

Rodney House (Weston) Limited

Rodney House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this unannounced inspection on 9 May 2018. The last inspection of the service was carried out on 21 and 22 January 2016, and published on 4 March 2016. At that time the service was rated as good.

Rodney House is a 'care home' for up to 28 people in one adapted building. 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 specialises in the care of people who are living with dementia. At the time of our inspection there were 26 people living at Rodney House. The communal areas of the service were all on the ground floor of two connected Victorian houses, comprising three lounge areas, a dining room and outdoor space. At the time of our visit, one of the lounge areas was not in use. Bedrooms, bathrooms and toilets were located on the ground, first and lower floors with stair lifts and an elevator to access these.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff supported people to have maximum control of their lives where possible. Although staff aimed to support people in the least restrictive way possible, the policies and systems in the service did not always support this in practice.

Some areas of the home had or were being developed to support people living with dementia. People could move around freely inside, however the garden area was not safe for people to use without direct supervision. This restricted people's opportunities and did not reflect a dementia friendly environment. We have made a recommendation about the garden area.

Systems to monitor and review the quality of care were not always effective. For example, the service had not identified the failure to adhere to the principles of the Mental Capacity Act 2005. We have made a recommendation about managing audit and quality assurance processes.

Medicines were administered to people as prescribed and checks were in place to ensure this was done safely. During the inspection we spoke with the registered manager about improving practices when giving medicines covertly, and a plan was in place to review this in the following few days.

People told us that they felt safe at Rodney House. We saw systems and processes which helped to keep people safe. These included reporting and investigating accidents and incidents and potential abuse, as well as carrying out equipment checks and regular maintenance.

Sufficient staff were employed, and they received training in a range of subjects to make sure people received safe and effective care.

Staff knew what they needed to do to keep people safe. Records showed that risks to people had been assessed. Staff knew people well, and so they were able to provide support if someone became distressed or were at risk of harm.

Staff had a good understanding of people's needs and preferences, and were compassionate, kind and caring. People were comfortable in the presence of staff and confident in their abilities. Relatives told us that staff were kind and patient, and that they supported people with the care and support they needed to be as independent as possible

People were supported to make choices where possible, for example at mealtimes. Choices were offered for each meal and we saw staff encourage people to have enough to drink. People were supported to have a balanced and varied diet.

When there were concerns about a person's physical health or wellbeing staff liaised with healthcare professionals promptly. The information given to healthcare professionals at times needed to be clearer and more consistent.

People and their relatives were happy about the care they received at Rodney House, and knew how to complain if this was necessary. Complaints were investigated and appropriate actions taken.

Relatives told us they knew who the registered manager was and said they found them to be open, honest and approachable. Staff told us their colleagues and the management team supported them, and that they were informed and included as relevant about the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People told us that they felt safe. They received care and support from sufficient numbers of staff at all times.

Systems and processes were used by staff to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff understood the importance of gaining people's consent before providing care. However the service did not always adequately assess people's capacity in a way that ensured decisions were made in their best interests.

Some aspects of the service and the environment supported people living with dementia well, although this could be further developed to improve access for people.

Good links with healthcare professionals were in place, but at times communication about people needed to be clearer.

Staff had received training and support to enable them to be knowledgeable and skilled in their roles.

Staff promoted people's choice. People were well supported to eat a varied diet, but serving meals at different times caused some confusion.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke about people.

People and their relatives were confident in the abilities of staff, and told us that they were kind and patient.

Staff had a good understanding of people's needs and

preferences, and were compassionate and caring.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices about their care where possible.

People and their relatives told us they would feel comfortable to make a complaint, and felt that any concerns would be fully investigated.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems to monitor and review the quality of care were not always effective. For example, the service had not identified the failure to adhere to the principles of the Mental Capacity Act 2005.

Staff and people spoke positively the manager and they felt valued and supported.

Links with other agencies were good, although communication with them was not always effective.

