

Rodwell House Limited

Rodwell House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

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 care home providing accommodation, personal care and nursing care for up to 79 people. People living at Rodwell House are living with a range of health conditions, this included diabetes, epilepsy and Parkinson's. There were people living with dementia and a learning disability. At the time of our inspection, 75 people lived at Rodwell House, some of whom had their own tenancies, but received the regulated activity of personal care from staff. This is help with tasks related to personal hygiene and eating.

Everyone lives in one purpose-built building which has a large communal lounge/dining area on the ground floor as well as accessible gardens and grounds.

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

Since our last visit the registered manager had undertaken a lot of work to improve the service provided to people living at Rodwell House. People and relatives told us that overall, they felt changes were positive and things were, "Moving in the right direction." Despite the positive feedback, there were still shortfalls. This included the environment, documentation, risks to people and activities. We also heard that staff continued to speak in their own language in front of people; something we had been told on previous visits. We were told by staff, people and relatives about a negative culture that had been created in the service by management. This had caused a divide amongst staff and as such had been noticed by people.

People told us they felt safe at the service and we found improvements in staffs recognition of potential incidents of abuse. Reporting and investigations were taking place and staff were learning from incidents. Although we also found care documentation and staff knowledge had improved in relation to potential risks to people, this needed further embedding into practice to ensure that everyone was safe.

There were mixed views on staffing levels at the service from people, relatives and staff. On the day of our inspection, we observed that people did not have to wait long periods to be supported. Although there was little time for staff to spend with people on an individual basis and some people had to wait for their lunch.

Since our last inspection, the environment had improved. However, we have issued a recommendation to the registered provider to continue to work on this.

People were seen participating in activities and some people told us they had been on a trip outside as outings had recommenced. Although, this was an improvement since our last visit further work was needed to ensure that those people who were cared for in their rooms received regular interaction from staff. We have issued a recommendation to the registered provider in this respect.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service provided care to two people who had a learning disability and since our last inspection had not admitted anyone else into the service who would meet the requirements of Right support, right care, right culture. Since our last inspection, management had spent time with these two people giving them the opportunity to be involved in aspects of everyday living and offering support to give them more independence. Neither person was keen to progress with this; one person was happy living in the service as they were and the other was in the process of moving to another service. Therefore, we felt the service had done what they could to meet the requirements of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and independence; People were given the opportunity to have choice and independence and as a result one person had started to go out more often.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights; People with autism or a learning disability had specific care plans in place around their individual needs.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives; Staff had received additional training to enable them to understand the impact a learning disability may have on a person. This had helped in their approach towards people. Management had good knowledge and shared this with staff in an informal way to help change staff attitude and approach.

People were known by staff and staff provided appropriate and responsive care to them. Guidance was in people's care plans for staff to follow and we read from the daily notes people were regularly checked on throughout the day.

People received the medicines they required and they lived in an environment that was clean and checked for its safety. People were supported to see a health care professional when needed and relatives told us staff were quick to let them know if they were concerned about their family member's health. People told us the food had improved and they were being provided with more choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service worked with other agencies to help provide appropriate care to people and management looked for ways to improve the care people received.

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 Inadequate (report published 08 February 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, we found the provider remained in breach of some regulations.

At our last inspection we recommended the registered provider reviewed people's capacity in line with the principles of the Mental Capacity Act 2005. At this inspection, we found the registered provider had acted on this recommendation.

This service has been in Special Measures since 08 February 2022.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led key questions in this report.

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.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to risks to people and the overall management of the service. Despite many improvements being made since our last visit, these were not consistently embedded into daily practice and there was still further work to complete to ensure there were robust governance arrangements in place, ones which picked up on areas that required addressing.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

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 Health and Social Care Act 2008.

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 site visit was carried out by three inspectors. Phone calls were made to relatives of people who lived at Rodwell House by an Expert by Experience on the day after our site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rodwell House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rodwell House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We carried out an unannounced visit to Rodwell House on 13 July 2022.

