

Rodwell House Limited

Rodwell House

Inspection report

Brox Lane
Rowtown
Addlestone
Surrey
KT15 1HH

Tel: 01932832900
Website: www.rodwellfarm.co.uk

Date of inspection visit:
02 December 2020

Date of publication:
18 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 79 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 76 people were living at the service. Support was provided to older people some of whom were living with dementia and people with nursing care needs.

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. The service also provides support to people who have a tenancy for their suite at the service. In this case we would only regulate the personal care people received.

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

People and their loved ones told us they felt safe at the service, however we found shortfalls in how risks to people were managed. People told they had to wait for support and that staff did not respond quickly to call bells. At the last inspection we made a recommendation about staff deployment. This continued to be a concern at this inspection and was impacted by the numbers of new staff. Staff told us they did not always have time to spend with people who needed reassurance due to other tasks or supporting new staff.

Processes used to recruit staff were not always effective in ensuring their suitability for work. We also found that governance at the service had not been effective in identifying all shortfalls or making the improvements needed. There continued to be issues relating to staff from outside the UK speaking their own language around people and struggling to communicate with the people they supported. Some actions had been taken by the provider to address this, they had not been successful in resolving the issue at the time of inspection.

There had been a number of managers at the service since the last inspection which staff told us had limited improvements. Whilst audits had been completed, they had not identified all the shortfalls found at this inspection. When shortfalls had been identified progress was slow in driving improvement.

Staff understood their responsibilities in relation to safeguarding people. People received their medicines in the way they chose from staff who were competent to administer them. Infection prevention control practices were effective, and staff were up to date with all guidance related to COVID.

Staff worked closely with other professionals to meet people's needs. People and families told us they were invited to give their views on their care and they were listened to. The manager understood their responsibility in relation to informing other agencies such as the local authority or CQC of incidents and this was done in a timely manner.

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 24 November 2019). At that inspection we found three breaches of regulation relating to person centred care, the need for consent and good governance. At this inspection we did not look at evidence related to person centred care or the need for consent.

In relation to good governance at this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to people waiting for long periods of time to receive staff support, the number of safeguarding incidents and complaints the service had received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rodwell House on our website at www.cqc.org.uk.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Rodwell House 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 also provides support to people who have a tenancy for their suite at the service. In this case we would only regulate the personal care people received.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had started working at the service in the weeks prior to the inspection and was planning to begin the registration process.

Notice of inspection

We gave a short period notice of the inspection to check the services COVID status.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider 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 four people who used the service about their experience of the care provided. We spoke with three members of staff including the manager, compliance manager, and clinical lead. We observed interaction between staff and people.

After the inspection

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service. We spoke with one relative and five staff.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were put in place to give staff guidance about how to support people safely. However, we found that risks were not always managed fully.
- One person had been advised by a medical professional to restrict their fluid intake to 1500mls per day. Staff had recorded the fluids they drank but not fluid in meals such as milk with cereal or gravy. On some days the person had drunk over 1400mls. There was a risk that fluids in their meals would cause the person to go over the 1500ml fluid restriction.
- Another person had a health condition which affected their breathing. Their risk assessment stated that staff should answer their call bell immediately to ensure they were not struggling to breathe. Call bell records showed that in September 2020, only 25% of the person's calls were answered within five minutes. This increased to 49% in October. There was a risk the person would not receive help in sufficient time to effectively help their breathing as they could be waiting for a long period of time.
- Other people's risk assessments had inconsistent or contradictory information. Part of one person's risk assessment was written in a way that made it difficult to understand. There was a risk that staff would not know how to support the person safely.

We found no evidence that people had been harmed however, guidance for staff was not always clear or followed, this placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At the last inspection we made a recommendation about the deployment of staff across the service. At this inspection we found this was still an issue. Staff told us that new staff were not mixed with experienced staff. Experienced staff then found themselves trying to support new staff in their roles whilst doing their own. Although new staff had two days shadowing experienced staff, the staff we spoke told us they still required a lot of support after this period.
- Other staff told us that they were prevented from doing their own role for example in activities or time to sit with people as they had to do care roles such as preparing for meals or providing drinks to people. One staff member told us, "It is especially hard at the moment, people cannot see their families so rely on us to hold their hand or have a chat. It is frustrating when you don't have the time to do that."
- Recruitment processes were not always effective in ensuring staff were suitable for their role. A number of staff at the service were from outside the UK. The checks completed did not include any checks on their criminal history in their country of origin.
- Although references had been received these were not always checked thoroughly. when concerns had

been highlighted about two staff's employment history and references, this had not been acted on. Therefore, it could not be assured staff employed were suitable for their role.

