

Rodwell House Limited

Rodwell House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rodwell House is a service providing personal and nursing care for up to 75 people. The service is provided in one adapted building set over three floors with a communal lounge, activity and dining area. At the time of our inspection 64 people were living at the service. Some people living at the service had tenancy agreements with the registered provider and as such fell under the regulated activity of personal care. However, staff confirmed that everyone living at the service were entitled to the same level of 24-hour care, therefore we have included everyone living at the service in our inspection.

People's experience of using this service and what we found

We heard from people, relative's and staff that things had improved since the new manager and deputy manager had commenced in post. However, there continued to be shortfalls in person-centred care, robust record keeping and staff able to speak a good level of English. Some of this was having a negative impact on people and as such we have issued breaches of regulation to the registered provider.

People did tell us however they were cared for by staff who were kind and caring. They said they felt there was enough going on at the service and they enjoyed the food. We found though that people who remained in their rooms may not always receive social stimulation.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People lived in an environment that was cleaned to a good standard and was checked for its safety. People were supported to make their own decisions and do things for themselves. Health care professional involvement was sought to help people remain well and people said they felt safe living at Rodwell House.

Although staff were now starting to receive training and supervision and there were sufficient staff on duty to care for people, we have issued a recommendation to the registered provider to address some shortfalls we identified in relation to these areas. We also found that some information around people's risks was not robust and again have issued a recommendation in this respect.

Quality assurance checks had been introduced to help to improve the service for people. The manager and deputy manager had a drive to move the service forward and people had already noticed a positive change.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 November 2018).

Following the last inspection, we asked the provider to complete an action plan to tell us how they planned to address the shortfalls. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Effective, Responsive and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement 

The service was not always 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.

Rodwell 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by five inspectors and a nurse specialist. One inspector took the role of expert by experience, in that they spent the inspection speaking to people who used the service, relatives and visitors.

Service and service type

Rodwell House is a 'care home'. 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 service had a manager who was going through registration with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We told the manager when we would come back to the service to meet with them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider had previously sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including the provider's governance lead, the provider's assistant group manager, the manager, deputy manager, clinical staff, care workers and the chef.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The manager was not available on the day of inspection, so we returned to the service on 5 November 2019. We gave the manager the opportunity to tell us what improvements they had made since coming into post and their plans on how to improve the service to a Good rating.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we issued a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not always ensured any concerns which may have constituted a safeguarding concern had been reported to us. We found at this inspection the manager was keeping a record of all accidents, incidents and concerns and had reported concerns in line with requirements.

- People told us they felt safe. One person said, "I can sleep soundly here because I know when I go to bed I am safe and everyone else is too." A second told us, "It's very safe here." A relative told us, "Everything seems safe and secure."
- People were cared for by staff who understood their responsibility in relation to safeguarding and potential abuse. Staff told us they would report unexplained bruising or marks as well as general concerns. They said they used personal care as an opportunity to carry out an overall visual check of a person. A staff member said, "I would report safeguarding concerns to my manager."
- Staff knew how to whistleblow should they have any general concerns about the service.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection we issued a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not always ensured risks to people were appropriately managed. Since that inspection, people's risk assessments were being reviewed. We also found staff were not following guidance to help stop the spread of infection or taking action to learn from accidents and incidents. At this inspection we observed most staff following good infection control procedures and where people had accidents and incidents these had been responded to appropriately.

- Risks to people had been identified, although it was not always clear to read in people's care plans what action had been taken or guidance was in place for staff to help reduce risks to people. The manager was aware that records were not contemporaneous and they had introduced 'resident of the day' in order to review everyone's care plans and risk assessments. This was work in progress and we will check at our next inspection that people's records are up to date.
- One person went out independently, however there was no risk assessment in place around this. And a second person had in their notes they used bed rails but there was no risk assessment in place. This same person was recorded as, 'encourage [name] to drink adequate amounts of fluid to remain hydrated'

however their fluid charts small daily amounts of fluid either being drunk or offered. That said, throughout the day we observed and heard people being offered drinks.

