YMCA London South West

Rodney House

Inspection report

Rodney Road
Walton On Thames
Surrey
KT12 3LE

Tel: 01932241219

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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

About the service:
Rodney House provides accommodation, personal care and support for up to 20 people living with a learning disability, some of who will also have physical disabilities. The accommodation is provided in four houses with no more than five people living in each home. One home provides for people who receive short term care only. There is also a communal building which holds the manager's and administration offices and a common room.

At the time of the inspection there were 14 people living there, in three separate houses. Three people also arrived for a weekend stay during our inspection.

The YMCA London South West own the buildings and is the registered provider with the Care Quality Commission. The manager and staff are employed by Surrey County Council, who have also taken on the monitoring of the quality of the service and care since January 2019 with the agreement of the YMCA.

People's experience of using this service:

People living at Rodney House were supported by staff who were kind and respectful. People were supported to be themselves and develop their own individual interests. Staff knew how to communicate with each person and people were involved in day to day decision making as much as possible.

However, the service was inconsistent in their approach to meeting the legal requirements of the Mental Capacity Act 2005 and improvement was needed. There had been several changes in manager in the last year and there was a need for consistent leadership and oversight.

The service had systems in place to keep people safe. There were enough staff to meet people's needs. Risks were assessed and actions taken to reduce avoidable harm. There had been learning from mistakes with medicines administration and new systems put in place to prevent reoccurrences.

People lived in a suitable, safe and comfortable environment. The home met the national standards of Registering the Right Support for people who live with a learning disability. People had access to the right equipment and professional support to help promote their independence.

People could access the local community on a regular basis and take part in activities they each enjoyed. At home, there was a relaxed atmosphere. People took part in choosing and cooking their meals and people's nutritional needs were monitored.

People were given care which was personalised to them. Some work was being done to update people's care and support plans. We recommended that people's end of life wishes should be recorded in the most appropriate way.

The registered manager was new and aimed to develop the service and staff. Improvements were continuously identified and there was support from a quality assurance team. Statutory requirements were being met. Staff were positive about their work and the future of the team.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was related to the need to fully implement and keep under review meeting the legal requirements of the Mental Capacity Act 2005. The provider started to take action immediately following the inspection.

More information is in the full report.

Rating at last inspection:
The last inspection report was published in August 2017 and the service was rated as Good.

Why we inspected:
We inspected the service as part of our scheduled plan of visiting services to check the safety and quality of care people received. This was an unannounced comprehensive inspection.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our scheduling guidance.

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.
Details are in our Well-Led findings below.

Rodney House

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:
Our inspection was completed by two inspectors 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:
Rodney House is a care home that provides accommodation and personal care for up to twenty people living with a learning disability. The accommodation is provided in four houses with no more than five people living in each home. This meets the requirements of Registering the Right Support, a national standard for homes for people with learning difficulties.

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:
The inspection took place on 15 February 2019 and it was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service such as notifications of events and feedback from the public. We had asked the service to complete a 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.

At the inspection we spent time observing the care provided and interactions between the staff and people. We also spoke with five people who lived at the home and two relatives by phone to get their views. We

interviewed four of the care staff and met with the registered manager, deputy manager and a quality assurance advisor. We reviewed six people's care records, three of the staff recruitment files, looked at quality audits and other records about the management of the service. We requested additional evidence to be sent to us, which was received promptly and used as part of our inspection. After the inspection we received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who understood their responsibilities to safeguard people. One relative said people were, "Totally safe… because of the staff constant supervision" and because "Staff are very knowledgeable."
- Staff we spoke to confirmed they have received training in their duty to safeguard vulnerable people. We saw information was displayed about who to report any concerns to.
- Staff had acted promptly to protect people when a stranger was seen acting suspiciously close to the house. The police were called out, and people who had seen this had to be reassured there was no threat to them.
- There were clear records kept of any incidents, for example where one person had made an accusation about another. It was clear how staff had supported people and assessed any risk. They had also notified the local authorities and CQC of the incident.

