

Rheola Healthcare Limited

Rheola Care Home

Inspection report

Broad Leas
St Ives
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Tel: 01480375163

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20 February 2019

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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

About the service:

Rheola Care Home is a residential care home that was providing personal care to 34 older people at the time of this inspection.

People's experience of using this service:

People we met and spoke with were happy with the care home and the staff that provided their care. One person told us, "These [staff] are really kind, sometimes I'm fed up, they give me a lift; pull my leg. It's very jolly."

People felt safe living at the home because staff knew what they were doing, they had been trained and cared for people in the way people wanted. Risks in the home were assessed and reduced as much as possible. There were enough staff, and the registered manager also spoke with people regularly. Key recruitment checks were obtained before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints were dealt with and resolved quickly.

Systems to monitor how well the home was running were carried out well. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issue. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

Rating at last inspection: Requires improvement. (Report published March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

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. 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:

This inspection was carried out by one inspector and an assistant 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.

Rheola Care Home accommodates up to 42 people in one adapted building.

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 our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to assist with planning the inspection. We also asked the provider to complete a Provider Information Return, which they did, although due to technical difficulties we were not able to see this before our visit. Provider are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked for feedback from the commissioners of people's care, representatives from the local authority, Healthwatch Cambridge and Cambridgeshire Fire and Rescue Service.

During our inspection visits on 13 and 20 February 2019, we spoke with five people and three visitors. We also spoke with the registered manager, 11 care staff, the activities coordinator, two maintenance personnel and a member of the housekeeping staff. We looked at four people's care records. We also looked at other files in relation to the management of the service. These included three staff recruitment and training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person's relative told us they felt their family member was safe living at the home. They told us, "I have no qualms with [person] living here."
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training and had regular discussions about safeguarding.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falls and the risk of losing weight.
- Risk assessments in relation to people's environment, had been completed. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. One visitor told us that there were usually staff available, another visitor told us staff were always available when they were at the home. Staff members also said there were enough staff, and they arranged between them to cover shifts at times of sudden shortage.
- There was a system in place to recruit new staff and to make sure there were enough staff on duty at all times.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the registered manager make sure that only suitable staff were employed.

Using medicines safely

- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.
- Medicines were stored securely and staff continued to make sure medicines were secure by only administering these to one person at a time.
- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused. One visitor told us how staff took action to minimise any impact this had on their relative.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following incidents from other services within the organisation to prevent the incident occurring at Rheola Care Home.

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

Good: 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 completed assessments of people's needs before they started using the service. This enabled them to make sure they had enough staff with the right skills to meet them.
- Staff worked with health professionals and consulted national guidance about health conditions, such as Parkinson's disease. This helped them understand how people's needs should be met.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- Staff told us that they received other training, such as for dementia awareness. One staff member told about this training and how it had given them a better understanding of dementia and what may trigger upset or distressed behaviour.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs.

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

- People told us they liked the meals they received. One person said, "It looks very nice" and a visitor told us that the food, "Always looks nice and fresh." Another visitor said their family member had enough to eat and drink, and ate "much more" than when they had lived in their own home.
- Mealtime in the dining areas were a social occasion; people chose where they sat and took part in conversations around the tables. They were able to eat at their own pace and both courses and meals were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed an 'This is me' form with people, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. Staff also used a 'red bag' system to alert other health and care providers to this information. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Health professionals also complimented staff at the home, with one saying, "The staff have been fantastic,

from ensuring we have copies of [medicine records] to offering a cup of coffee."

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

- Adaptations had been made to ensure people were able to move around the home safely. A hand rail was in place along one side of each corridor and equipment was in place in toilets and bathrooms to allow people to safely use these areas independently.

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

- People were referred to health care professionals for advice and treatment, for example to Speech and Language Therapists or the falls team. Advice and recommendations were followed by staff.
- Two health professionals told us that staff always contacted them quickly if they had any concerns. Staff followed the advice they were given, and one health professional said, "I've never had any concerns here."

