

YMCA London South West Rodney House

Inspection report

Rodney Road
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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

The inspection took place on 26 July 2016 and was unannounced.

The last inspection took place 3 January 2014 when we found the service was meeting all the Regulations we inspected.

Rodney House is a care home for up to 20 adults who have a learning disability. The registered service is made up of four semi-detached houses which can accommodate up to five people in each house. There is also a communal building which holds the manager's and administration offices and a common room. The buildings are all on the same site. One house is a dedicated short stay unit offering a service to approximately 25 different people (up to five at a time) for short breaks. At the time of the inspection there were 11 people living at the service permanently and one person was there for a short stay. People living at the service had a variety of needs which included some physical disabilities and autism. Each building had a dedicated staff team, although the staff had all spent time in the other buildings so that they knew the people who lived there and could cover in event of other staff absences.

The service was run by YMCA London South West, a charitable organisation responsible for managing this service and another care home in the county of Surrey. However, the staff were employees of Surrey County Council. The two organisations worked in partnership with different roles and responsibilities for managing the service.

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 living at the service and their relatives were happy with the care they received. They felt well supported and had good relationships with the staff. They were appropriately cared for and had opportunities to pursue social, leisure and educational activities of their choice. People were supported to learn new skills and achieve personal goals. Their wishes and preferences were respected and were considered when planning their care and support.

The staff were well supported. They had the training and information they needed to carry out their roles. They enjoyed their jobs and were fond of the people who they supported. They knew them well and showed a genuine interest in providing individualised care which met people's needs and reflected their interests.

There were good systems for managing and monitoring the quality of the service. The manager and assistant manager had worked for the service for many years and were involved in delivering care as well as overseeing how the home was managed. Records were clear, detailed and up to date. There were regular reviews of all aspects of the service and of individual care. People were involved in this and in planning

improvements for the service.

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.

The risks people experienced had been assessed and there were plans to minimise these.

The staff undertook safeguarding training, procedures were available and the provider had taken steps to safeguard people from abuse.

People received the medicines they needed.

There were enough staff to meet people's assessed needs and the recruitment procedures were designed to make sure the staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People consented to their care and treatment.

The staff were given the support, training and information they needed to care for people.

People's health needs were met.

People had a varied and balanced diet which met their nutritional needs and reflected their preferences.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff. The staff were kind, caring and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and met in a person-centred way which reflected their needs and wishes.

People were able to make a complaint; these were appropriately investigated and responded to.

Is the service well-led?

Good ●

The service was well-led.

People felt the service was well managed. They had the opportunity to express their views and be involved in planning their own care.

Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

Rodney 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 was 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 inspection visit took place on 26 July 2016 and was unannounced. Following this we contacted some of the relatives of people who use the service and external professionals for their views about the service on 27 July 2016.

Inspection team consisted of 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. The expert-by-experience supporting this inspection was a parent of two adults who had learning disabilities.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and safeguarding alerts.

During the inspection visit we met and spoke with eight people who lived at the service, including the person who was there for a short stay. We also spoke with the staff on duty who included the manager, assistant manager, senior support workers and support workers. We met the Surrey County Council Senior Manager (PLD) who line managed the service and the council's safeguarding advisor who was investigating an incident which had occurred at the service. We observed how people were being cared for and supported. We looked at the environment. We also looked at the care records for six people who used the service, the recruitment records for four members of staff, the records of staff training and support, records of incidents, accidents, complaints and quality monitoring as well as how medicines were managed.

Following the visit we received feedback from one external professional who had been involved with supporting a person to move to the service and six relatives of people who lived at the service.

Is the service safe?

Our findings

People had different levels of support to manage their own money and finances according to their needs. There were robust systems to ensure that any money handled by staff was managed securely. This included recording all transactions and keeping receipts. The staff checked the amount of money held for each person twice a day and recorded this. People using the service had their own bank accounts and were the signatories for these.

Surrey County Council had a safeguarding adults procedure. Information about this was displayed at the service and shared with all staff and other stakeholders. The staff received training in safeguarding and how to recognise abuse. They were able to tell us about this and what they would do if they suspected people were being abused. The service had responded appropriately following incidents of harm and allegations of abuse. They had reported these incidents, undertaken investigations and put in place safeguarding to protect people. We saw evidence of this. We met the provider's safeguarding advisor who told us they regularly met with the staff to review safeguarding practice and offer support and guidance.