Assessing risk, safety monitoring and management

- The risks people experienced were understood by staff. Staff could tell us the specific actions they took to address individual risks, such as supporting a person who needed to take regular baths for health reasons, and supervising a person with eating and drinking due to a risk of poor swallowing, coughing and distress.
- There were risk assessments in place that supported staff to know what to do and manage situations where a person's safety might be affected. Notes from a meeting with professionals showed that staff had been following guidance to support a person with positive behaviour strategies and as a result the person reported feeling happy.
- One member of staff told us what they did to support people with epilepsy. They said, "We are trained to know what to do, to reassure and stay with the person. We have guidelines in place and can give recovery medicines if prescribed."
- One person's mobility was changing and some staff had not been sure about helping the person downstairs. Staff told us advice had been sought from the physiotherapist and guidance was to be put in place. We received feedback from the physiotherapist after the inspection to confirm that staff had been reassured and supported the person to come downstairs.

Preventing and controlling infection

- People were protected from the spread of infection. There were cleaning schedules in place daily handover sheets included tasks for staff to complete. We saw that each house was kept clean. There was also recording of food temperature and kitchen cleaning tasks.
- A person had recently been unwell with a virus and staff had taken preventive action to ensure this did not spread to the other residents or houses. One staff member said, "Each person has their own wash cloth and

towels. Gloves are always supplied." The registered manager had commended and thanked staff for being so vigilant.

Staffing and recruitment

● People were supported by sufficient numbers of staff to ensure safe care. There were two staff members on in each house during the day from 7am to 10pm and one staff member at night time. Where people had specific staff requirements, or need for one to one time, these were met.

● The staff shifts were always covered. One staff member said, "We always have enough staff." Vacant shifts were filled by staff from an agency. The staff who planned the rotas said they used agency staff who knew the home. One relative, said that their loved one was, "Always well supported at Rodney Road."

● Staff had been safely recruited. Prior to employment the provider obtained details of the applicant's previous work history, two references and a check with the Disclosure & Barring Service (DBS) was completed. The DBS keeps a record of potential staff who would not be appropriate to work in health and social care.

Using medicines safely

● People's medicines were managed and administered safely. There was guidance for staff about what to do if an error is suspected to ensure people were kept safe from harm. There were good systems in place for daily and weekly checks of the stock and the medicines administration records (MAR). People's MAR was up to date with their medical conditions, allergies and all their prescribed medicines listed clearly. Any changes to the prescribed medicines were clearly documented.

● People's medicines were stored safely in lockable cabinets in each person's room and the office. The temperature of the rooms was taken and recorded daily on a chart to ensure medicines were protected from excessive heat.

● There was evidence of medical advice being sought and recorded. For example, about a person who might refuse to take a medicine, and about a crushing a tablet for a person to take with their food. Where people were monitored because of their diabetes or had 'as required' medicines, there were protocols in place. A risk assessment was also undertaken where people wished to self-administer their medicines.

Learning lessons when things go wrong

● There had been a high number of reported medicine errors last year. These were low risk errors and the staff had been good in their reporting. The provider's quality team had completed a thorough review to identify what could be improved. Actions were identified according to risk and these were monitored. For example, a need for more staff to be trained, assessed and signed off as competent with medicines was identified and we saw that this had been acted on. Another change that had been implemented was to switch house phones to voice mail to avoid distractions when staff were giving medicines.

● Staff were asked to complete a 'reflective account' if an incident or error occurred, as part of their learning and to identify preventative measures. Staff were open to suggestions concerning practices that could reduce errors.

● All accidents and incidents at the home were recorded onto an electronic system. These were viewed by the senior, registered manager and senior managers for any required actions.

Requires Improvement

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.

The effectiveness of people's care, treatment and support was inconsistent. One Regulation was not met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

