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Rodlands Care Home

Inspection report

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Tel: 01305782736

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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

Rodlands Care Home is residential care home registered to provide care for up to 21 people in a residential area of Weymouth. At the time of our inspection there were 17 older people living in the home. Some of the people had a dementia or other life limiting conditions such as diabetes or Parkinson's. 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.

The home had a registered manager. 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. Although the registered manager was away during day one and day two of our inspection we spoke with them on day three.

At our last inspection we rated the service Good. At this inspection we found the evidence indicated the home remained Good although we have recommended it refers to current guidance on best practice for improving the home environment to make it more 'dementia friendly.'

People felt safe. Staff had a good understanding of how to safeguard people from harm and abuse. They understood what signs to look for and how to raise a concern. The home had robust recruitment processes to ensure that people were supported by staff who were suitable to work with them. People had personalised risk assessments that staff understood and used to help reduce the risk of avoidable harm. Medicines were managed safely. Staff were confident with this task and had regular, formal observations to check their competency. The home conducted audits to ensure incidents or issues were resolved and chances of them reoccurring minimised.

People's needs and choices were assessed with their involvement. This included listening to them and noting aspects of their lives that were important to them and made them individuals. This diversity was acknowledged, respected and supported. Reviews of the support people required were completed and included evidence that they were included in these discussions. People were supported by staff that had received training that gave them the skills and confidence to meet their specific needs. People were supported to have a balanced and varied diet. People were supported to maintain their health and wellbeing. This included support to attend routine appointments or with visits from health professionals.

Staff understood the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people living there particularly when they lacked capacity to make certain decisions affecting their life. The MCA 2005 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

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

Staff demonstrated a kind and caring approach towards people. People told us staff knew them well and treated them as individuals. People were consulted with about the care they received and were given opportunities to express their views. People were supported to make decisions about things such as what they wanted to eat or drink, what they wanted to wear, and who and how they wished to spend their day including participation in activities.

Given the increasing needs of people living there, we recommend that the home consider best practice in relation to creating a 'dementia friendly' environment. The home had already started to do this with regards the home décor, including replacing heavily patterned carpets and table cloths.

The home had a complaints process. People and relatives were aware of it and had confidence that if they raised a concern they would be listened to and action taken to resolve the issue to their satisfaction. Staff had experience of supporting people at the end of their lives. Relatives spoke highly of the support staff had provided at this time.

People could express their views freely without fear of discrimination. The service understood their legal responsibilities for reporting and sharing information with other services including CQC and local authorities. Staff felt supported by management and their colleagues and enjoyed working at the home. Staff had regular, in-depth supervision where they received both praise and had opportunity to develop their practice. The home had established pro-active working relationships with health professionals which were helping people to stay well for longer and prevent unnecessary hospital admissions. Audits and quality assurance processes were used to identify opportunities for service improvement.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good

The service has improved from Requires Improvement to Good.

People's consent was sought by staff who understood the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people living there.

Staff were trained to support people's specific needs.

People were supported by staff who received regular supervision and opportunities to develop.

People received support where needed to eat and drink sufficiently. Where people had complex needs in this area of their life they were well supported.

People received timely support from external professionals when required.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Rodlands Care 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 comprehensive inspection took place on 14, 15 and 19 June 2018. The first day was unannounced with the second and third days announced. On day one the inspection team included a lead 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.

In planning the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local safeguarding and quality improvement teams for their views on the home.

We spoke with seven people using the service and four relatives. We also spoke with the registered manager, deputy manager, assistant trainee manager, senior carer, part time activities coordinator, two care staff and a nurse who visits the home every week as part of a pro-active service to keep people well and avoid unnecessary hospital admissions.

We looked at four people's care plans. We also looked at records relating to the management of the home including staff rotas, medicine administration records, meeting minutes and the recruitment information for three staff. During the inspection we spoke to a nurse practitioner who visits the home on a weekly basis.

We pathway tracked two people. Pathway tracking is where we review records and do observations to see if people are supported in line with their assessed needs. We carried out general observations and also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe, knew how to raise concerns and felt they would be listened to. They were supported by staff who had a good understanding of safeguarding and what signs may indicate a person was experiencing abuse or harm. Staff knew how to raise concerns both internally and externally.