The manager and staff reviewed the support and care they gave to make sure risks were appropriately managed. For example, following a recent incident where a person had been scalded by a hot drink, new equipment had been introduced to help reduce the risk of injury. The provider was undertaking an investigation into the incident and the response of the service. Additional checks by staff to ensure people were safe when they had hot drinks were in place. We met the representative from Surrey County Council who was undertaking the investigation. They told us they would record any additional safety measure they felt were needed and check that the staff were following these.

There were detailed assessments of risk for each person which included information about how the person could be supported to reduce the risks and likelihood of harm. Risk assessments included information about their physical and mental health, communication, equipment people used, how they moved around the service and when they were outside of the home. The assessments were clear and staff could see what they needed to do to support people and what the person could do for themselves. The risk assessments were reviewed each month and updated when something changed.

There was a missing person procedure and information about each person so the staff knew what action they needed to take if someone did not return to the service as expected. Risk assessments also included how each person should be supported in event of a fire, including their mobility needs and understanding of a fire alarm.

The staff and provider carried out checks on the environment and equipment. These included checks on electrical, water and gas safety, fire fighting and detecting equipment, window restrictors, hoists and nursing beds. The checks were appropriately detailed and we saw that where problems had been identified these had been acted upon. The provider employed a full time maintenance worker. The staff told us that any problems within the environment were reported and immediately attended to. We observed that the environment was well maintained and there were no obvious hazards. Emergency call bells were available

in each room and people could access these if needed. Corridors, stairs and bathrooms were equipped with hand rails and non slip flooring. Cleaning products and other chemicals were stored securely and access to these was restricted.

The building was clean throughout and the staff were seen attending to cleaning tasks. There were appropriate infection control procedures and the staff were aware of these and had received the training they needed. The staff carried out checks on the cleanliness of the environment.

People who received support with their medicines told us that they were happy with this support. One person told us they looked after their own medicines. There was a medicines procedure and all staff were trained to administer medicines. The manager or senior staff assessed other staff competency in this area. We spoke with a newly employed member of staff who told us they had observed medicines being administered and then had been assessed undertaking this task. They told us they had information about how to handle medicines safely and were able to tell us the procedure they followed. There was clear information about the medicines each person had been prescribed and any side effects of these. The GP had signed agreement for the administration of homely remedies (non-prescribed medicines) for individual people. Where people were prescribed PRN (as required) medicines there were clear protocols about when and how these should be administered. Each person had a medicine profile which included information about any allergies they had and why they were prescribed each medicine. The staff kept accurate and up to date administration records. These were checked twice a day and audited monthly. The staff counted medicines daily to make sure records reflected the amount of each medicine held.

Medicines were stored securely in locked cabinets. These were clean and well ordered.

There were enough staff working at the service, however there were some staff vacancies. The provider employed bank workers (temporary employees of Surrey County Council) and members of staff from a staffing agency to cover staff vacancies and absences so that staffing levels remained at the correct ratio. The manager told us that bank and agency workers were the same familiar staff and they knew the service well. The staff confirmed this. The staff at the home also had experience of working in each of the different houses so that they could cover staff absences if needed.

One relative told us, "I have never had reason to think there was not enough staff." Another relative said, "There seem to be plenty of staff around." There were enough staff on duty on the day of the inspection and people were supported to do the things they wanted, which included attending medical appointments and other trips outside of the home. The staff were attentive and people did not have to wait for care or support. The staff were responsible for supporting people to cook and also cleaning the houses. They told us they had enough time to do this. The staffing levels for each home reflected the needs of people living there. Therefore some houses had waking night staff and some had staff sleeping there and on call if needed. The staffing levels in the short stay house were adjusted according to the needs of the people who were staying there at any one time.

There were appropriate procedures for the recruitment of staff. These included inviting the staff for a formal interview. As part of the interview the candidates were assessed supporting people who lived at the home with a leisure activity. The people living at the service were able to contribute their thoughts and opinions about the candidate. The provider carried out checks on their suitability which included criminal record checks, checks on their identity, eligibility to work in the United Kingdom and references from previous employers. Candidates were asked to provide a full employment history. We looked at three staff recruitment files and saw that these checks had been carried out.

Is the service effective?

Our findings

People had been involved in making decisions about their own care and their involvement was recorded. Where people had the capacity to understand and sign consent they had been asked to do this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. The capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. People's care plans also stated who should be involved in any best interest decisions for each person, for example decisions about medical interventions in the future.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff understood that people had a right to make decisions about their care and be supported to do so in a safe and lawful way. Care records outlined where people could make decisions for themselves. We observed when the staff spoke with people they gave them time to respond to help people understand what was being said. We saw the staff gained consent from people to deliver care and support to them.