The Expert by Experience carried out telephone calls to relatives on 14 July 2022. We gave a short period notice period of these telephone calls, as we required staff to check that relatives were happy for us to telephone them.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received from the registered provider and registered manager since our last inspection. This was information on how they had addressed the shortfalls we found at our last inspection. We spoke with professionals and commissioners prior to our visit to obtain their views on whether the service had improved. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with nine people, 12 relatives, 20 staff including clinical, care, catering, activity and maintenance staff, the registered manager, deputy manager and the registered provider's compliance manager.

We reviewed the care documentation for 19 people, looked at medicines processes and records and other records relating to the service, which included five staff files. Following the inspection, we received further documentation from the service as requested. This included training information, staff rotas, accident and incident information and complaints.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a possible risk that people could be harmed.

Assessing risk, safety monitoring and management

At our inspection in October 2021, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at potential risk of harm due to staff not recognising or having sufficient knowledge about people in order to keep them safe. We found some improvement at this inspection, although there was still a possibility that people may be unsafe and at risk of harm therefore the provider was still in breach of Regulation 12.

- Although improvements to safety were found and people's care documentation and staff's knowledge of people was better, not everyone may be free from the risk of harm as staff continued not to always consider people's safety.
- One person was without their call bell. They told us, "They took it away as I was a nuisance. I can wait ages. I have to scream to be heard." Staff confirmed this person's call bell was removed as, "She calls continuously; all the time." The registered manager was unable to explain why staff had removed it but later they the person told us, "The maintenance man suddenly turned up and gave me this one (call bell)." This person's care plan recorded staff were to take a firm, but fair approach, attending to their needs but explaining their limits when they called. This demonstrated staff were failing to follow this guidance. Although we did see evidence in this person's daily records that staff were checking on them regularly and providing support when needed.
- Another person had been receiving one to one support, but staff had stopped this. Yet we read in their daily records that they regularly went into other people's rooms in an 'anxious and agitated state'. This left them at risk to themselves as well as others. Following our inspection, management provided us with information to demonstrate what they were doing to help ensure they were meeting this person's needs.
- One person had lost weight following a stay in hospital but their risk assessment had not been reviewed for over a month and staff had not been monitoring this person's weight more frequently. Additionally, their skin integrity care plan had not been updated to take into account the weight loss. Records showed this person's weight was increasing.
- A second person's nutrition risk assessment stated they were low risk of losing weight despite drastic weight loss. Although staff recorded this person's food and fluid intake, there was nothing in the care records to indicate how staff should be encouraging this person to eat and drink. It was noted the GP was to review this person on 12 May 2022, but there was no record that this had happened.
- At our last inspection we found a cupboard with potentially dangerous products, in the first-floor kitchenette area unlocked despite a notice on the door stating the door should be kept locked at all times. At this inspection, we again found this cupboard unlocked. We reported this to the registered manager.

The continued potential risk of harm to people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we had concerns around people at risk of self-harm, in particular those at ligature risk or suicidal ideation. We asked the registered provider to take immediate action in response to this which we found they had done. Other people had good information in relation to risks, for example, moving and handling requirements. One person had a notice in their room for staff on how to best place them in their chair due to their health condition. This person was unable to use their call bell and staff were to check on them on an hourly basis. Records confirmed they were doing this.
- Relatives felt their family members were safe. They told us, "They understand that he gets angry and know the best way to handle him. They keep an eye on him to make sure that he doesn't suddenly walk and fall" and, "I do feel they are safe. Staff do their utmost to make sure people are happy."
- There was good information in one person's care plan around 'calming' methods when they became upset or anxious. This included using doll therapy and we saw this person with a doll several times during the day. Where another person was at high risk of falls, we saw their call bell and walker within their reach.
- New mattresses had been introduced to help prevent people's skin breaking down. These were being used for people who were cared for in bed, or who spent a lot of time in bed. The registered manager told us, "People's skin was not getting worse, but not improving as quickly as we would like, so we introduced the mattresses which has improved the risk of skin breakdown for people."
- People lived in an environment that was checked for its safety. Staff told us the important checks were, "Fire safety, fire doors, alarms. Every week we do a fire alarm test, check the emergency lighting, window restrictors and the plant room water checks." Checks identified areas which needed addressing, such as some emergency lights which were not working. This was reported and they had subsequently been fixed.