People had personalised risk assessments. Following incidents such as falls health professionals, for example GPs and the local rehabilitation team, were consulted with to ensure future risks were minimised. Advice was cross referenced between people's care plans and risk assessments to enable good communication and consistency of support. The home used nationally recognised assessment tools to determine the risk of people's skin breaking down or of them becoming malnourished or dehydrated. This enabled timely contact with relevant health professionals. People were consulted so that risk management did not unduly impact on how they wished to live their lives. For example, one person enjoyed bathing independently which staff respected but they stayed close by to provide support and reassurance if required.

Equipment and the home environment were regularly checked to ensure items were well maintained and in good working order and did not pose a risk to people or staff. This included hoists, kitchen appliances, pressure relieving equipment and fire safety systems.

People had Personal Emergency Evacuation Plans (PEEPS) in place which guided staff on the most appropriate way to support people to get out of the home safely in the event of an emergency such as a fire or flooding. These were reviewed monthly.

There were enough staff to meet people's needs and respond flexibly. Although some people said the staff were "quite busy" people felt that the staff had time to sit and chat with them. One staff member said, "I definitely get time to spend time with the [people]." People told us that when they rang their calls bells the staff came "quickly."

People were supported by staff who have gone through a robust recruitment and selection process. This included checking people's employment history and obtaining references. Staff did not support people until criminal background checks had been completed with the Disclosure and Barring Service (DBS).

Medicines were managed, administered and stored safely. This included medicines that required additional security. People were supported to have their medicines as prescribed. Staff undertaking this task were confident, competent and patient with people providing them with clear explanations about what the medicines were and how they could help them. We heard one person being told, "These are your tea time meds. They are the ones you usually take. [Name] these are very important for your [particular condition]. Do you want to take them?" Staff sat with this person, explained each tablet, and gave the person time to look at the boxes. They then agreed to take them.

Management conducted regular medicines audits which demonstrated that staff worked in a person-

centred way that kept people safe and well. People had regular reviews of their medicines with input from health professionals to consider if it was still appropriate they took them and that they were benefiting their health. Records showed that where the home had concerns about the effectiveness of people's medicines they had sought advice from relevant health professionals in a timely way and carried out the suggested changes.

The home was visibly clean throughout and had no malodours. Staff had training in infection prevention and control and made use of personal protective equipment appropriately. The home had an up to date cleaning schedule which staff double signed when jobs were observed as completed.

Risks to people were minimised as the home looked to understand accidents, incidents or near misses to reduce the chance of them happening again. For example, when people were at increased risk of falls or had experienced falls the home liaised with the falls prevention team and put falls diaries in place. This meant the home could identify the reasons for the previous falls and reduce the chance of people experiencing them again. This information was shared at staff handovers.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and regularly reviewed. People were supported to use equipment recommended by health professionals. For example, one person was assessed as requiring a pressure-reliving mattress, which was present on their bed.

People were supported by staff who received thorough induction and training specific to the conditions that people were living with, including dementia, and diabetes. One person said, "They all seem to be well trained." Staff were booked to attend sessions across three days the following week which included pressure area care and mental capacity. Staff had also received training in infection control, fire safety, risk assessments, safeguarding adults and first aid. One staff member said the first aid training had given them the knowledge and confidence to give CPR to a person while paramedics were on their way to the house.

There were regular checks of staff members' practice including evidence of person-centred care, competency with moving and handling, and supporting people with their medicines. Observations were then followed up with feedback so that the staff were aware of their achievements or any additional support required to help them practice more competently. Where staff members' practice had fallen short of required standards management had met with them and agreed an action plan which secured the necessary improvements.

Staff had regular in-depth supervision which included time for reflection on practice and areas where they could improve. Development opportunities were offered and followed up. One staff member said, "The support I receive keeps me motivated."

People were encouraged to eat a varied and balanced diet. People were asked each day what they would like to eat and were able to have what they wanted. One person's care plan noted that they were 'open to trying new foods.' This person told us that they had enjoyed themed menu days such as foods from Italy or Asia. People told us they liked the food. One person said, "The food is very good." Another person said, "It's always nice."