Ensuring consent to care and treatment in line with law and guidance

- People's consent was sought by staff when giving care or support with daily tasks. A staff member said, "On a daily basis we ask people, if they are not sure or seem anxious I would get information to help them make decisions. I would use encouragement and explain."
- There were some mental capacity assessments in place to demonstrate whether a person could manage their money with support, Another person, assessed as not having the capacity to decide themselves, had been moved to a more appropriate house. The best interest decision making was recorded and the move had been successful.
- However, we found an inconsistent approach. Mental capacity assessments were not in place for four people regarding whether they could consent to care or live at the home with constant supervision. Where the DoLS had been applied for there was no best interest decision evident. One person needed to wear a protective helmet and would not have been able to consent to this. It was recorded in their DoLS application, but with no supporting assessment or best interest's decision. Other decisions made for the person had been assessed and recorded well.
- The service did not keep a tracker of the DoLS applications made. There were two people's applications which were four years old with no evidence of any review by the service. There was one person for whom we judged a DoLS would be needed that had not yet been applied for. One person had a DoLS granted for 12 months in 2016 and there was no evidence of any re-submission.
- The registered manager responded to our feedback and reviewed their practice immediately following the inspection. They assured us that the DoLS tracker in place will be used more effectively to ensure applications are reviewed and resubmitted. The quality assurance manager told us, "We will prioritise completion of the four outstanding applications to be submitted to the supervisory body by the end of the week." They undertook to monitor all DoLS applications, and the supporting evidence of decision making, through a new report. There was also a new eLearning refresher course on the Mental Capacity Act for staff

to be launched this year.

The inconsistent approach to act within the requirements of the MCA and associated code of practice is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for Consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed in line with best practice and knowledge of people with learning difficulties. Staff demonstrated good awareness of people's needs and could tell us about specific support they gave. For example, how often to monitor a person who was diabetic and to ensure they always had the right footwear to protect their feet.
● People's support plans had been reviewed and updated. The service used recognised national tools to assess people's pain or distress. There was NHS information provided about the specific health needs of some people where staff needed to have a good understanding.

Staff working together and with other agencies to provide consistent, effective, timely care
● People were supported by other agencies and professionals. There were records of people having seen the chiropodist and dentist on a regular basis and of having a yearly health check. One staff member said, "We support people's oral health care, sometimes they let us help but sometimes it is difficult so we work with the dentist."
● Staff communicated with each other verbally and using a daily handover sheet. There was a message book as well with details such as what each person is doing that day, whether they need to take a lunch or be transported somewhere. A new staff member told us, "I enjoy working here, I have the time to support people and respond. There is good team work."

Supporting people to live healthier lives, access healthcare services and support
● People were being supported to maintain their health and access services when needed. There were health action plans in place and a record was made of people's health appointments in their support plans. One person had recently been taken for a blood tests to investigate a change in behaviour.
● One person's physical and mental health had deteriorated and there was evidence of the involvement of specialists such as the physiotherapist, speech and language therapist, ophthalmologist and rheumatologist and psychiatrist.
● People's health conditions were listed in their support plans with information on symptoms and how to prevent them. Staff noticed and monitored people's health symptoms. One person who had been referred by staff to the hospital for tests now had an incontinence chart in place. This was being completed daily for the doctors to review.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough. In the dining areas there were weekly pictorial menu boards with a photo of who had chosen the meal that day. People were encouraged to take part in choosing, shopping and cooking the evening meal.
● We heard from a relative who had asked for more fresh food to made available and used. The provider told us in the Provider Information Return (PIR) they are reviewing diets to incorporate healthier eating.
● People's weight was monitored. Each person's support plan had a food chart in place so it was easy to see what meals they had eaten each week. Individual risks or concerns were noted and if needed additional checks were put in place. One person's fluids and snacks were currently being monitored as they were not eating regular meals. Another person required one to one supervision at meal times and we saw this was provided.

Staff support: induction, training, skills and experience

● People were supported by a core group of experienced staff who received appropriate training and supervision to carry out their role. Staff employed by Surrey County Council were given a good induction and provided with mandatory training. New staff undertook the Care Certificate, a nationally identified standard for health and social care workers.

● There was a plan in place for refresher training every 2 or 3 years and records showed most staff, including bank staff, were up to date. One staff member told us, "The training was informative and tailored to people's needs. You need that refresher, even when you've done it before it's always useful."

● Staff confirmed they had regular supervision with a manager which was held approximately once a month. One senior staff member told us, "I get them [supervisions] done, I prioritise them because they are very important. If you feel you are listened to it makes such a difference to the team work."

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

● People lived in a comfortable and homely environment that met their needs. There was no more than five people in each house. There were accessible bathroom facilities on the ground floor of each house.

