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Rielly's House Limited

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

The inspection took place on the 26 March 2016 and was announced. We gave the provider 24 hours' notice. This was due to only one person currently living at the service and we needed to be sure they were in. Rielly's House provides care and accommodation for up to three people living with mental health issues.

The service had a registered manager in post. 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.

We were supported by the registered provider and registered manager during this inspection. They both lived on site, with their family, and with the one person currently living in the service.

We spoke and spend time with the person who lived at Rielly's House. They were able to tell us about all aspects of their care and about the support they received. They told us they were happy with the service and how their needs were being met.

The service does not employ other staff to work at the service as this person lives as part of the registered providers and registered manager's family. Policies and procedures were in place should the service employ staff when the number of people living in the service increases.

People were relaxed and observed to be happy with the registered manager, registered provider and their family. Care records were detailed and personalised to meet their needs. People were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

Care records contained information that described what personalised care and support people needed. Where appropriate health and social care professionals were involved in identifying people's needs. People preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies.

People were supported to maintain a healthy balanced diet. People enjoyed the meals offered and had access to snacks and drinks at any time. People were involved in planning menus, food shopping and preparing meals as much as possible. People were supported to say if meals were not to their liking.

People had their medicines managed safely and received their medicines as prescribed. People were

supported to maintain good health through regular access to health and social care professionals, such as GPs and psychiatrists.

The service supported people to share their concerns and complaints. The registered manager confirmed that, whilst they had never received any form of complaint, if they did, they would investigate the matter thoroughly. The outcome would be used as an opportunity for learning to take place.

People were kept safe and protected from discrimination. The registered manager and registered provider had undertaken training on safeguarding adults from abuse and equality and diversity. They displayed good knowledge on how to report any concerns and described what action they would take to protect people from harm.

People had their needs met by the registered manager who was appropriately trained and had the correct skills to carry out their roles effectively. The registered manager followed safe infection control processes.

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 was safe.

The registered manager and registered provider had the knowledge and understanding of how to recognise and report signs of abuse.

Risks had been identified and managed appropriately. Systems were in place to manage risks associated with people's individual needs.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Safe infection control procedures were in place.

Is the service effective?

Good ●

The service was effective.

People received support from the registered manager and registered provider who had the knowledge and training to carry out their role effectively.

The registered manager understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. People were assessed as required.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet. People could have drinks when they wanted to keep them hydrated.

Is the service caring?

Good ●

The service was caring.

People had formed positive, caring relationships with the registered manager and registered provider.

People were treated with kindness and respected by a registered manager and registered provider who were both caring and compassionate.

People were encouraged to make decisions and have choices about their day to day lives and to express their views.

Is the service responsive?

Good ●

The service was responsive.

People received individual personalised care. People received care and support to meet their individual needs.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People's complaints and concerns were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

There were clear systems of leadership and governance in place.

There was an experienced registered manager and registered provider in post who people said they speak too.

There were systems in place to monitor the safety and quality of the service. Audits were completed to help ensure risks were identified and acted upon.

Rielly's House Limited

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 checked 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.

The inspection was undertaken by one inspector on the 26 March 2016 and was announced. We gave the provider 24 hours' notice so we could be sure there was someone at home.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

We were supported by the registered provider and registered manager throughout our visit. People were able to communicate with us to give us their views about the service. We also observed how people responded and interacted with the registered provider, registered manager and their family members. We observed the care and support.

We looked around the premises. We looked at one record which related to the person's individual care needs. We looked at their medicines records. We also looked at records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People said they felt safe living in Rielly's House. People looked comfortable and at ease with the registered manager. One person said; "Yes, I feel safe here with [...] and [...] The registered provider and registered manager".

The service does not employ any other staff to work at the service as this person lives as part of the registered providers and registered manager's family.

People lived in a secure and safe environment. Smoke alarms were tested and evacuation drills had been discussed to help ensure people knew what to do in the event of a fire. People had an up to date personal emergency evacuation procedure in place which detailed any support required in the event a fire to keep them safe.

The registered manager and registered provider understood what abuse was and how to report it. The service had safeguarding policies and procedures in place. The registered manager and registered provider confirmed they had completed safeguarding training. They knew what steps to take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. They were aware of who to contact externally for further advice and support should the need arise.

People had risk assessments in place. The registered manager spoke about how they supported people when they went out. They confirmed they had information in place on how to manage risks for individuals to ensure people were protected. People received individual one to one support and the service liaised with other agencies to support people's individual needs when required.

People's finances were kept safely. Keys to access people's money were kept safe and money was signed money in and out by the individual. Receipts were obtained when needed to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited. People had their money overseen by the court of protection.

Accidents were recorded. The registered manager and registered provider knew if other relevant agencies needed to be informed of any incidents and significant events as they occurred.

People's medicines were managed safely. All medicines were locked away. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. The registered manager confirmed they discussed people's medicines with the pharmacist and understood the importance of the safe administration and management of medicines.

People were kept safe by a clean environment. Infection control procedures and current guidance was followed. One person said; "My room is always nice and clean." All areas we visited were clean and hygienic. Protective equipment such as gloves were readily available to reduce the risk of cross infection when required.

Is the service effective?

Our findings

People were supported by a registered manager and registered provider that were skilled and knowledgeable and effectively met people's needs. The registered provider is currently undertaking a social work degree and this included updated training needed to meet people's needs.

The registered manager said they would carry out an induction for any staff employed if the number of people living in the service increased. The registered manager and registered provider were aware of the Care Certificate (a nationally recognised induction training course for staff new to care) and if staff were employed would complete this as part of their training.