Staff knew people's specific diets, preferences and foods they needed to avoid, for example where there was a risk of allergic reaction. They were also seen to respect when people preferred a particular size portion of food for example when they were conscious about gaining weight. One person said they had told staff they were "not a big eater" and that staff acknowledged this. When required the home had liaised with the local speech and language team to create specialist diets. This included where people living with dementia had difficulties swallowing.

People were supported to attend health appointments in the community and when visiting health professionals attended the home. This included visits to and from GPs and district nurses. One person expressed, "We have a good service here from staff and [health professionals]. I'm never waiting long for support." Where people had capacity, they were able to decline input from health professionals. For example, one person had chosen not to have an eye test. People could choose to have staff support to

appointments or attend alone.

There had been discussions with people with regards changes to their home environment. There was a rolling programme of refurbishment that included replacing flooring and making over the rear garden to reflect the improvements in the front garden. Some of the changes that had taken place, and were planned, were in line with making the interior of the home more 'dementia friendly', for example, replacing heavily patterned wallpaper, carpets and table cloths.

The maintenance person was making a ramp to make this more accessible for people as there was a step down. People confirmed to us that they were supported to go out in the garden. One person said, "I do sometimes go in the garden and they always put sun cream on me." Another person told us that they had enjoyed gardening in a raised bed that could be seen from their room.

People had been supported by staff and their relatives to personalise their rooms. These reflected their family life, interests and achievements.

Given the increasing needs of people living at the home we recommend that the home considers current guidance on best practice to make the home environment more 'dementia friendly' during its refurbishment programme.

At our previous inspection in June 2016 we identified improvements were needed to ensure records were kept in line with the Mental Capacity Act 2005 [MCA 2005]. The MCA 2005 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.

We found at this inspection that people's consent had been recorded and care provided to people who did not have capacity to consent was recorded as having been decided within the framework of the MCA 2005. People were supported by staff who understood the importance of seeking consent before offering help. We observed staff doing this consistently throughout the inspection. Where people lacked capacity to give their informed consent records showed that best interests meetings had been held and had included involvement from the person, management, relatives, and those with the legal authority to act on a person's behalf such as lasting power of attorneys.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people that required DoLS we saw that it had been applied for and authorised with review dates set.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, attentive and knew them well. Care plans were worded in a respectful way. One person's care plan noted that '[person] is a very intelligent lady.' People's comments about staff included: "[They] speak to me respectfully", "They sit and chat and get to know you", "They are kind when you are upset. They take you into another room and reassure you" and, "They are ever so kind here…The staff are like friends." One person's care plan advised staff to support a person with 'praise and prompts throughout all meals and transfers as words of encouragement seem to help [name] through anxiety.' We observed this happening. Another person had requested that staff refer to the home as their 'flat' or 'retirement property' as they did not like to think of themselves as being in a care home. We observed staff using the phrase 'your flat' when speaking with this person.

People could express their views and influence the type and level of support they needed or wanted. One person's plan stated, 'No assistance with undressing or personal care as [name] likes to maintain this [themselves].' One person said they get a 'wakeup call' each morning. When we asked other people about this they told us they were offered this option but had chosen to get up when they wanted. For example, one person stated, "I usually get up at 6am but I can tell them I'd like a lie in. I can go to bed when I want." Where people had capacity, they were supported in their decision to accept or decline a two-hourly check from staff during the night. Their risk assessments recorded the choice they had made.

Staff respected people's privacy and dignity. For example, when one person was asked whether they wanted a particular kind of medicine the staff member spoke quietly so other people would not overhear. Although there were no people currently known to be in an intimate relationship staff said that if a person came to live there that was in a relationship, or decided to start one at the home, they would support them by seeking health professional guidance and, if required, request a mental capacity assessment to determine what support they may require to maintain the relationship and stay safe. A policy on personal relationships supported this approach noting, 'such relationships are viewed as part of normal home life and may be of a heterosexual or homosexual nature.'