- The impact to the people whose risk assessments were not up to date was low however as they had capacity and we did not feel anyone living at the service was at risk.
- People had individual personal evacuation plans (PEEPS). These were detailed and included a picture of the person for identification purposes for the emergency services. However, although we were told 64 people were currently living at the service, there were only 52 PEEPs in the fire grab folder which would be used in the event of an evacuation. Immediately following our inspection the manager told us the grab file had been updated.
- Although a staff member told us, "Everyone has their own slings. We always wear gloves and aprons," we observed two occasions when staff were seen not to wear gloves. One concerned a staff member who had placed a bag of soiled items in the clinical bin in a sluice room and another where a staff member had assisted a person to the toilet. We reported this to the manager who assured us they would address this immediately and we had confidence this would be done.

We recommend the registered provider ensures that information around risks to people is up to date and contemporaneous and that infection control procedures are adhered to by staff.

- On a constructive note, people were enabled to take positive risk taking in that we saw people choosing to spend a lot of their time walking around the building. Staff were aware of people and regularly checking on them and where people smoked, smoking risk assessments were in place. People who remained in bed and were at risk of their skin breaking down were repositioned regularly and provided with appropriate equipment to help maintain their skin integrity.
- A staff member told us, "We keep people safe by knowing the one's at risk. We have just moved a resident from the second floor to the ground floor because of an increase in her risk of falls. We put things into place, like crash mats on the floor." To keep one person safe, staff had placed two crash mats and a sensor bell in their room.
- A member of staff said, "We have regular fire drills and training and trained fire marshals." One person was using oxygen and there was clear signage on their bedroom door to alert staff and the emergency services to this.
- Weekly maintenance checks were carried out to ensure the lifts, water, electrics, and general health and safety aspects of the building were safe and well maintained.
- People lived in an environment that was cleaned to a good standard. The service and people's rooms were visibly clean and odour free. One person said, "It's so clean and staff are always cleaning up." A relative told us, "I see that a lot (staff wearing gloves and aprons), I think it's very important to them."
- There were cleaning schedules on the bathrooms and toilets and we saw these had been filled in at the relevant times. Sluice rooms were clean and odour free.
- Where people had accidents and incidents these were recorded and reviewed by the manager. The manager showed us a system they had established to log accidents and incidents which enabled them to review these for trends and themes.
- The manager told us as a result of accidents and incidents people were moved to rooms closer to the nurses station, referred people to the falls team and external agencies provided support to people. Accidents and incidents were discussed in staff meetings for learning.

Staffing and recruitment

At our last inspection we issued a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were insufficient staff deployed to attend to people's needs promptly.

At this inspection we found staffing levels had increased.

- There were sufficient staff to meet people's needs and feedback we received supported this. The manager told us they used a nationally recognised dependency tool when they first came into post to review people's dependency. They said, "This was a more appropriate tool as it looks at a range of conditions such as learning disability or other needs." This considered the wide range of the needs to people living at the service. As a result staffing levels had increased from six care staff in the morning and five in the afternoon to eight throughout the day.
- Our observations on the day were that people received the attention they required, but staff deployment could have been better organised at busy times. For example, at lunch time one staff member was deployed to assist five people to eat who were in their rooms. By 12:45 the staff member had only fed one person. We reported this back to the manager who told us they would investigate how this had happened. Following our inspection they confirmed staff deployment was completed by unit managers and checked by the manager/deputy at their 10.30 daily meeting to enable staff to be deployed better during peak times such as meal times.
- We received mixed feedback about staffing levels, although it was mostly positive. One person told us, "Generally I don't have to wait long." However a second person said, "There are not enough staff. Staff don't have time to chat with me. They are caring when they have enough time." ● Relatives told us they felt there were enough staff at the service. One told us, "A lot of staff – always seems to be a lot of people (staff) around."
- Staff also gave differing feedback on staffing levels. Most staff told us that whilst their job was busy they considered there were enough staff to deliver safe care. However two staff told us they seldom had time to sit and chat with people, something they believed would enhance people's well-being. One told us, "We could do with more staff" and yet another said, "I think there are enough staff now (since the last inspection)." A third who had started recently at the service said, "Since I have been here it hasn't been a problem. We answer call bells quickly."

We recommend the registered provider ensures staff deployment is organised in a consistent way throughout the whole day.