The staff were able to tell us about DoLS and The MCA. They understood the principles of these and their responsibilities. They told us they had received training in these areas. They said that they allowed people to make choices and obtained their consent about their day to day care and how they spent their time.

The staff told us they felt well trained, supported and supervised. We met staff who had worked at the service for a number of years. They told us they felt they had been given opportunities to learn new skills and develop themselves through training. Newer staff told us they had received a comprehensive induction and the information they needed about their role. All the staff told us they worked well as a team and had good communication. They used a number of systems to communicate with each other and plan their work. All of the staff were able to tell us about these and knew their roles and responsibilities.

New staff were given a pack of information about their role, key policies and procedures, the provider and the service. They took part in induction training which covered required areas for care staff, such as safeguarding adults, medicines administration, health and safety, safe moving and handling, infection control and food hygiene. The staff told us the training was useful. Their knowledge and competency were assessed following the training. Refresher training course took place regularly and the staff told us they were supported to update their training in these areas, other areas and also to undertake vocational qualifications. The manager had an overview of staff training and knew when staff needed to undertake

updated training.

New staff shadowed experienced staff until they felt confident in their roles and the senior staff were satisfied they had the skills they needed. We spoke with newly employed staff who told us they enjoyed getting to know about the role and shadowing others. They told us they had time to read care plans and other information about the service.

The staff had regular team and individual meetings with their line manager. These were recorded. The staff told us they had opportunities to discuss the service and their role and they felt listened to and valued.

The home was divided into four separate houses each with their own facilities. People had their own bedrooms and these were personalised. For example, where people had particular interest these were evident in their choice of décor and furnishings. The communal areas were comfortable and homely and reflected the tastes of people living there. People could lock their own rooms and were offered keys to these and the house they lived in. There was unrestricted access to the communal areas and there was an additional common room in a separate building which could be used by everybody living at the home. The short stay rooms were individually designed and equipped with televisions and DVD players. Each room had a colour theme and people staying at the service could request a specific room. Bathrooms and showers were equipped with hoists and chairs to support people who had a physical need.

People told us they liked the food and were able to choose what they wanted to eat. Some of the things people told us were, "They always do fresh stuff", "They ask what I want Sundays is a roast and I asked for roast beef and I am having stuffed chicken breast tonight" and "They put the menu on the board but when they change it I find it stressful." Relatives told us they thought the service provided good food and a varied diet, "Fantastic food, very good they have difficulty in not over feeding everyone", "Plenty of quantity and quite good quality", "I have seen them dish up meals and it's good they do home cooking cook from fresh", "They do excellent very food, the menu goes up every day", "[My relative helps in the kitchen and peels the potatoes" and "[My relative] is a very fussy eater and if he does not like something they make something else."

People were given the support they needed with eating and drinking. Each house had a weekly menu which had been chosen by the people who lived there. The staff used photographs and pictures of meals to help people make choices. People were involved in shopping for their meals and in preparing meals if they were able to. The pictorial menus were on display so people knew the planned meals for each day. The staff told us there were plenty of alternatives and we saw that kitchens were well stocked. Food was freshly prepared each meal time and there were good supplies of fresh fruit and vegetables. Menus were balanced and varied.

People's nutritional needs, including any allergies, preferences and special dietary needs were recorded. This information was easily accessible to staff and regularly reviewed and updated. The food and drink people consumed was recorded and their weight was monitored so that any changes in diet or weight could be identified and acted upon.

People were able to request or help themselves (according to their needs) snacks and drinks throughout the day and night; and access to the kitchens was not restricted.

People's health needs were met. There were clear, accurate and appropriately detailed plans about individual health needs. These included any specialist equipment or support people needed. These plans were reviewed monthly and changes in health conditions were recorded. There was information about the

different healthcare professionals people had contact with and each appointment or contact was recorded. There was evidence the staff acted on advice of other healthcare professionals and alerted them to any changes. We saw people had regular access to their GP, opticians, dentists and other healthcare professionals as needed.

Is the service caring?

Our findings

People told us they liked living at the service and the staff were kind and caring. They told us they had good relationships with the staff and each other. People showed a pride in their home. They told us their choices were respected and they could spend time how they wanted. Some of their comments and also comments from their relatives included, "They are very kind and listen to me and talk to me", "They always spend time with me", "They are all lovely, [the manager] is very good" and "The staff are always joking and laughing with [my relative]."

Throughout the visit we observed the staff being caring, respectful and engaging with people in a kind and non-directive manner. They asked people's opinions and allowed them to make decisions about their care and the appropriate way to conduct themselves. The staff were aware of people's individual preferences and interests and engaged with people so that these were at the centre of their communication. There was a relaxed, friendly and cheerful atmosphere at the home with a strong sense of natural integration and community spirit. People living at the service and the staff engaged with each other and respected each other's opinions and choices.