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 members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- Where people did not have capacity, decisions were made in their best interests and involved relatives and health professionals where appropriate.

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

Good: 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 and their relatives said that staff were kind and caring. People commented positively about staff members, with many saying staff were "very nice." One person said, "The staff are superb, supportive and cheerful, they're very good." A visitor told us, "They treat people as if they're their own relative."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. A health professional told us that staff always knew how people were and had provided them with accurate information about people.
- People were comfortable in the presence of staff and appeared to enjoy positive relationships. One person's relative told us that before moving to the home their family member would have become anxious and spoken sharply to people if they were worried. They said that this had not happened since the person had moved to Rheola Care Home. This was because, "They have gone over and above what they needed to, to support Mum moving in."

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

- People confirmed that they were consulted by staff about how they preferred to have their care and support provided. One person told us, "Staff know me well."
- Staff told us they provided care to people in a way that the person preferred. Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activities they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- Staff encouraged people to do what they could for themselves to maintain their independence. A health professional told us how staff had asked about one person, their routine each day and their preferences. They said, "Staff were keen to promote those things for her, like maintaining the skills to walk independently."
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

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

Good: 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

- People's care needs were met and they were happy with the care they received. A visitor told us how their relative was doing more since moving into the home, "They get her up, she was always left in bed before." The visitor went on to tell us the positive impact this had on the person, which ultimately led to a trip to the seaside and fish and chips by the sea. They had not expected that their relative would be able to experience leaving the care home again.
- People had care plans in place, which were personalised and written in enough detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Visitors said they were involved in their relative's care, some by speaking with staff, others through formal reviews of people's care. Staff told us each person's care plan was reviewed on the same day each month unless there were any changes before that time. This ensured reviews were completed regularly.
- One staff member's role was to organise things for people to do each day. A program of these activities was available on noticeboards around the home and people from all parts of the home were encouraged to take part. Staff spent time supporting those people who were not able to attend activities. They helped one person with a puzzle, which occupied and diverted the person when they became distressed. Another person told us, "The staff are superb, supportive and cheerful, they're very good. I'm not a mixer so I stay in my room."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. People had information about external organisations that they could also contact about their concerns.
- Complaints had been investigated and responded to quickly and appropriate action taken to resolve them. A visitor told us that the issue they raised with the registered manager was dealt with straight away.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives in the event of this care needing to be given.
- Additional guidance was available for staff in the form of an end of life policy and the support of the district nurses.

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

Good: 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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were also committed to providing high-quality care and support. They told us how they covered shifts to make sure there were enough staff who knew people and how they preferred to be supported. One staff member told us, "I love it here, it's wonderful, the atmosphere, the caring, how carers come together." Another staff member said, "There's always someone available. [Registered manager] bends over backwards. If she can help for the benefit of the service users she always will."

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

- Staff told us they were able to provide good quality care and support to people because they were given enough time to do this. A staff member told us they also promoted independence and well-being for the people they cared for. All of the staff we spoke with said they could raise issues with the registered manager and were confident action would be taken to improve.
- Staff said that the registered manager was approachable and would work with them if needed. A visitor told us they saw the registered manager every time they visited the home and, "Her door is always open, no complaints about the manager at all." Another visitor said the registered manager had, "A very good sense of humour, is very kind and very loving towards people here."
- The registered manager was supported by senior staff working within the home and by the provider's operational staff. This gave the registered manager advice, guidance and the opportunity to find alternative solutions if they had concerns.

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

- People, their relatives and staff had completed a survey in 2018 and 2019, which showed mostly positive comments for the home. Issues raised had been recognised and the registered manager had recorded how they were being addressed.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings each month, which gave them regular support and information

was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement, and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This would enable the registered manager to take action where needed and reduce re-occurrence.

Working in partnership with others

- 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.