Staffing and recruitment

At our inspection in October 2021, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient staff available to attend to people's needs in a timely manner. Sufficient action had been taken so the registered provider was no longer in breach of this regulation, although due to the mixed feedback due to deployment of staff, we have reported on this aspect of the service in our key question of Well-led.

- Rotas demonstrated staffing levels were in line with people's dependency and what we had been told by the registered manager. Yet comments from people, relatives and staff demonstrated the registered provider had not considered the deployment of staff to ensure suitable consistent coverage across the service. We have reported on staff deployment more in our key question of Well-led.
- People gave mixed feedback telling us there were peak periods when they may have to wait slightly longer. Some said, "Sometimes there is a lag between pressing the bell and someone answering, especially in the morning. But help is always readily available during the night", "There are not enough staff. Staff don't have a lot of time, they are rushed." Although others told us, "The carers come almost immediately when I call" and, "There is always someone around."
- Relatives also had mixed views and told us, "There's lots of staff. They are attentive and always around, talking to people", "There is a lack of staff, but it's not their fault. There is a waiting time after he has pressed the buzzer" and, "There is a shortage of staff and my concern is the time it takes for staff to get to her when she rings the bell."
- Staff told us there was a lack of staff particularly on the first floor and in the lounge area. We heard, "On this floor (first), it would be better if we had one more staff. We have a lot of residents with different needs" and, "They need to increase the staffing levels to six (on this floor) because of the needs of the residents",

"There was an incident where there was a lady in the lounge who should have one to one. They (staff) weren't with her and she went and punched another resident."

- Observations on the day were that there were staff on the floor at all times. This included in communal areas as well as upper floors. We did not hear people's call bells ringing constantly and staff were attentive to people. Although some people had to wait for their lunch and one person did not receive their meal until over an hour after lunch was served. We also did not see staff have time to spend with people who remained in their room.
- Staff were employed through a robust process which saw them complete an application form with employment history, provide references and evidence of their right to work in the UK. Prospective staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our inspection in October 2021, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to poor systems in place to recognise, act on and learn from incidents of potential abuse and routine accidents and incidents. At this inspection, we found changes had been made which had improved the reporting and recording systems, as well as the review of accidents and incidents and the registered provider was no longer in breach of Regulation 13.

- People felt safe living at Rodwell House. They told us, "It's definitely safe here. The nurses and care workers are good, and they listen to me" and, "The staff are good in that if there's a problem they'll try and solve it."
- Staff received training in how to identify potential abuse and put their knowledge into practice. Incidents, which were unexplained, such as bruising to people were reported to the appropriate authorities and investigated internally by management.
- Staff told us, "I would report to the manager or the nurse. Things to look out for is staff lifting people not using equipment", "I know when and whom to report to and I feel confident action would be taken" and, "We get the training every year. It's face to face. If there was an incident between residents, I would intervene and then tell the nurse who would raise a safeguarding."
- The registered manager said, "Safeguarding concerns have massively reduced. We talk in daily meetings with the nurses about any issues and staff seem to be picking things up more quickly and have a better understanding. We look at individuals' incidents and for one person a lot revolved around them being frightened and anxious. We determined these triggers which has enabled us to respond."
- Better systems were in place for management and staff to learn from potential safeguarding as well as from day to day accidents which may occur at the service. The registered manager reviewed information to look for themes and trends and held meetings to discuss outcomes and actions.

Preventing and controlling infection

At our inspection in October 2021, we found a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not demonstrating good practice in relation to infection control within the service. We found improvements at this inspection. Observations at this inspection demonstrated the registered provider was no longer in breach of this part of the regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Staff were following national guidance in relation to visiting arrangements within the service. Relatives were able to visit their family members either inside the service or meet them in outdoors spaces.