The staff respected people's privacy. Information about people was stored confidentially and people had been asked to consent when information had to be shared with others. For example, with healthcare professionals. The staff knocked on closed doors and waited for answers before entering rooms. The staff did not discuss people's needs on front of others and dealt with different situations sensitively. For example, one person said something which could have been seen as inappropriate to another person living at the home. The staff supported both people to speak about this. They empowered the second person to explain how this had made them feel so that the person who had made the comment could see this from the other person's perspective. The situation was dealt with in a calm and positive way and both parties came to a shared understanding without any disagreement.

People were supported to develop independent living skills and to achieve personal goals. For some people this meant helping with household chores and cooking, whilst others were supported to learn the skills to live more independently away from the service. The staff had supported a number of people to move on to different homes and some of these people were now living on their own with little or no staff support. People decided their own personal goals and the staff helped to plan for these. They monitored how well people were achieving these and looked at way to develop their skills further. For example, one person had chosen to purchase their own newspaper at a local shop. The staff had monitored how well the person was managing this and were allowing them to become more independent. One member of staff spoke about this piece of work. They told us how much they enjoyed seeing the person achieve something they wanted and interacting with the public in a positive way. The manager told us how some people had been employed in local community jobs and had learnt skills relating to their role and as part of the working experience.

Support plans included information about people's culture, religion, sexual orientation and personal relationships. There was clear guidance for the staff on how to support people to pursue the lifestyle they

had chosen in a non-discriminatory way.

Is the service responsive?

Our findings

People had been involved in planning their own care. Some of the comments from people who used the service about this were, "The staff talked about my likes and dislikes with me" and "They talk to me about what I like and what I want to do." Relatives of people told us that the staff consulted them and asked their opinions. The staff had created person centred support plans which outlined what was important to the person, how they communicated, what their needs were and how they should be supported to meet these. People we spoke with confirmed that they had seen their care plans and were involved in planning their everyday care.

The plans were clear and easy to follow with a very good level of personalised detail, covering needs, abilities, routines and preferences. We saw that individual issues we had observed and discussed with staff and people living at the service had been appropriately and sensitively documented in the care plans with relevant guidance on how to support where necessary, for example supporting people with their personal relationships and sexuality. There were clear guidelines on how to monitor and manage people's health conditions. The plans were typed and very well presented with graphics and language that could be understood by the people who they were about. The staff reviewed support plans each month and this was documented. In addition each person had an assigned key member of staff who reviewed how the service had been for the person each month. They produced a report of this which helped them to decide if any changes or improvements to care and support were needed.

People told us they helped prepare meals, shop, with their laundry and with household tasks. One person said, "I help do the on line shopping." Another person told us, "We all help out with the staff, we all have different jobs to do." People had been involved in setting their own goals which they were supported to achieve. These were based around their personal interests and learning life skills. The goals were regularly reviewed by the person and their key member of staff to make sure they were getting the support they needed.

People visiting the service for short stays were given information about the service and what to expect from their stay there. Their support plans included objectives and goals for them to achieve whilst staying at the service. These focussed on their individual preferences and needs. The staff completed an "end of stay" report at the end of each visit. This outlined any positive outcomes, concerns and how well the stay had gone for the person. The report helped inform the staff if any changes were needed to the support plan for the next time the person stayed at the service.

People told us about some of the things they enjoyed doing at the service or with the staff from the service in the community. Their comments included, "I like Hello Kitty, going to the garden centre and the corner shop and I do the shopping every Wednesday", "I like the cinema", "I go to Costas for a croissant and coffee sometimes", "I do computers at the library", "I like going to McDonalds and I am going to Butlins in August with my friends", "I go to London", "I like Star Wars and Dr Who", "I went to the Slug and Lettuce yesterday" and "I like my computer games."

Relatives of people living at the service told us people were supported to do a variety of different activities they enjoyed. Some of the things they said were, "He likes football, TV and cooking", "We saw him in the pub with a group of his friends from the home looking very happy, he was waving from the group", "They take him to the pub" and "He likes colouring and the staff take him out to buy books."