- Staff were recruited through a process which included them having to provide references, proof of their right to work in the UK, previous work history and evidence of their fitness to carry out the role. In addition, staff underwent a Disclosure and Barring Service (DBS) check. This helped to ensure they were suitable to work in this type of setting.

Using medicines safely

- People received the medicines they required. One person said, "They always make sure that I get the right medicine at the correct time." A relative told us, "They are very good with making sure she always has her medication."
- Where people required 'as needed' medicines protocols were in place. This helped ensure staff recognised the signs that people, who could not communicate, may indicate they were in pain. Staff told us medicines practices had improved. A staff member told us, "We have help from the local pharmacy team. It has improved a lot. Everything is now controlled and organised." Also since our last inspection the service had introduced an electronic medicines system. A member of management told us, "It's made the administration of meds safer as it won't physically allow you to enter a dose of paracetamol if the last one was less than four hours ago. It brings up a warning to tell staff."
- People's medicines were stored appropriately in a clean and tidy environment that was temperature

controlled and had hand washing facilities. Staff had a good knowledge of medicines procedures and we observed them following these when administering and dispensing medicines during our inspection. Staff competencies had been checked to help ensure staff were following best practice.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same add rating of Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we issued a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we found staff were not always sufficiently qualified, skilled and experienced to meet people's needs. Since that inspection, the manager had introduced new workbook and face to face training resources.

- The manager told us they had introduced workbook training which was then embedded using face to face sessions. They said, "We are concentrating on a different subject every two weeks and on the interim week we will hold face to face sessions to reiterate the training." This training had started but it would take some time to ensure all staff had undergone the required training.
- Care staff went through an induction when commencing at the service and they told us they had face to face training on topics such as moving and handling, fire evacuation and resuscitation. A member of staff told us, "The induction was helpful. I had some training courses, then three days of shadowing, you learn a lot while you work." A second staff member said, "I had an induction which included fire training, moving and handling and repositioning as people have their own slings."
- Clinical staff told us they had mandatory training and additional training such as catheter care. One said, "I have done my NVQ (national qualification) training. We do have lots of residents with complex needs so training in things like Huntingdon's, PEG feeding and palliative care is essential. The manager confirmed that Huntingdon's training had been arranged."
- Staff supervisions had not been taking place and the manager and deputy manager were in the process of getting these up to date. A staff member told us, "I have regular supervision. Last done about three weeks ago." A second staff member said, "During supervision the manager usually ask what kind of training we need. Last week I had training in moving and handling."

We recommend the registered provider continues with the work in relation to training and supervision to help ensure all staff have the necessary skills required to work in this type of setting.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We took into account that some people living at the service had tenancy arrangements with the registered provider and as such DoLS would not apply.

- Some of the processes in relation to the MCA had not been followed in line with the principles of the Act. For example, one person had a capacity assessment for the locked doors but there was no recorded decision at the end of the capacity assessment.
- A second person was recorded as lacking capacity. However, they only had a capacity assessment for, 'all aspects of care' rather than individual capacity assessments for any restrictive practices, such as their bed rails. A third person had a DoLS application submitted for them but had no capacity assessments in place to support this and one person lacked assessments for their bed rails and lap belt. A further person lacked capacity but we found no capacity assessments in their care records at all.
- Some people's care plans recorded they had a tenancy agreement and therefore DoLS would not apply. However, this was not clear whether or not this was the case in other care plans.

The lack of compliance with the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- That said, staff had a good understanding of the MCA. A staff member told us, "Some of the residents have the capacity to decide what they like and want. Some of them don't or can't even speak. However, you still have to ask them for their choices." A second staff member said of one person, "We have put them on full bed rest with bed rails. We have applied for DoLS for this is a restrictive practice."
- People also told us staff asked for their consent, with one person telling us, "Whenever they are helping me with anything, they are always making sure I am happy with it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There were a variety of nationally recognised standards and guidance used to help assess people's needs. This included checking a person's risk of malnutrition, skin breakdown or pain threshold.
 - Where required staff involved external agencies to support them with people's care as a result of these assessments. There was evidence of involvement from the GP or the speech and language therapy team in relation to people's nutritional needs, for example.
 - A relative told us staff communicated well with them, telling us, "They always give me updates on any concerns they have for my wife." We observed staff communicate with each other throughout the day and working in a cohesive manner.
- Staff said, "Team work is very good here" and, "I never feel like I am alone. I get support and encouragement from colleagues and nurses."