Recruitment processes had not been effective in ensuring that staff were suitable for their role. This is a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One relative said, "I don't have to worry at all about my loved one. I know they keep them safe and treat them like family."
- Staff could tell us about the types of abuse they may encounter and what they would do. They could tell us who they would report abuse to both in the service and external agencies. One staff member said, "I have reported concerns before and I would do it again. They were dealt with which is reassuring."
- Staff received training in safeguarding people and the whistleblowing policy. This had also been discussed at a recent staff meeting, where staff had a chance to ask any questions.

Using medicines safely

- People told us they received their medicines on time and they knew why they had them.
- Medicines were administered using a computerised system which required staff to scan each item prior to giving it to people. The system also raised an alert if a medicine was missed, not given on time or was for the wrong person. Staff told us this reduced the likelihood of mistakes.
- Medicines were stored safely and systems were in place to ensure they were ordered in time and enough stock was available. Medicines which had special storage requirements were managed in line with guidance and good practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Temperatures were taken from any visitors and checks were made if they had any symptoms. Contact details were taken to ensure visitor could be informed of any outbreaks.
- We were assured that the provider was using PPE effectively and safely. Staff had daily reminders of how to use PPE and random competency assessments by the nursing staff.
- We were assured that the provider was accessing testing for people using the service and staff. Staff were tested weekly and people every 28 days or if they showed symptoms of COVID.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the manager and compliance manager to identify any actions which should be taken and any themes. People who had an increased number of falls had been referred to the specialist falls team. Staff had also put in place equipment to minimise the risk to people such as alert or crash mats.
- There had been a number of concerns in relation to the delays in people's call bells being answered. Actions had been taken which had improved the response times. However, progress was slow and people were still waiting over five minutes 41% of the time for staff support. The compliance manager told us there had been a change in the system used which had had some teething problems. They and the manager sent

us an action plan showing how they intended to improve response times.

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. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection governance systems had not been effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a number of managers at the service since our last inspection. Staff told us this had an impact on the service and had limited the improvements made. The new manager had been at the service a number of days at the time of inspection. Feedback from staff and people was positive about their approach and openness.
- The compliance manager completed a number of audits at the service and worked closely with the manager to drive improvements. Their audits had identified some of the shortfalls found at this inspection, for example issues with care documents and call bell response times. The audits had not identified the shortfall in recruitment practices and assessing risks.
- When actions had been taken to respond to issues these were not always effective. In relation to call bell response times although actions had been taken, they did on occasion exacerbate the issue. For example, teething problems with the new call bell system. People told us they often had to wait for staff support and there had been complaints and a safeguarding received about this issue.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last two inspections we reported on people's frustration about having a large number of support staff for whom English was not their first language. The provider had taken some actions to address this for example, providing English lessons for staff and reviewing their recruitment process to ensure potential staff could speak English before offering a job.
- However, people and staff told us this still remained an issue. One person said, "They speak to each other in their own language and it is worrying, I am not sure if they are talking about me." A staff member told us, "It can be very frustrating for people when the staff don't understand what they are asking for. It is especially bad at weekends when they all speak their own language, you can feel quite intimidated."
- Staff meeting minutes showed that staff had repeatedly been asked only to speak in English when working. This had not been effective. There was a risk that people could feel uncomfortable or unable to have their needs met.

Systems to monitor and improve the service and the welfare of people were not always effective. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 under the duty of candour.
- People, their loved ones and stakeholders were informed when things went wrong and about the actions taken to minimise the risk of issues reoccurring.

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

- People and their loved ones told us they were involved in planning their care and were invited to give their views. Regular meeting were held for people to ask their opinion of the quality of the care they received.
- When appropriate families could access their loved ones care plan online to contribute and see the care their loved one was receiving.
- Annual surveys were sent to people and loved ones and the responses were analysed for learning and to drive improvement. For example, some relatives raised issues about the level of cleanliness, the housekeeping staff also asked for more resources which were arranged.

Working in partnership with others

- Staff worked closely with community health care teams such as GPs and the falls team. Information was shared appropriately to support people in getting the right care.
- When people were at the end of life the service worked closely with the local hospice team to ensure people were comfortable and their wishes were known.
- Staff had built strong relationships with social services and discharge teams at local hospitals to support a smooth transition for people into the service. They also had adapted their approach when working with families to follow the guidelines in the current pandemic, whilst continuing to offer support.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not being managed effectively
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service were not always effective in identifying shortfalls or driving improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems to ensure staff were suitable for their roles were not always effective