● The houses each had their own entrance, which was wheelchair accessible. Houses were spacious and with sufficient room for people who used a wheelchair to get about. The service had helped a person to get two wheelchairs, one for the home and one at their day centre. Staff said this had made a big difference to the person as they could mobilise independently.

● Most bedrooms were on the first floors of houses with stair only access. For one person who had been unwell the stairs prevented them from accessing the rest of the house for a time. Staff had now addressed this and an assessment had also been undertaken to find more suitable care and accommodation for their future.

● Environmental and equipment assessments had been undertaken and kept under review. There was evidence that any work required, following these assessments, had either been done or was requested from the building provider.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People were treated with patience, interest and kindness by the staff. We observed staff responding to people with a calm and careful approach. Staff supported a person who needed help to mobilise. They took all the time the person needed, provided positive re-enforcement and ensured they had their belongings nearby.
- People who had come to stay for the weekend were encouraged by staff to interact with each other. The staff talked about people's interests and family to help the conversation and created a happy environment. One staff member said, "I love my job. I like to be able to support people and make their quality of life better."
- One person's relative told us how staff had, "Gone out of their way to visit [person] when they were in hospital to make sure they were not alone and frightened." The person told us, "I am very happy indeed here."
- The staff had secured additional funding for another person so that they could be supported to attend their church and meet their own friends each week.

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

- People were supported to make decisions and in a way, that worked for them. For example, staff knew that one person had decided to go out but could not be rushed and needed lots of support. Staff reminded the person of what they had decided to do in a gentle way.
- One person was eating lunch and wanted a banana for their dessert. The person was asked how ripe they wanted the banana and was offered the choice of several bananas to choose from.
- Another staff member told us, "They are all getting lots of choices here. They are listened to. We ask them who they want to support them, they can pick and choose."
- The new registered manager had made time to talk with and support a person whose behaviour had been challenging. They had involved the person's relatives and social worker a new plan was agreed, including occupational therapy and additional support for staff to understand the person better. The person was smiling and happy when we saw them later in the day.

Respecting and promoting people's privacy, dignity and independence

- People were supported discreetly by staff with any personal care. Staff sat beside people, or knelt, when speaking with them quietly to ensure some privacy was maintained.
- People took part in housework and cooking and were encouraged to be independent. One house had a rota in place for different jobs such as emptying bins. Staff knew how to encourage people and told us what tasks each person liked to do. One said, "They all take part as in any home."
- People's family and visitors were made welcome and could come at any time. One person told us about

their friend who came to visit from another house. Another person said, "I've got some lovely friends in this house."

● People retained their social connections where possible and were encouraged to do so. One person said, "I will keep in contact with a friend from the daycentre." They were going to attend a local disco that weekend.

Good

Is the service responsive?

Our findings

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

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 were given support and care that was personal to them. People's support plans included information about their life, key relationships, their personality and interests as well as their health and support needs. These were written in a positive way and there was evidence that people had been involved. However, not all plans were written in the same way with the "All about me" booklet consistently used in all the houses. The provider told us in their PIR they were transferring information over to this new format.

● Staff told us what people enjoyed doing, such as music and hobbies and how they liked to spend their time. People had what they needed to be occupied at home. One person was supported to go into the town and a number of people were at a day centre that day. Each person had an activity plan for the week, including one to one time and activities of their choice.

● People's communication needs and methods were understood. Pictures and photos, as well as text was used to describe different situations, such as "How do you know when I want to be alone?" A staff member told us they encouraged one person, who had limited verbal communication, "To draw and use pictures and newspaper clippings to get their message across." They could interpret the person's facial expressions and actions to know when they were bored or tired or sad.

● The service was meeting the Accessible Information Standard. This approach aims to make sure that people who have a disability, impairment or sensory loss get information and make decisions in a way they can access and understand.

● People had been helped to experience outings and holidays. One person told us about a trip abroad. Although it was some time ago, they said it was, "A dream come true". One member of staff said, "We ask them and look at places they will enjoy." Another person had been to their favourite football club stadium. The person had told staff, "It's been the best day of my life."

Improving care quality in response to complaints or concerns

● People and their relatives had access to a complaints and feedback process. This was available in a picture format. People were supported by staff to make their concerns known. One relative told us, "I would discuss with the keyworker first if we weren't comfortable with something. Then we would go to the manager or deputy manager." They also said, "We have had little reason to complain."