Supporting people to eat and drink enough to maintain a balanced diet

- People gave positive feedback about the food and we observed people had sufficient opportunities to

drink or eat throughout the day. One person told us, "The food isn't bad." A second person said staff were, "Very particular about making sure I drink enough, as I do need reminding." A third told us, "The lunch is lovely. They (staff) do their best to encourage me to eat." A relative said, "(Family member) always has enough to eat and drink."

- Kitchen, as well as care staff had a good knowledge of people's individual dietary needs. People who had specific requirements, such as a modified diet were provided with this. A relative told us, "The puree food always tastes nice." A second relative told us, "Mum is on pureed, they try to make it as nice as possible for her to encourage her to eat."
- On most occasions kitchen staff served food to people in the dining area which helped them get to know people's requirements. One staff member told us, "Helps us to know who we are preparing for as well as seeing what is popular or whether there is a different meal they would like us to prepare."
- Menus were varied and included a vegetarian option. When people did not wish either choice, they were offered an alternative. Hot and cold drinks were readily available in communal areas.

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

- People's rooms were personalised and adapted for their individual needs. One person told us, "My room is nice... lovely views. It's so nice to wake up to a beautiful view."
- Memory boxes were displayed outside people's rooms and although not everyone used these we noted a large majority had a good assortment of items in them.
- Signage was clear on bathrooms and toilets to help orientate people and corridors were wide and clutter free to enable people in wheelchairs to move around unaided. One person said, "It is a large building so it makes it easier for me in my wheelchair."
- Where people required it, there was assistive equipment available, such as plate guards to enable them to eat independently and people had ceiling hoists if they required them. Some rooms had a red elasticated barrier across their door. They told us they had requested this to prevent other people wandering in and out of their room without the need to close the door.
- There was a colourful sensory garden to the rear of the service which people told us they used. One person told us, "The gardens are lovely."

Supporting people to live healthier lives, access healthcare services and support

- Staff told us they would raise any concerns they had about a person's health with the nursing staff, telling us the nurses always took these concerns seriously and acted on them. There was evidence of people's oral health being monitored as well as having access to health professionals such as the GP, chiropodist and district nurse.
- When one person became unwell during the day, staff responded in a kind, efficient and concerned way arranging for the person to receive appropriate treatment. A relative told us, "Hint of a bed sore a couple of weeks ago. Identified straight away and told me. Communication is great." A second relative said, "There are weekly doctor's rounds if required."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we issued a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always demonstrate a respectful attitude towards people. At this inspection we did not have such concerns and feedback we received from people and their relatives was positive. The manager told us, "Practices have changed" and we observed this from individual staff.

- People gave positive feedback about staff. One person said, "The staff are lovely and it's a lovely homely family feel here which is important to me." A second person told us, "When I first moved in the staff showed me around and introduced me to people. Staff are always helpful." A third said, "I love it here, the staff are lovely to me."
- Staff were heard to speak to people in a respectful manner and using endearments. One staff member knocked on one person's door saying, "Good morning my darling" and another knocked and entered calling out, "Laundry [name] can I come in?"
- Staff treated people with kindness and interactions we observed were positive. People confirmed this was the case with one person saying, "The carers are so nice and kind." A relative told us, "They're lovely to her, really lovely. A couple of the girls are absolutely brilliant." A staff member was seen politely greeting each person they passed in the corridor with a warm and friend, "Hello." A staff member told us, "The best part of my job is listening to resident's stories."
- Staff were attentive to people. One person became upset and staff were seen to comfort them immediately focusing all their efforts on reassuring the person, giving them a hug which was returned. The person responded well to the interaction. A relative told us, "The staff are great and so compassionate and gentle with my wife."

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

- People's decision in relation to their care was respected. One person refused to have a regular shower and resisted staff's involvement to treat a minor injury. As the person understood the risks to their health and had capacity, staff acknowledged their decision.
- People's care plans recorded what they were able to do for themselves. For example, one person's read, 'can wash her face and the front of her body'. Staff told us they encouraged people to do as much as possible for themselves, with one telling us, "Even if it is a small action such as wiping part of their face."
- People told us they chose how they wanted to live and what they needed support with. One person said, "I

have my meals in my room and staff help me do this." A relative told us, "My understanding is she can do whatever she wants and the staff support her."