People living at the service were supported to take part in a variety of different social, educational and leisure activities according to their individual needs and preferences. Each person had their own plan which they followed. Some people attended local colleges or day centres for some of the week. Each person had an assigned day where they were supported to undertake personal shopping, household chores and plan what they needed and wanted to do. There were some organised group activities for the whole home and for individual houses. People told us about a recent garden party and barbeque they had enjoyed to help celebrate one person's birthday and to say goodbye to a person who was moving to a new home. There was a common room which was equipped with satellite television and people told us they had gathered there to watch sporting events as a group. People in each house took part in small group activities. For example, a member of staff told us people in one home they had supported people to make their own pizzas together. We saw that people had their own belongings and equipment they could share, such as colouring pens, books, games and DVDs in their houses. People told us they were able to use these and request additional equipment if they wanted this. The home was equipped with wifi and people had their own internet equipment. People were supported to plan holidays with others or on their own and were supported by the staff with these.

People told us they knew how to make a complaint and what to do if they were unhappy about anything. People felt comfortable speaking with the staff and manager. The manager and assistant manager regularly visited each unit and we saw them listening to people and responding to people's comments.

There was a clear complaints procedure and people were given information about this in a format they could understand.

The provider maintained a record of all complaints and how these were investigated and responded to. We saw that the manager had apologised when things went wrong and taken appropriate action to put things right.

Is the service well-led?

Our findings

The atmosphere at the service was relaxed, welcoming and positive. People living there, their visitors and staff all spoke highly of the service. There were kind and positive interactions with genuine affection between people living and working there. People felt involved in how the service ran and both those living at the service and staff told us they were able to voice their opinions and these were listened to. People liked living at the service and felt their needs are met. Some of their comments included, "I like living here", "I like doing things here", "I go to the corner shops and buy things"

One of the relatives of someone who lived at the service told us, "The management is very good, everything organised, everything I've discussed is done." People living at the home and their relatives told us they would recommend the service. One relative said, "I would recommend it every time we have seen how happy [our relative] is." Another relative told us, "The home is streets ahead of any other service."

One member of staff told us, "This is a lovely place to work." Another member of staff said, "When I first started working here I fell in love with the place." They went on to say, "We are like a family here, we all care about each other so much."

One professional who we had contact with told us they had been involved in supporting a person to move to the service earlier in 2016 and reviewing their ongoing care. They told us, "Rodney House has been good at communicating with me and acting in a timely way upon requests made by the social care team. It was observed when I visited that my client has built positive relationships with the staff including managers."

The manager and assistant manager had worked at the service for many years. They knew the needs of the people who lived there and also people who had previously lived there and moved on. They had an excellent relationship with people, interacting with them in an empowering and positive way. They spoke about people in a positive way, reflecting on how the service could support them to live the lives they chose. The manager and assistant manager worked closely with the other staff and praised their team for their hard work and commitment.

YMCA London South West was the registered provider for the service. They are a charitable organisation. They shared the management of the service with Surrey County Council, each taking on different roles. YMCA London South West were responsible for maintenance of the environment, quality monitoring and checks and Surrey County Council employed the staff. Both organisations regularly met to discuss the service and they developed and reviewed systems, policies and procedures and records together. The manager had the opportunity to work with and share support with managers from other Surrey County Council run services and the staff accessed the council's training.

Records were well maintained, clear and up to date. Care records reflected people's views and preferences. Information was easy to read and people's care and support needs were well recorded. The staff reviewed and updated these regularly and kept an accurate and appropriately detailed record of the support they had

provided. Staff records were also clear, accurate and appropriately maintained. The manager had systems to regularly audit and update information and all recorded. We saw how information about events, such as incidents and accidents could be easily located and tracked to see how these events were dealt with and what action had been taken. The manager analysed this information to identify any trends and made adjustments to the service appropriately. For example, by organising when people stayed in the short stay unit so that people were staying at the same time as others who they liked and respected.

The provider had good quality monitoring systems. These included checks on the environment, records, care and staffing. Surrey County Councils Senior Manager (PLD) regularly visited the service and met with people who lived there and staff to find out about their views. Each unit had a number of daily, weekly and monthly checks the staff carried out which included checks on the environment, infection control, fire safety and review of care records and people's needs. The manager oversaw these checks and there were clear actions, which had been addressed, where concerns were identified.

People who used the service, their visitors and staff were asked to complete annual satisfaction surveys about their experiences. The results of these were collated so that the manager and provider could address any concerns. Feedback from recent surveys had been positive with many family members scoring the service as "excellent" in most or all of the areas. One person had commented, "This is the best short term care [my relative] has ever had." Another person had written, "I am so happy that [my relative] lives here. He is so well looked after and I have total faith and confidence in them." Other comments included, "This is a very well-run establishment" and "[My relative] is very happy here and so are we too." There were also regular meetings for people using the service in each of the units, so they could discuss any changes they wanted and plan activities, menus and their environment.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.