● Complaints were dealt with and responded to in a timely way. Where a complaint had been made there was a written response provided.

End of life care and support

● People's wishes for the end of their life had been explored. The provider had told us in the PIR that they would be, "Introducing end of life care plans," as some people were getting older. In one house a lot of work had been done on this and each person had plan in place. This had been done sensitively with the person. It included whether the person had a faith or religion, the important people in their life to be involved, any

special wishes for their funeral and their belonging after their death. There were pictures and the format was clear. However, people living in the other houses did not have a clear end of life plan in place.

We recommend that all people are supported to make decisions about the end of their life and these are recorded appropriately.

Requires Improvement

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.

Service management and leadership had been inconsistent.

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

● The service had experienced a lack of consistent leadership, with two interim managers in place between September 2018 and January 2019. The systems for implementing and checking regulatory requirements were not as robust as they should have been, for example with the mental capacity assessments and DoLS applications that were not reviewed.
● Recently, the provider's own report had shown that medicines audits had been delegated to senior care staff without additional guidance and follow up from managers and had not always been completed. We noted that the audits had been completed last month but such improvements need to be effectively sustained.
● The service had support from the council's quality assurance team who were analysing and addressing any risks. They had also undertaken a review on staff training and supervision.
The quality lead told us, "We can see where the service can develop and we have the service delivery team behind us. There will be stability going forward."

Planning and promoting person-centred, high-quality care and support; how the provider understands and acts on duty of candour responsibility
● Whilst staff were positive about their work, some told us that the frequent changes had been unsettling and stressful. Some had not felt supported in managing changes with people's health needs.
● A new registered manager had started. They had established good relationships with staff, expressed a desire to build the service up and ensure practice was consistent. One staff member told us, "The new manager is really nice and approachable. It will be good to have some consistency." Another staff member said, "It's been a challenging year, but we've coped. The new manager is good. I'm confident we can all work together."
● The registered manager said they wanted to bring, "A fresh lens….to encourage staff and develop our person-centred approach. We can look at good practice from other [council led] homes and share this with staff here. We have good staff and the basis to be an outstanding service."
● Where medicine errors had been made there was an openness about reporting and informing people's relatives and relevant agencies under the provider's duty of candour responsibility.

Continuous learning and improving care
● Staff worked with the quality assurance team and welcomed their suggestions. One staff member said, "We have changed the way we do some things with the medicines. These audits help you do things better." Another staff member added, "It's good to get fresh ideas and they enlightened us. The changes have made

things easier and any mistakes have gone right down."
● A quality review was completed four times a year. There was a culture of improvement and a plan was in place that demonstrated this and recorded progress being made on specific actions. For example, on the 2019 improvement plan, care plans were to be updated to a more personalised template and new staff training needs had been identified.
● The registered manager had attended a 'train the trainer' course and was able to run refresher sessions for staff on safeguarding and the mental capacity act.
● The work of staff was appreciated and valued. There were thank you notes posted in the houses. One said, "Thank you for maintaining a positive attitude and being flexible in working across the site."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved in the running of their house through monthly meetings as well as on a day to day basis. The meetings were mainly about food choices, any birthdays and planning special events. One staff member said, "We encourage outside of meetings, to tell us their views, and give them a voice."
● Relatives were encouraged to share any ideas of concerns with staff. One relative said, "I go to the reviews, it's open conversation and shared perspectives." We were also told that relatives views were gathered via a survey once a year and that they had changed the furniture in one house following feedback.
● There were staff meetings held monthly and each house has a team meeting too. Recently, staff fed back that they were not always clear who the duty manager was and this was being addressed. One staff member said of the house meetings, "We discuss how we can move the house forward. It keeps us on the ball and we can share information. We can challenge each other in ways we can improve."

Working in partnership with others
● The service had links with community services that supported people living at Rodney House. A counselling service had been found for one person and another attended local art classes. Some people attended clubs and the day centre. People could access the community and the local shops and facilities.
● One health care professional told us that the staff had been, "Proactively trying to get the right services" for people. There was a good relationship with the specialist team for people living with a learning disability.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The service and staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.