

J and L D Hayes Limited

Rivelin Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rivelin Care Home is a residential care home providing personal care to up to 40 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 38 people using the service.

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

Quality monitoring systems were in place which helped to check various areas of the home.

People were happy with the care they received, they felt safe and well looked after.

People had support from staff who had been safely recruited. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse.

People and staff spoke positively about the management of the service. Staff receive guidance and support from management regularly and when required. The service had enough staff to keep people safe. We observed staff respecting people's privacy and dignity when providing care and support.

People were supported to take their medicines safely as prescribed.

Staff followed care plans and risk assessments which were in place for known risk, up to date, and regularly reviewed.

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

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People were supported to have access to healthcare services to monitor and maintain their health and well-being. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and to ensure their needs were met and reviewed.

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

Rating at last inspection

The last rating for this service was good (published 31 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection and the report only covers our findings in relation to the Key Questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rivelin Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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.

Service and service type

Rivelin Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rivelin Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, care coordinator, senior care staff and care staff. We also spoke with 2 professionals who regularly visits the service.

We reviewed a range of records. This included 4 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. Relatives told us, "I am totally happy with [relatives] care. I have no concerns about [relatives] safety." and "I feel [relative] is safe and well cared for".
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely.
- The provider assessed people's individual risks and risks within the environment. Risk management plans contained information to keep people safe. For example, people who displayed behaviours that challenge had risk assessments with detailed instructions for staff to keep them safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.

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

- We found the provider and staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's mental capacity was assessed and best interest meetings had taken place to ensure decisions made were appropriate and the least restrictive. Examples included decisions over where a person should live and administration of medicines.

Learning lessons when things go wrong

- Systems were in place to learn from safety alerts and incidents.
- Incidents and accidents were recorded and reported as necessary so that appropriate action could be taken in good time to support people safely.
- Systems were in place to review the quality of how the incidents were managed and to discuss the trends that required addressing.

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- The registered manager monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service. One person said, "The staff are lovely, always willing to help you. They always come if I call for them on my buzzer."

Using medicines safely

- Medicines were managed safely by the provider.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had training and their competency checked on a regular basis. This meant people could be assured their medicines would be administered safely by competent staff.
- Audits of medicines were carried out regularly and recorded. This meant any errors could be picked up and addressed in a timely manner.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visitors in line with current government guidance and we saw people's relatives visiting on the day of inspection.

Is the service well-led?

Our findings

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

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

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

- The provider promoted a positive culture which was inclusive, open and empowering. This meant people, relatives and staff had a voice and were listened to.
- People spoke positively about the management of the service. Comments included, "I see [Registered Manager] around, she is very nice and approachable. I would speak to her or one of the seniors if I was worried about anything."
- Relatives gave positive feedback about the management of the service. Comments included, "[Registered Manager] in particular has been supportive and truthful and always comes and chats through any issues. The place feels to have a personal touch about it, nothing is too much trouble."
- Staff told us they were reassured by the management of the service. Comments included, "[Registered Manager] listens, is approachable, acts on concerns, will not listen to gossip and treats everyone the same, [Registered Manager] is just fantastic."
- The manager told us, "I like to think that my door is always open and I am always open to new ideas."

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

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control.
- Governance processes were effective and helped to hold staff to account, keep people safe and provide good quality care and support.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Notifications were sent to CQC and the local authority when required.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements.
- Service records showed there was reflective practice embedded into the service. Discussion focused on continuous learning for staff and management teams.

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

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.
- Systems were in place to capture people's views and feedback. People told us "I am very happy here, I certainly would recommend it. The staff are lovely."

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing. Professionals said, "I cannot fault them, it is the go to home I use in the area. They are perseverant and work really well with more complex people," and, "Rivelin are very much one of the homes that exhaust every option, they are very proactive at acting on recommendations."
- People benefitted from partnership working with other local health professionals. For example, GPs and a range of therapists.