Respecting and promoting people's privacy, dignity and independence

- People told us staff showed them respect. One person said, "Staff always make sure they knock on people's doors." A second said, "Staff are very respectful of my privacy which means a lot to me." A relative told us, "The staff are great at respecting my wife's dignity."
- People were supported to be independent. One person told us, "I ask to walk in the garden and they (staff) open the door for me and let me walk while they watch from the patio doors. I appreciate the fresh air." A second said, "The carers always allow me to 'give it a go', though it must slow them down." A relative said, "Mum can't really do anything independently, but they do try to get her to do small tasks like hold her own cup." We observed this later in the afternoon when a staff member encouraged one person to drink from their cup and gently persuaded them to hold the cup themselves. We also observed one person folding napkins to be put on tables at lunch time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement rating. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection we issued a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as complaints had not always been recorded or responded to. We saw at this inspection complaints were logged and responded to.

- People told us they knew how to raise a complaint. One person said, "I haven't often had to complain, but when I did it was taken seriously." A second told us, "If we had any complaints we should speak to any of the staff about it." A relative said, "I complained that mum was being left in her room for too long. As soon as I said something now I always see her down in the lounge."
- We reviewed the complaints folder and found 30 complaints had been received so far this year. All complaints had been responded to. The manager and deputy manager told us it had been a difficult time with the change of management and as such relatives were frustrated. They said they were speaking with relatives regularly and as such things had become calmer and feedback was more positive.
- Complaints information was made available to people should they wish to raise a concern or grievance.
- Positive feedback had been received. Following a recent local authority visit, they had commented, 'place is calm, everyone looked content and well cared for'.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although there was a range of information in people's care plans we did not always see staff following guidance. One person's recorded they did not like men and yet we saw a male member of staff go into their room. This staff member was unaware the person did not like males. This same person also required frequent checks throughout the day, however we spent our time in the vicinity of their room all morning and did not observe staff check them.
- Some records were not completed in care plans which meant it was unclear whether or not people received the care they required. One person had no daily notes recorded for five days in October. A second person was noted as requiring their food intake monitored and yet for five days in October there was no record of what they had eaten at certain times during the day. We checked the person's weights and this had not impacted on them.
- People's social history was not always recorded and we asked staff how they got to know people. One staff member told us, "I have worked here for a long time and so I just know about them." However, there were

new staff working at the service and without social histories it would take time for them to get to know people individually. We found this with some staff who were unable to tell us much information about people.

- There were statements in care plans which had no further information or guidance for staff. For example, 'depressive symptoms'. A second person had a brain injury which would have affected their movement and thinking, but there was no care plan around this. This same person suffered from periods of anxiety or distress, however the, 'what makes me feel better' section in their care plan was blank.
- There was a lack of evidence of people's end of life wishes being discussed or recorded, although one person's did say that they would like to discuss their end of wishes further with their family. However, we did receive positive feedback about people's end of life care. A relative told us, "I know mum is nearing the end of her life and I know that the staff are doing everything for her to be comfortable and that puts my mind at rest." We also heard of one person on palliative care who staff told us, "She was bed bound, not eating or drinking. Now she is up and eating by herself and drinking well. She has recovered so well."
- Although activities were available to people in communal areas, we did not observe any activities going on in people's rooms. Engagement between people and staff was purely task orientated. A staff member told us, "They don't get the same level of service from us as those who are in the lounge areas." A second told us, "We need better activities for people in their rooms." The deputy manager told us, "Absolutely agree, more activities are needed in rooms."
- Following our meeting with the manager, they told us, "The activities have implemented from yesterday the 4th November 2019 that one person shall be responsible for visiting and recording visits to anyone whom stays in their room. We will check at our next inspection that this has been sustained."