Using medicines safely

- People received the medicines they required. One person told us, "I get medicines when I need them." People's medicine administration records were up to date, and 'as required' medicines were in place and the effectiveness of these medicines recorded. A relative told us, "I have witnessed the medicine rounds. The staff administering medicines identify themselves and are separated so that they don't get disturbed."
- Staff administering medicines had a very good clinical knowledge of medicines, 'as required' medication and diabetes. Staff were able to show people's blood sugar recordings and appropriate doses of insulin when required.
- People's medicines were stored appropriately and disposed of safely. Room and fridge temperatures were checked to help ensure medicines were stored in line with the manufactures guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs; Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the service not providing care and treatment in line with people's wishes, current legislation or standards and guidance. Improvements were found at this inspection and the provider was no longer in breach. We have issued a recommendation to the registered provider to continue to work on the environment.

- Staff were not meeting the standards of Right care, right support, right culture at our last inspection as they had people living at the service with a learning disability and yet, they were unable to demonstrate how they ensured these people had choice, dignity or independence. The service has worked with those individuals to discuss activities of daily life and other aspects to enable more independence. As a result, one person had since started going out more.
- People's needs were assessed before moving into Rodwell House and at present, all new admissions were being reviewed with the local authority. The registered manager told us, "This has really helped. It means we have time with each new person and staff have time to get to know them."
- People's assessments formed the basis of their care plan which was completed over time as staff got to know the person and their needs in full. Nationally recognised tools were used to check areas of particular risk to people, such as a malnutrition tool or a skin integrity tool.
- There was poor feedback about the food at our last inspection, but on this visit people told us the food had improved. One person said, "The food is very good, you get a choice." A relative told us, "The meals are better than he'd get at home. He has to have plain foods and the staff know that." People received drinks and snacks throughout the day and staff supported people to eat or drink when needed.
- People were provided with food appropriate for their needs or wishes. For example, a soft or puree diet, gluten free or vegetarian.
- At our last inspection we found the environment people lived in was not suitable for their needs. Since then the sensory, design and layout on the ground floor for people had improved. The lounge had been divided into separate smaller areas, giving people more choice. We saw one person appreciating the peace of the quiet lounge. New sensory items had been added and we observed people using these throughout our visit. These included therapy items such as dolls or soft toys. One person was holding a toy animal and they told us, "He is such good boy" as they stroked them. A second person was seen making a doll cosy by

wrapping it in a blanket and placing it on their chest.

- Despite these improvements, we found no changes to the first or second floor, meaning if people did not wish to spend their time on the ground floor, there was nowhere else for them to go other than their rooms. We observed people walking around the corridors on these floors with no signage or sensory items to distract them.
- People had memory boxes outside of their rooms but we found many of these had nothing in them apart from a slip of paper with their name. The registered manager told us, "We have asked relatives to help us fill these. Some of them, we've found items ourselves."

We recommend the registered provider follows best practice guidance in relation to the environment for people who are living with dementia.

Staff support: induction, training, skills and experience

At our last inspection, the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not always competent in their role and displayed poor moving and handling practices. We found improvements had been made since that inspection and the provider was no longer in breach of this Regulation.

- Staff told us they received sufficient and appropriate training and clinical staff told us they completed a four-day clinical skills induction covering a range of topics.
- Staff said mandatory training covered a range of skills such as moving and handling, medicines administration and safeguarding. Staff said, "The training we have is good. I have done the medicines training so I can support the nurses" and, "I've done my NVQ level 3 and diploma in health and social care." People felt staff were well trained. One person said, "The carers have the skills and they listen to what I say I need them to do."
- The registered manager said, "Training stands at 99% compliant. Those who have not completed their mandatory training cannot work on the floor. We are offering more specialist training, for example we are rolling out positive behavioural support training and putting a course together for clinical staff on management skills and recording."
- Staff received supervision through their line manager which gave them an opportunity to talk about their role, any training requirements or development opportunities. Clinical staff told us, "The deputy manager does supervisions. I had a clinical supervision about 3-4 weeks ago" and, "I feel supported by the nurses here. I have supervision every six months or with whoever is the duty manager."