Rodney House Residential Home

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 was a comprehensive inspection and was carried out on 9 May 2018. The inspection was unannounced, and was carried out by an inspector, inspection manager, bank inspector and 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 who was part of this inspection team had expertise in dementia care.

Before the inspection, we received a Provider Information Return (PIR). This is a form that the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received from the service and reviewed other information CQC had to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement about the service. At our last inspection of the service in January 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 13 people living at the service and three family members or friends. Some people who lived at the service were not able to communicate verbally with us, and so we used an observation tool called the Short Observational Framework for Inspection (SOFI). This tool gave us a way of observing and recording care and interactions to help us understand the experience of people who could not talk with us.

We spoke with three members of staff and three health professionals who visited the service that day. After the inspection we received feedback from four health and social care professionals involved with the

service.

We looked at eight care records and the medicines administration records for everyone living at the service. We looked at three staff files. We also looked at a range of records and documents such as meeting minutes, policies, audits and environmental reports.

Is the service safe?

Our findings

People continued to receive a safe service.

People and their relatives told us that Rodney House was a safe place to be, and that staff made sure people were well cared for and treated with dignity and respect. A person living at the service said, "I love it here and am very happy; of course I am safe here, why not? The place is kept lovely and clean, plenty of staff and lots of people to keep me company." A relative said, "My [relative] is definitely safe, always smiling and fit."

People received their prescribed medicines safely and when they needed them, however medicines were not always managed safely for every person. This was because a small number of people had their medicines administered covertly. This is when medicines are disguised in food or drink. Some covert medicines were being crushed. Crushing medicines can impact on their effectiveness. We discussed this with the registered manager during the inspection. There was a plan to review covert medicines administration with the pharmacist in the next few days.

Creams and lotions were securely stored and appropriately checked. Care staff applied these, although senior staff signed the MAR chart to indicate the creams had been administered. This meant senior staff were signing the chart to validate a task in which they had not been involved which could be reviewed.

We observed staff giving people their medicines in an unhurried and supportive way. Records were sufficiently detailed and accurate and recorded people's preferences.

Systems were in place to safeguard people who used the service. Staff had received training in safeguarding processes, and these were regularly discussed in staff meetings. The staff we spoke with were clear they would take action if they had any concerns about the care or welfare of a person. One staff member said, "I'd report any concerns about bruising, or anything I was worried about." Another staff member stated that they had raised issues in the past with the registered manager and knew that action had been taken.

Care plans contained risk assessments of falls, mobility, skin integrity and malnutrition. When risks were identified, plans guided staff on how to reduce the risks. This included information about mobility and assistive equipment, as well as personalised guidance about how to reduce the risk of falls where this was likely. In some cases, care plans could have more information about how to keep people safe. For example, some people displayed behaviours which others could find upsetting or disturbing. Plans did not always contain detailed information for staff about how to keep people safe in these situations. During our inspection, we saw staff managing difficult situations and it was clear that they knew people well.

The registered manager carried out investigations into accidents, incidents and safeguarding concerns. As well as considering trends or particular issues, this included reviewing the need for further referral, assessment or equipment for individuals.

People were cared for in a safe environment. Safety checks, audits and maintenance were carried out on the

environment, equipment and services, such as gas and electricity, to ensure they were safe. Servicing and repairs were carried out as necessary.

Health and safety information was displayed at the service, including fire and other emergency procedures. A contingency plan was in place which provided guidance for staff on what to do in different emergency situations. Systems were in place to keep people safe in the event of an emergency. For example, in the event of a fire each person had risk assessments and emergency evacuation plans which detailed their needs.

The service had infection control systems. Cleaning schedules were in place, infection control procedures were followed and staff had access to personal protective equipment. One family member stated, "The house is clean, and I am sure my [relative's] room is cleaned every day."