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans were contemporaneous and people felt longer-standing staff knew them well. One person's care plan stated what the person liked to eat, how they liked their tea, how to move them in the hoist and the size of sling they required. A second's recorded which football club they supported. A further person's recorded what specific television programmes they liked and how they liked to spend their time. It also mentioned they used a table on their wheelchair to hold specific items they liked with them at all times. We saw they had these. A further person could display behaviours towards staff and their care plan guided staff to use a 'sing song' voice with the person to calm them as they liked music.
- One person told us, "The ones (staff) who have been here a few years are very knowledgeable and know me and know what I like and don't like." A relative told us, "They (staff) do a great job, as you can see she really doesn't have much movement or verbal communication and they are great at looking after her." Activities such as nail painting, arts and crafts, a choir, bingo and chair dance were available to people and staff were aware of some people's interests. A relative told us, "They know she enjoys the singing sessions and whenever I have come during the singing she is always in that part of the lounge." A second relative told us, "There are lots of nice activities that happen here like music, singing and exercise."
- We observed a baking activity where people were encouraged to take part as much as possible. One person was stirring cake mixture and told us they were making scones. Staff chatted to people during the activity about their childhoods and what they liked to do. One person said, "There's always something going on, whether it's music or games, it's great."
- People were supported to maintain relationships with those who were close to them. One person told us, "My sons can come and see me whenever they want to." A relative told us, "We are made to feel welcome and she can see us whenever she wants to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people's care plans had good information about their individual communication needs. One person's recorded they could express themselves verbally, however their conversations may not accurately reflect what they really meant. Staff were advised to, 'speak in short, concise sentences'.
- There was evidence of posters and information for people displayed in pictorial format to aid their understanding and one person used picture boards to communicate with staff.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement rating. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we issued a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care records were not contemporaneous and there was a failure to operate effective quality assurance systems. At this inspection we found improvements had been made. However, these improvements needed to embed and be sustained in order for people to receive a consistently good service, one they should expect and one which had a positive outcome for them.

- Since the manager and deputy manager had commenced at the service, improvements had been made to the service. Robust auditing had been introduced, work practices were better and the service was calmer than the last time we inspected.
- However, the management practice of recruiting large numbers of non-English speaking staff had continued. This was having a negative impact on people as they felt their needs may not be understood by staff as staff could not always understand what was being asked of them or in turn communicate with people in good English.
- We received consistent feedback throughout our inspection about the frustration people had with the poor command of the English language. This included, "It can be a little frightening as I need to be absolutely sure they know how to assist me and I am not always confident they have understood me properly when I try to explain," "The new staff don't know me and not all of them can speak English" and, "They all seem very young and some of them can't speak English." Relative's reiterated this telling us, "I don't know how much mum understands the strong accents and broken English" and, "The staff are kind, however sometimes there is a language barrier." Staff also found this unsatisfactory with a staff member saying, "Language is a barrier. It's hard; people are finding it hard." When attempting to interview one staff member they told us, "My English isn't very good."
- Care plans were also written in poor English in many cases. For example, one stated, 'she have noisy and loud behaviour' and, 'she have poor vision or hearing'.
In addition, we found care plans were not contemporaneous. Five of the care plans we looked at had the same statement in them which read, 'I have a fear of falling' and one person was recorded as, 'walks with purpose' however staff told us they were no longer able to weight bear.

