

Rodwell House Limited

Rodwell House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 30 August 2017 and was unannounced. This was a focused inspection to look 'Safe' and 'Well Led' due to concerns raised with the Care Quality Commission. At the last inspection in January 2016, the service was rated Good.

Rodwell House is registered to provide accommodation for people who require nursing or personal care and supported living. The service provides care for up to 75 people who may have dementia, physical disability and sensory impairment. On the day of our inspection four people were receiving nursing care. The rest of the people at the service were receiving personal care only.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People's needs were met by sufficient numbers of staff. Staff felt there were enough staff deployed at Rodwell House that allowed them to spend time with people when attending to their needs. People told us response times to call bells could be improved. The registered manager was already aware of this and had been monitoring this on a daily basis. Records showed that response time to call bells had improved.

Staff at Rodwell House believed that the home was well managed and that the registered manager had an open door policy. Staff felt they were listened to and actions were taken by the registered manager when issues had been brought to their attention.

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's needs were being met when needed by sufficient numbers of staff.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post and a staff structure where everyone was aware of their roles.

Staff felt supported by the registered manager who had an open door policy.

Rodwell House

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 checked 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.

We undertook an unannounced focused inspection of Rodwell House on the 30 August 2017. This was an unannounced inspection to investigate the concerns raised with the Care Quality Commission in relation to staffing and management at the service.

This inspection was undertaken by three 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.

During our inspection we spoke with five people, the registered manager and deputy manager, eleven members of staff and one relative. We looked at duty rotas, staffing tool and records for auditing call bell responses.

The last inspection of this home was January 2016 where the service was rated as 'Good.'

Is the service safe?

Our findings

People were supported by sufficient numbers of staff deployed to meet people's needs. We had a mixed response from people about whether they felt there were enough staff at the home. One person told us, "I like it here, but they can improve with attending to emergency calls when required." Another person told us, "Oh yes, there is enough staff, there's staff all over the place." A third person told us that they had had to wait a long time for their call bell to be answered. They told us, "Staff could respond quicker at evenings and nights, they sometimes take longer. Especially if you're not well and you have to wait 10 to 15 minutes." This person could not specify when this had happened but they said it was not recent. Staff told us that the response to call bells had improved. One member of staff told us, "I think we respond quickly now. We used to have beepers and they went missing. We told the manager and they brought new ones straight away."

Checks were in place to ensure call bells were responded to in a timely manner. The registered manager was aware that there were occasions that call bells had not been responded to within the timescales set. This was an issue that had been identified during the provider's audits. The registered manager had already taken action to resolve this. The registered manager told us that whenever a member of staff entered a person's room they should turn off the call alarm. They told us that staff should also press a green button every time they entered a person's room to signify that they had attended to the person to either to check on their welfare or to provide personal care, however, not all staff had been following this practice. The registered manager had appointed a named person to monitor the call alarm responses on a daily basis. Records showed that there had been an improvement in response times since the monitoring commenced.

People were supported by sufficient numbers of staff. Staff told us that there were always sufficient numbers of staff on duty to meet people's assessed needs. The staffing structure at the home was the registered manager, deputy manager, registered nurses, team leaders, senior carers and care staff. One member of staff told us, "There is enough staff. We have some empty rooms at the moment. We have one person who requires one and a half hours care in the mornings and we have that time to attend to their care needs and talk to them." A second member of staff told us, "We can chat with people. We are not rushed when we attend to people and we have time to talk with them." A third member of staff told us, "New staff have come in now. It takes time for them to settle but they get the proper training to support them. We always have enough time to spend with people and management help us whenever it is required." A relative told us they thought there were enough staff. They told us, "There is always enough staff when I visit, I can talk to staff whenever I want to and this includes the nurses."

One member of the domestic staff told us, "There were a few people still in bed but on the whole this was out of choice. I feel there are enough carers. I know that people get up in a timely way. Most people will go down to the lounge and there is always a member of staff that stays on this floor." They also stated that they knew staff gave personal care in a timely way because when they went to clean the rooms people had already gone downstairs. Another member of staff told us, "Oh we do have enough staff. Every morning staff are allocated to each floor during the handover meetings. We are supposed to have six carers in my unit and there are always six carers. Everybody gets their personal care when they need it. It is always good here as we work well as a team. When we finish the personal care we take people to the lounge if they want to go

there. If people want to stay in their room the nurse will ensure that there are enough staff left on the floor." Records maintained showed how staff were allocated each morning.

The registered manager told us that there had been times when they had been short staffed, however, this was due to staff sickness. They told us that they had just completed a successful recruitment campaign and have employed another 18 staff. The registered manager also told us that they had not used agency staff for the previous two weeks of our inspection; this was confirmed during discussions with staff.

Staff interacted with people in a caring manner. For example, one person's arm was sticking out from the armchair. A member of staff gently moved it out of the way so he wouldn't get it knocked. Staff attended to people's personal needs as and when required without looking rushed. Staff were visible on each floor and lounge and people were involved in activities. The activities coordinator clearly knew everyone and was joking and laughing with people.

The registered manager had used a tool to assess the numbers of staff required to meet people's needs. The required numbers during the day were 17 care staff, three registered nurses (RN), a team of domestic, house and kitchen staff. The registered manager and deputy manager were supernumerary to the duty rota, therefore they were available to cover any shifts required though sickness. Our observations and the viewing of eight weeks duty rota confirmed these staffing numbers.

Is the service well-led?

Our findings

People and staff were supported by the management team at the home. One person we spoke to told us, "Yes it is well managed. You get asked if things are ok, it's pretty good here." Another person told us, "The staff team are well led."

Staff were complimentary about the registered manager and the management team. One member of staff told us, "I think the manager is great. She is so flexible. If you have a problem she will get it sorted. I had a problem a little while back; I went to speak to the manager and she resolved it for me. I love working here, it's my second home." Another member of staff told us, "It is a really good place to work. I get career opportunities and team support. You can say anything you like to the managers; we have meetings and can raise any issues. The manager regularly helps out on the floor and this inspires me." A third member of staff told us, "I feel the home is well managed. I like the managers here. Any problems you have you can go and see her. We all get on so well. We are a good staff team. I feel the manager listens. Yes she values us, she does things to say thank you. We have 'Star of the Month' where staff are given a voucher which motivates you." A fourth member of staff told us, ". I raised an issue though and it was dealt with so I don't think that's true. I feel comfortable raising things and the management always make a response to these."

Domestic, kitchen, care staff and RNs were observed interacting with each other in a professional manner and attending the needs of people. One member of staff told us, "We are all a team here and we talk to each other. Kitchen staff are aware of all people's dietary needs, for example, people who are diabetic have food prepared without sugar. The manager has a very good relationship with everybody. We have just had a meeting to organise some team building exercises and days out together to get to know each other."