We reviewed staff rotas. Staffing levels met the identified needs of the service. Agency staff were usually only used for night shifts, and permanent staff covered daytime absences or shortages. This provided continuity of care for people. There were senior staff on duty during every shift, and staff told us that they were able to complete tasks and spend time with people. One staff member said "Yes, we have enough staff, unless someone phones in sick at the last minute." We observed that staff were available and able to support people and meet their needs safely during our inspection.

Is the service effective?

Our findings

When we last inspected the service we found that Effective was rated as 'Good'. We found on this inspection that the service needed to improve consistency in recording information and decision making processes. In particular, with regard to understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards. The garden was not accessible to people living with dementia and did not meet the needs of people with sensory, cognitive or mobility impairments. At this inspection we have rated the service as 'Requires Improvement' in Effective.

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. The service did not always seek consent to care and treatment in line with legislation and guidance.

Capacity assessments had not always been completed or decisions documented about aspects of people's care. For example, all bedroom doors had a sensor alarm on them. In one person's care plan it stated, "Staff must put the door alarm on the door at night so that they are aware if [person's name] comes out of his room." Peoples' capacity to consent to the use of the door alarms had not been assessed and there was no documentation to show whether less restrictive options had been considered for any individual. There was no record of how the decision to use the door alarms had been reached. Locked stair gates were also in use around the service. This meant that people could only access their rooms if assisted by a member of staff. Although these decisions had been made to keep people safe, their capacity and consent had not been sought or documented to show that this was in a person's best interest.

Although staff said they had received training about the Mental Capacity Act and DoLS, they did not demonstrate a full understanding of the legislation. For example, one member of staff told us, "If people don't have capacity to make a decision then we do it in their best interests."

Where people lacked the mental capacity to make specific decisions about their care and treatment, their best interests were not established and acted upon in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was following the principles of the Deprivation of Liberty Safeguards. We looked at the DoLS authorisation for one person which had conditions attached to it. The conditions had been met and the person was being lawfully detained to keep them safe.

The environment mostly met people's needs. Because of the space available in the dining room, there were two 'sittings' for midday and evening meals. We observed that this caused some agitation amongst the people who had to wait for lunch. In addition, one person ate their lunch in the lounge while the others were waiting to go to the dining room. This caused some confusion amongst those who had not yet eaten. We discussed this with staff during the inspection.

People were supported to eat and drink enough and maintain a balanced diet in various ways. This included assessment for the risks of malnutrition and dehydration, weight monitoring, preferences being documented, use of fluid charts and specialist support.

People told us that they enjoyed the food provided by the service and said that they had enough to eat and drink. During the inspection we observed people regularly being offered and supported to have drinks and juice was available in both lounge areas. One person said, "Plenty of food, plenty of variety, its good food and suits me well". The meal that we observed was flexible and not hurried and people were given clear food and drink choices. We observed that staff sat with people who needed assistance and encouraged them effectively.

We highlighted to the registered manager that the garden presented a number of risks at the time of our inspection. This included trip hazards and unkempt areas. The area was not often used by people, but this restricted people's opportunities and did not reflect a dementia friendly environment.

We recommend that the service consider current best practice on creating dementia-friendly outdoor spaces and take action to enable people to access the garden as a safe communal space.

Our observations confirmed that staff encouraged people to make day-to-day decisions. One person told us, "I am very fussy. I choose which clothes to put on and please myself what I do." Another person said, "I choose my own clothes, and I can choose where I want to sit."

Staff received relevant training to meet people's needs. This included training about dementia and delirium, working with staff from the Dementia Enhanced Support Team, and introducing ideas from Dementia Care Matters. All staff had received training in Equality and Diversity from an external provider. These courses supported them to treat people as individuals with specific needs and preferences.

People had access to healthcare services and there was evidence of regular reviews by the GP and district nurse teams in particular.