The lack of robust governance to ensure people always received good outcomes from the service they received was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was clear evidence of positive changes at the service. Staff and relatives felt things were moving in the right direction and we noticed a difference from the last time we were at Rodwell House.
- Staff felt supported by management. They said as a result they took pride in their work and hoped to deliver good care to people. A staff member told us, "I think the manager is alright. She's been good to me. I like her." A second said, "I get a good feeling from the manager and deputy manager, they are supportive and get involved when on the floor." Other staff told us the manager and deputy were, "Approachable and frequently ask about my wellbeing", and, "The manager is good. She talks to us and asks if we are alright."
- Staff were now being encouraged to progress. A member of staff told us, "We are in the lead now and taking care of things, we are in a more management role as well as a caring role." The manager told us, "I am holding meetings to support these staff with what they want to do. Myself and [the deputy] carry out the first five supervisions with staff to get to know them."
- Communication between staff groups had improved with the introduction of a 10/10 meeting each morning. The heads of department met with the manager to highlight any problems and give a brief account of their individual area. In turn, the deputy nurse managers held a staff handover to report on care delivery allocations. This enabled staff to assess any highlighted problems early on in the day and invest adequate time towards solving them before the close of the day and beginning of the night shift.
- People and relatives gave positive feedback about management. One told us, "They are very good and supportive if you need anything. Lovely and helpful." A relative said, "Quite a lot of management changes. Seems to have settled down to a nice group now. I hope the new manager [name] stays for a while and boosts morale." A further said, "She seems nice and approachable."
- The manager had identified the shortfalls we picked up at our inspection. They told us, after reading our feedback, "I think it was very fair, there was nothing I didn't know about. I have been working on the auditing to ensure there is a stable and safe environment. I've introduced resident of the day to get an initial review of people's care plans done. 53 have been completed and once all of them are done we move on to the next stage of checking the detail."
- The manager had a drive to ensure Rodwell House was a good place for people to live. They told us they had already addressed concerns around some staff who were not prepared to engage with training or learn to speak English by releasing them from their contracts. They told us they had put a stop to the number of staff being recruited whose English was poor, telling us, "We have several adverts out for local staff. We need to get this right." They also told us following our meeting with them, "Staff are now being buddied up with staff whose English is good as a mentor."
- The manager carried out three daily walkarounds as well as a daily audit where they looked at areas including the rota's, medicines, cleanliness, meals, activities and supervisions. In addition, they had completed an unannounced night visit which identified no concerns. They had recorded, 'amazing night visit, every staff member where they should be. Residents all comfortable and paperwork up to date'.
- Reports were routinely sent to the provider's compliance manager on hospital admissions, complaints, safeguarding concerns, pressure sores, incidents and accidents.
- In turn the compliance manager carried out visits and held meetings with the manager to discuss audits and improvements. They told us, "Things have improved and [manager name] is making a difference. We now use systems to monitor the service." They said there had been improvement with call bell response times, care plan reviews, recording of hydration and weights and training and supervision.
- The manager was meeting their statutory requirements with CQC. They had submitted their application to register and notifications were being received in relation to accidents and incidents and safeguarding concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to apologise when things went wrong at the service. We read a letter to a relative of apology following an incident with their family member.
- Duty of candour information was available on the notice board.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought and people felt listened to. One person told us, "I have ideas on how I think things should look or be done. I tell the staff and then take this to the manager. It makes me feel like they value my opinion." A second said, "As soon as I requested the red rope on my door to stop people coming in it was done. It made me feel like I was listened to."
- A monthly residents and relatives meeting was held. The last meeting covered the garden (bulbs had been purchased), the use of agency staff (less agency being used) and cleanliness. A relative told us, "We are asked for our feedback regularly and it's nice to see when changes are made as a result."
- The most recent feedback survey was carried out in June 2019. Although there was positive feedback some concerns were also raised such as the numerous changes of management and communication. Recommendations had arisen from the collation of the survey results which were being addressed, such as reviewing complaints and addressing them and reviewing people's care plans.
- Staff meetings were held and staff were encouraged to attend with the introduction of a free raffle at each meeting. Staff discussed concerns and were given the opportunity to comment or feedback on the service. Complaints were discussed as well as call bell response times, uniforms, infection control, team work and hand washing.

Continuous learning and improving care

- There was a drive to improve the service. The deputy manager told us, "I hope [manager] comes in (to the inspection). This is really important to her and us." A relative said, "The environment seems to have improved and the activities."
- The manager told us, "[Deputy] is my eyes and ears. I do three walkabouts a day but she is out on the floor all the time. They added, "Practices have changed, how the staff support and learn and speak to each other and people has changed."
- The provider's compliance manager told us, "We are looking at other services for new ideas to make Rodwell House less institutionalised."

Working in partnership with others

- The service worked with other agencies such as the community mental health team. A staff member told us, "They are supportive, they come and monitor people's situation, do blood screening and speak to the GP. We are very grateful for their support."
- As a result of some people's needs, the manager had engaged the Hodgkinson's association to carry out training with staff.

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 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The registered provider had not always ensured people received person-centred care.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Personal care	The registered provider had not always ensured the principles of the Mental Capacity Act 2005 were being followed.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The registered provider had not always ensured robust governance was in place to ensure people received good outcomes from the service they received.
Treatment of disease, disorder or injury	