisions had been made in collaboration with relatives and other professionals.

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.

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 were well-treated by staff who understood their needs and were able to anticipate their requirements. One relative told us, "Staff know how to look after [person]."
- People approached staff and looked comfortable and relaxed around them. There was a friendly and caring atmosphere in the home. Staff treated people with kindness.
- The registered manager had documented feedback given by professionals and other visitors to the home. There were many examples of positive feedback which described staff providing good support to people.
- Relatives had differing experiences of the staff. Whilst some relatives told us staff made them feel welcome and said they were, "Always offered a cup of tea", other relatives did not feel so welcome. Relatives would have liked new staff to introduce themselves when they arrive. The registered manager told us they would raise this issue in the next staff meeting.
- People's diverse needs were respected by staff who had been trained in equality and diversity. One relative told us staff treated people, 'fairly'.

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

- Throughout our inspection staff offered people choices. People who were not able to verbally communicate were given options by staff. Their responses were considered as staff found ways to understand what people wanted.
- Staff chatted to people and sought their consent before supporting them.
- Advocacy services had been used by the staff to support and represent people's views.

Respecting and promoting people's privacy, dignity and independence.

- People's independence was promoted by staff in different ways according to each person's abilities. People were able to move around the whole building and could choose where they wanted to be.
- Staff had been trained in dignity and had become dignity champions. They ensured personal care took place in private where people's dignity was preserved.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff delivered personalised care. The registered manager had implemented improvements to the care files. Care plans and health plans documented individual needs and provided the necessary guidance to staff. These were regularly reviewed.
- Staff had a good understanding of people's needs and preferences. They gave people choices throughout our inspection. For example, a person who was unable to communicate verbally was expressing dissatisfaction. Staff worked through all the items they knew the person liked before the person settled on holding their preferred item.
- Arrangements were in place for some people to have individual time with staff members to support their personal interests. These were used during our inspection to enable people access community facilities of their choice. People who stayed in the home were provided with activities.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy. There had been one complaint made since our last inspection to which the registered had responded appropriately.
- Relatives told us they had not needed to make a complaint. They said if they had wished to discuss any aspect of a person's care, the staff and the registered manager was responsive to them.
- We fed back to the registered manager issues raised by relatives during our telephone calls. They had already begun to address the issues and told us they would report back what steps they had taken at the next relatives' meeting.

End of life care and support.

- Staff had worked with people and their families to record end of life wishes when appropriate. Staff explained to us that not everyone wanted to discuss this sensitive issue and they respected their wishes.
- For people who did not have the constant support of relatives, appropriate funeral plans had been put in place by the service.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- The registered manager had devised a robust action plan to improve the service which had been reviewed and updated. They accounted for the service in a quarterly report to the local authority.
- Relatives welcomed the positive changes the registered manager was making.
- The management team understood the duty of candour and were aware of their responsibilities. The registered manager understood the need to advise CQC of events in the home.
- The area manager had reviewed the service every two months.
- Actions taken to improve the standards of care had provided learning opportunities for staff. The registered manager was clear with staff about the standards of behaviour expected of them.

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

- Relatives and staff were engaged in the service. A quarterly relatives' meeting had been set up by registered manager. They had sent out their contact details to relatives should they wish to comment on the service. Comments from professionals were entered on an electronic system and actions taken where necessary. The registered manager had plans to carry out surveys.
- Staff employed in the service were from diverse ethnic backgrounds and mirrored the composition of people using the service.
- Relatives told us people who used the service were treated fairly. The service supported some people with additional complex learning disabilities. Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. For example, staff had identified and documented risks to people of social isolation due to their disabilities. This resulted in guidance to staff on how to engage them and involve them in the service.

Working in partnership with others.

- Staff worked in partnership with a variety of professionals from different backgrounds to meet people's needs. Family members told us staff worked in partnership with them. One relative told us, "The [registered] manager is really good." Other relatives echoed this opinion.
- Staff ensured people were ready each morning for their transport to the day centre.