We reviewed the training matrix for the service which showed that the majority of staff were up to date with mandatory training requirements. The registered manager was aware of training that needed updating. Staff told us they received a range of training. One said, "We do a lot of Redcrier training. I've just had some updates in first aid and manual handling." One relative said, "Staff are well trained as far as I can tell. I think they have had dementia training."

Staff told us they received effective support and guidance from the management team. This was general guidance and individual supervision. Supervision is where staff meet with a senior staff member to discuss work or any other issues affecting the people who use the service. A staff member said, "I have a supervision every couple of months. I feel really well supported by the manager."

People were able to decorate and personalise their bedrooms. The registered manager told us that the service usually re-decorated a person's bedroom in colours of their choice before they arrived at the service.

Family members told us that their relatives liked their rooms. There was pictorial signage on doors, although this could be more consistently used. This would support people's orientation and wayfinding when moving around the service.

Is the service caring?

Our findings

People continued to receive a caring service.

People were supported by staff that were kind and caring. We saw staff interacting with people in a thoughtful and compassionate manner. There were many positive interactions between staff and people who lived at the service. For example, staff sat alongside people and routinely came down to their level when speaking with them. We heard staff refer to people by their preferred name, using appropriate volume and tone of voice. Terms of endearment were used appropriately and people responded well to this.

We observed many thoughtful exchanges between staff and people using the service. For example, we saw a staff member taking time to comfort one person when they became distressed. To help calm the person down, another member of staff brought a cup of coffee. The person refused to take the coffee, saying that they did not know who had made it or what was in it. The member of staff then suggested that they go to the kitchen so the person could make their own cup of coffee. We saw that this had a positive impact on the person's wellbeing.

It was clear that staff knew people well, and they showed patience and respect. A family member said, "All staff are genuinely and naturally caring, they are kind to all residents, no matter what is going on, they have great patience and are very respectful, in all the times I have visited I have never seen or heard anything but this." A health professional told us, "I was always very impressed with the care provided and the quirky, flexible atmosphere there, which is very suitable for people with dementia."

People living at the service appeared relaxed and happy in the care of staff. One person told us, "Staff work hard and are lovely to me. They keep me covered up when they bath me, but they let me do what I can for myself." Another person said, "Staff are wonderful. I get on with them. I like to have a laugh and a joke, but nothing unkind."

One member of staff said, "The care is really good here. There's so much love, it really brightens your day. If I can make someone smile, even if it's just for a second, that makes me feel great." Another member of staff said, "I love it. The residents are happy and the staff are happy. If it's not good enough for my grandparents or parents, then it's not good enough for them. They've worked all their lives and they deserve the best."

People's relatives told us that they were always made to feel welcome at the service and that they did not feel unnecessarily restricted when visiting.

People's personal information was kept securely and their confidentiality, privacy and dignity was maintained. For example, we heard one member of staff discretely asking people individually if they needed to go to the toilet before lunch, and on another occasion a person pulled their clothes off, leaving them partially exposed. A member of staff approached them quickly and sensitively took them to the bathroom.

Is the service responsive?

Our findings

People continued to receive a responsive service.

We saw evidence that staff had attempted to involve people in care reviews. Where possible, people had signed care records to confirm their involvement. Some family members told us that they had attended reviews of their relative's care. Others said that they visited regularly and spoke to staff and so they were confident that staff kept them updated. Changes were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

The service was in the process of transferring handwritten care plans to an electronic system. This was to improve the accessibility of information, and to allow for quicker updating of care records. Some plans we looked at were in the old format and some were in the new format. This meant that there was some inconsistency in the amount of information we saw recorded in people's records. For example, people's preferences in relation to what time they liked to get up and go to bed had not always been recorded and personal care and dietary preferences were not always documented. This should be reviewed and updated as care plans are transferred to the electronic system.

Staff told us that they received information about changes to people's needs through handover and staff meetings. When we asked a staff member, they showed that they knew people well, and could tell us about the action they would take in specific medical emergencies.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. For example, at lunch, one person did not want either of the meal options available. They were supported to describe precisely what they would like to eat and how this should be prepared. This meant that staff were able to meet the person's specific preferences.