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 home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's living in Rielly's House had capacity. We spoke to the registered provider and registered manager about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered provider had completed MCA and DoLS training as part of their social worker degree they were currently undertaking. They were aware of the assessment process to follow if people's ability to consent to their care changed or people required to be deprived of their liberty and freedom to keep them safe.

We observed the registered manager asking people's consent before providing support. The registered manager said they always asked for people's consent before starting to meet any personal care. The person concerned confirmed they were asked if they needed support and staff respected their choice. The registered manager and registered provider said they ensured people had choices at every level, such as what people wanted to eat.

People had care records that had been updated with information to help ensure people's needs were effectively met.

People had access to local healthcare services and specialists. The registered manager and registered provider confirmed discussions were held with a person's GP or other health professionals regarding changes in people's needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided. For example, visits to see a hospital consultant.

People made choices on what they wanted to eat and drink and had access to the kitchen at all times. Meals were discussed with individuals when needed. People were encouraged to help prepare their own drinks and food where possible. People who required it had their weight monitored and the registered manager was familiar with people's individual nutritional needs.

We observed the registered manager and registered provider offering people a choice of food and drinks and their preferences were respected. We observed people being supported when required.

Is the service caring?

Our findings

People were treated with respect and the registered manager and registered provider were both kind and caring. They were friendly, patient and discreet when offering support to people. The person we spoke with said this was normal. We observed and heard positive interactions between the registered manager, the registered provider and people when they were being supported. The registered manager said they asked people before providing care to ensure the person concerned understood and felt cared for. People said; "They look after me well."

The registered manager and registered provider knew the people they cared for well for example how people liked their drinks. We observed the registered manager and registered provider chatting with people throughout our visit. They provided reassurance when needed. These interactions clearly pleased people and we observed it helped people relax and they appeared happy.

People had support from the registered manager and registered provider who had the knowledge to care for them. The registered manager and registered provider understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices to help promote their independence. They involved people and knew what people liked and disliked and what they enjoyed doing.

People were supported to express their views and encouraged to be actively involved in making decisions about their care. Advocacy services were used when needed to support people who were unable to do this independently.

People had their privacy and dignity maintained. The registered manager fully understood what privacy and dignity meant in relation to supporting people. Respecting people's dignity, choice and privacy was part of the home's values. People dressed to their liking. The registered manager told us they always made sure people dressed smartly particularly if they were going out. The registered manager and registered provider spoke to people respectfully and in ways they would like to be spoken to. One person said; "Yes, they respect my privacy."

The registered manager and registered provider showed concern for people's wellbeing. They were attentive and responded to people's needs.

People's relatives and friends were able to visit at any time. The registered manager recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. One person confirmed they saw their relative regularly and also spoke to them on the phone.

Is the service responsive?

Our findings

People's care was planned in a personal way to ensure they were in control of their care and how they wanted staff to look after them. People were able to express their views with planning and reviewing their own care and making decisions about how they liked their needs met.

People had information in place so specific needs were met in a way they wanted and needed. This enabled the registered manager and registered provider to respond to people's needs in situations where they may require additional support. The registered manager and registered provider confirmed they were aware when people became anxious or upset and would respond quickly to support them.

People had information that told the registered manager and registered provider about a person's life history, what interested them and how preferred to be supported. Regular reviews were carried out on care plans with people so records held the most up to date information to respond to people's needs.

People were supported to make as many choices as possible. People's choices were respected.

People were supported to develop and maintain relationships with people that mattered to them. For example, records showed family members visited often. People's social history was recorded. People led active social lives and participated in regular activities that were individual to their needs. This included being involved in everyday family activities including attending family celebrations and meals.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. The registered manager and registered provider were both knowledgeable on how they supported people to access activities.

The complaints procedure was available for people to access. The registered manager confirmed they had not received any complaints. However they discussed the process and fully understood how to respond promptly and thoroughly to investigate complaints in line with the service's own policy. The registered manager confirmed that appropriate action would be taken and the outcome recorded and fed back to the complainant. The registered manager and registered provider told us they listened to people and monitored people's behaviour for any changes that may indicate they had concerns. One person said; "[the registered manager and registered provider] sit down and talk to me to see if all is ok."

Is the service well-led?

Our findings

There was a registered manager and registered provider in place to manage the service and they lived on the premises with the person receiving the service.

The service had clear values including: "To encourage independence and encourage people to have their own opinions." The registered manager and registered provider went on to say they also wanted this person to be part of their family and be involved in all aspects of their family life. This has included holidays with other family members and walking the children to school. This helped to provide a service that ensured the needs and values of people were respected.

People were provided with information and were involved in the running of the home. The registered manager and registered provider were involved in the home and had good knowledge of people currently living there.

Residents' meetings were not held due to only one person currently living in the service. However the registered manager said they talked to, listen and observe if this person had any concerns. These would then be reported to the appropriate people, for example advocates or placing authorities.

We discussed the duty of candour with the registered manager and registered provider. They were aware of the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when things go wrong.

There was a quality assurance system in place to drive continuous improvement within the service. Surveys had not been sent out as only one person currently resides at the service. The registered manager confirmed they actively sought feedback from people and their relative. They also undertook a range of audits and safety checks to assess and maintain the quality of the service safety. The registered manager also completed regular audits of people's medicines, finances and care records.

Systems were in place to ensure reports of accidents or incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager knew how to keep relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.