People were supported and encouraged to maintain their independence. One person said, "They try to get us to do as much as possible ourselves." Other people's comments included: "They allow you to do what you can. They are very good", "They don't force you to do anything. I think they're very good" and, "We are quite free here. It is treated as our home." This individuality was reflected in people's care plans and the approach taken by staff. One person's plan stated, '[Person] is able to carry out some of [their] own personal care…prefers to do as much as possible.' Staff respected the fact that some people preferred to spend time alone in their rooms whereas other people chose to be more sociable. Another person's plan advised, '[Name] is quite shy so does not wish to engage with others – large groups unsettle [name's] mood. We observed this person enjoying their own time in their room.

The service minimised risks to people's privacy and confidentiality by keeping their information securely.

Good

Is the service responsive?

Our findings

Care plans were detailed and person-centred. These included people's needs, background, abilities and preferences. Although we saw evidence, and heard from people and their relatives, that they had been involved in these plans two relatives we spoke with by phone told us they had not been involved in care planning or reviews.

People said they were supported to live their lives how they wanted to live them. One person's plan noted that they preferred a shower rather than a bath. Another person's recognised that they were an 'early riser' and therefore wanted to get up between 6-7am each day. Other people's plans indicated that they liked a lie in on weekends or declined checks on them at night as they were 'a light sleeper' and so would find this disturbing. People confirmed that their expressed choices were known by staff and supported. One person expressed, "I feel well looked after. I like everything here. I'm quite happy here." Another person said, "I can have anything I like in my room." People said they were able to follow their religion or faith if they had one and wished to. This included independent trips to a local church and services at the home. Some people's care plans noted that they liked watching a religious programme on the TV. People told us that they enjoyed watching this in the lounge on Sunday evenings.

When people told staff they were feeling, or were seen to look unwell their needs were met in an attentive and timely way. We observed a person saying they felt unwell and, with their permission, the staff immediately rang the GP who attended later that morning. Another person confirmed this approach by staff when telling us, "When I'm feeling unwell they call the doctor for me. They did this recently when I had a tummy ache." We also observed a sense of community in the home with people asking about others when they were not feeling well. The staff supported this without divulging information that was confidential.

Community links had included visits from a local pre-school, a group called Friends of the Church and a planned cake morning with a local hospice.

People said they were happy with activities at the home although these had only been provided in the afternoons since the previous activities coordinator left in summer 2017. We observed this staff member interacting in an engaging and inclusive way with people. People appeared to enjoy the activity with the coordinator actively encouraging all present to participate. People were given the option to take part and it was facilitated at a relaxed pace where everybody could follow. People living with dementia were given extra time and support and were seen smiling while taking part. We heard a person being told, "you're good at this. You used to play it." This helped to celebrate people's abilities and past interests. People had the opportunity to participate in group activities or have one to one time including trips into the community such as to the local pub or hairdressers.

The home recognised and recorded within people's care plans when they needed extra support to communicate, for example large print or an interpreter. Although people told us that the menu was "not always" up on the board we observed people being asked what they would like to eat and drink and given reminders of what they had chosen. Staff helped people make informed choices and encouraged their

intake of food and drink. We saw this happen for one person who's care plan had stated, '[Name] finds choosing meals easier if put out on a plate otherwise will always say "I'm not hungry."'
People were supported to maintain contact with family and friends. One person's care plan advised staff that, '[Person] enjoys spending time with family as they are very close.' We observed this person and other people enjoying visits from relatives. We saw a person was reassured by staff that a new phone point was to be fitted in their room so they could call a relative. In the meantime, this person was supported to use the home's phone. One person told us, "They support me to see my family. My [relative] visits when [they] can. They make [relative] feel welcome." Other people said: "The conservatory is a nice, private place" to meet my family when they visit" and, "My friend stays for tea every Saturday."

The home had a complaints process. People and relatives were aware of it and told us they had confidence that if they raised a concern they would be listened to and action taken to resolve the issue to their satisfaction. The home also kept a record of compliments it had received and shared these with staff. One person had written to the staff expressing, 'many thanks for giving me this nice room. It is nice and pleasant and gives me the chance to help the girls here.' A card from the family of a person who had passed away stated, 'Your home has always made me feel as if I am part of one big family. I want to say a really big thank you to all of you for your excellent and professional care of [relative].'

The home had recently supported a person with end of life care needs and showed us a card from the person's family commending them on the quality of care they had provided. The card stated, 'Thank you is not enough for the compassion and friendliness you have all shown us as a family during the [period of time relative] was with you. Thank you from the bottom of my heart.'