On the day of our visit, staff in both lounges provided short bursts of activities including singing and games. There were other activities available such as knitting, colouring and magazines. The service had a themed day once a month. This had included activities such as 1950s day, pyjama day and barn dance. There was a monthly visit from a local entertainer with a disco. There was no community involvement at the time of our inspection, although the registered manager was trying to establish regular church visits.

None of the people that we spoke with had made a complaint, but they said that they would speak to staff if they were unhappy. All the family members that we spoke with said that they did not have any complaints, but would feel happy to raise any issues. They told us, "I have no complaints, if I had I would go straight to the manager",

There were end of life directives in place in some of the care files that we looked at, but these had not always been completed. Having this information in place can help people to discuss their choices and preferences about how they would like to be cared for at the end of their lives. This could help support them to have a

comfortable and dignified death. The service told us that they include families in planning end of life care and liaise with specialist end of life teams when necessary.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. Audits were carried out to ensure the service delivered high quality care. We saw audits of medicines, manual handling, care plans, infection control and Mental Capacity Act assessments. Audits were not always effective in identifying and addressing issues. We discussed this with the registered manager during our inspection.

We recommend that the service seek advice and guidance from a reputable source about the most effective ways of managing audit and quality assurance processes.

The registered manager was a visible presence during our inspection. We observed them stopping to talk with people and provide support in different ways. The registered manager told us that they aim to support staff by being present, meeting with individuals and the staff team, and having an 'open door' policy. Staff told us that they can speak with the registered manager at any time, and that they felt supported. Relatives told us they knew who the registered manager was and said they found her to be open, honest and approachable.

The registered manager told us about positive changes in the culture over the past 12 months. A staff survey in August 2017 was not positive about team dynamics. We asked staff and the registered manager about this and were told this was now much improved due to the support of the registered manager and staff changes. One member of staff said "the team is incredible" and another told us, "I always get all the support I need from the team and from [registered manager]." The service had a mission statement in place which was clear and concise. We saw staff promoting the principles outlined in the mission statement during our inspection.

The staff we spoke with were positive and well-motivated. A family member told us, "The staff, they are the biggest asset, and their relationship with the manager, whom they all respect, is good." People who used the service and health professionals repeated this view.

Regular staff meetings were in place and a range of topics were discussed, including care and support issues, operational matters, changes to practice and training updates. The notes of these meetings always concluded with a positive message, such as, "Thank you all for your hard work, as always."

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of events that had occurred within the service as required. The registered manager had been open and

transparent following incidents, and had spoken with people and contacted families as necessary.

There were clear lines of responsibility and accountability in the service, and staff understood what was expected of them. Although the deputy manager had recently left, there were plans in place to recruit to this post. As well as care staff, there were senior care staff who took a lead on each shift. Staff and the registered manager shared examples of instances when disciplinary action and performance management had been used to ensure care remained of the highest quality. Expectations and standards were made clear to staff in supervision sessions and staff meetings.

Staff were encouraged to share ideas and make suggestions, and a quality survey had been sent to health professionals and relatives. Health professionals and relatives indicated that they felt the service was 'good' or 'very good' in all areas. A relative had written, "As a family, we are amazed at the patience of the younger staff. Well done and thank you."

People's views were sought in resident meetings and people were asked about their satisfaction with things such as food, activities and their bedrooms. In one of these meetings, a person said that their room was a little cold, and action had been taken to improve this by getting a heater with a safety guard.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of events that had occurred within the service as required. The registered manager had been open and transparent following incidents, and had spoken with people and contacted families as necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's rights were not consistently being upheld in line with the Mental Capacity Act (MCA) 2005.</p> <p>Where a person lacked mental capacity to make an informed decision, or give consent, staff did not act in accordance with the requirements of the MCA and the associated code of practice.</p>