Good

Is the service well-led?

Our findings

The home had an open and friendly feel. People and staff said they felt able to raise issues and/or ideas freely. Staff comments and records included: "I enjoy it here", '[The management] are always approachable and available to chat. I am enjoying work', 'It's great here. I love my job' and, "We all get on here. We are professional but relaxed." This was mirrored by one of the people who said, "the best thing is they are very easy going here."

People said the management were approachable and supportive. Staff said the management were "very receptive" and gave an example where they had needed a new piece of equipment and it had been "sorted quickly." A staff member told us, "The managers are kind, caring and look out for you. They are always there if you need them." The management demonstrated a good understanding of their roles and of CQC requirements including the type of events or incidents that we need to be informed of such as when a person using the service passes away and where the Duty of Candour applies. This is when a provider is required to act in an open and transparent way by writing to a person, or the person or body who has the legal authority to act on their behalf, and apologise when a suspected or actual reportable incident has occurred with a person's care or treatment. They must provide an account of how it happened, investigate the incident and provide all reasonable support in relation to the incident.

Staff told us they felt valued. A staff member told us, "I'm very happy with my role here. I enjoy working here and have always felt valued." Supervision notes also supported this, with ones we reviewed stating, 'Extremely happy with how [staff member] is getting on. [Staff member] is a valued member of the team' and, '[Name] is a massive asset to the team.' Supervisions included discussions about what staff members thought were their strengths and asked them to consider any formal training and development that needed 'or feel would be beneficial for our residents.' A staff member had feedback to management staff, 'since my last review I've been really encouraged. After speaking with you I would like to do my [particular qualification.' This person's record noted their enthusiasm stating, '[Name] is pro-active and keen to expand [their] knowledge.'

People told us that the deputy manager appeared more visible around the home than the registered manager although they had no concerns with the approach or competence of either. We spoke to the deputy manager and registered manager about this. They said this was intentional in order to provide the deputy manager with more working knowledge and experience ahead of applying to take over as registered manager later this year.

People's and relative's views had been gained with a recent survey. This asked people to rate the home with regards the quality of care, activities, call bell response, and the home environment. The three latter areas were recognised as areas for improvement and had been included in the home's action plan. This had led to the introduction of a new call bell system which allowed the auditing of individual staff response times and a rolling programme of maintenance to improve the home environment. It had also led to recognition that the activities provision needed to improve. There was other evidence of people being able to influence what happened at the home. For example, the introduction of a suggestions box had resulted in people

requesting a visit from a local pre-school to sing Christmas songs. People told us they had "loved" this.

Staff meetings were held monthly, were well attended, but were sometimes task focused. Examples we saw focused on staff punctuality and appropriate dress for work. One staff member said, "sometimes niggles get mentioned which could have been discussed at the time they happened rather than at a team meeting.' Staff meetings could be used as an opportunity for reflection, learning and sharing good practice. Although management staff said that the meetings were "in depth" this was not reflected in the notes we saw. The management told us they were planning to get staff to chair the team meetings to provide them with additional opportunities for personal development.

Auditing processes had been effective in recognising areas requiring improvement. When areas for improvement had been identified actions had led to positive outcomes for people. The home told us they were planning to introduce the auditing of activities to help inform what would be included or removed from the activities currently offered. Auditing of people's food and drink intake had led to discussions with people about the menu. This ultimately led to the introduction of 'world food days' at the home. These were well received.

The registered manager had 25 years experience in the role and told us they kept their skills and knowledge up to date by monthly meetings with other managers and mental health practitioners. Senior staff at the home also attended local training sessions which had kept them up to date with changes in social care and legislation, for example the recent General Data Protection Regulation (GDPR) which has altered how businesses and public sector organisations can handle people's information.

The home is part of a pro-active outreach service provided by a local surgery. This involved close liaison with a nurse who visited the home each week to check on people's health. This service helped to keep people at the home well for longer and prevent unnecessary hospital admissions. The nurse told us, "[The registered manager] is on board with everything we suggest. The staff are knowledgeable, caring and the people living here are happy. They also follow people up when they are in hospital."