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

At our last inspection, the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations as they were not following the principles of the Mental Capacity Act 2005. We found improvements at this inspection and as such the registered provider was no longer in breach of this Regulation.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been carried out where appropriate in relation to people's care needs. Where people lacked mental capacity to make their own decisions, best interests decisions were made and discussions involved relatives and professionals. For example, in relation to living at the service (which had locked doors) or for bed rails.
- DoLS authorisations were appropriately in place for some people and the service had assessed people's mental capacity and made applications in their best interests. As a result, people were restricted in the least possible way.
- Staff had received MCA training and staff were heard asking for people's consent before carrying out a task.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us they worked well together. Staff said, "We all get on well together", "We all support each other" and, "It's getting better. Communication skills are better." Staff worked well in relation to people being discharged from hospital back to Rodwell House. One person had lost weight and through staff support their weight had started to increase.
- There was evidence of staff supporting people to see a health care professional when required. One person told us, "I've seen an optician." Other people had been referred to a dietician, the GP, or the speech and language therapy team. There were two GP rounds each week and a relative's told us, "Staff are very good at putting Mum on the list to see the GP if needed" and, "They are very quick to inform me about his condition. I can't fault them."
- The GP regularly reviewed people's medicines to check they were still appropriate for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant not everyone always felt well-supported, cared for or treated with dignity and respect.

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

At our last inspection, the registered provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to staff not displaying respectful and compassionate care towards people. We have issued a recommendation to the registered provider in this respect.

- Although some people said staff were kind to them, we found the registered manager was not delivering a consistently caring service as not everyone felt they were treated respectfully by staff. One person told us, "They are very good, caring and thoughtful. They don't leave you without checking you have what you want." Yet another said, "There is a language barrier. I can't understand a word they are saying, it makes me feel anxious. They stand over you and talk in their own language every day. When they laugh, I don't know if they are laughing at me. I'm left staring at the ceiling crying my eyes out."
- We saw staff treated people with care and kindness, although people's experience of care was inconsistent. People told us, "The carers are brilliant. They will do anything for me. Help me get dressed, get my drinks, food, write things down for me. They are fantastic and there's not one that I don't like." Yet, people who were cared for in their bed, or who spent all of their time in their room, were at risk of social isolation as staff were too rushed to spend meaningful time with them.
- The registered manager told us (since the last inspection), "Staff have started to recognise people as more human, rather than just tasks. Staff talk about people in a more affectionate way. Staff tend to work on the same floor and that has helped build relationships between them and people." Although despite their comments, as demonstrated above as well as in our key question of Well-led, a poor culture had been created in the service which had impacted people. Following our inspection, the registered provider took immediate action to investigate this concern.

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

- People were supported to participate in their care by making their own decisions. One person preferred to have their own food and we saw they had this in their room. There was good detail in people's care plans about their preferences, such as the time they wanted to get up or go to bed. One person told us, "I can choose everything. I can choose when I go to bed and when I get up. They (staff) don't tell you what to do" Another said, "Up here (in this room) I'm quite happy. I can go downstairs if I want to. I've got a choice."
- One person said they felt in control of their care. They said, "I train the carers how I want things done and they all know me now."

Respecting and promoting people's privacy, dignity and independence

- Staff were seen knocking on people's doors before entering and calling out hello. One person said, "They knock before coming in." Relative's told us, "The staff are great and listen to him about his needs", "They are very kind to Mum" and, "The care staff are excellent. They are constantly checking on her."
- People's care plans detailed what people could do for themselves and what they needed support with to help maintain their independence. One person said, "They never interrupt you getting on with things or interfere with what you want to do."
- Staff told us, "We close the door all the time and whatever we do, we ask permission or let them know what we are going to do. If a person is able to eat, I will sit with them so they can do as much as they can. I will give people the flannel so they can wash themselves. I encourage people to walk."
- The service felt calmer than at our last visit and staff engagement with people had improved. Staff got down to people's level when they spoke with them and we saw a staff member encouraging someone with their lunch, explaining how they were mashing down their food to make it easier for the person to eat. A relative said, "Some are exceptional. They have a banter and joke around."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs may not be met consistently.

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

At our last inspection, the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the lack of socialisation or activities for people. Improvements had been made since that inspection and we found the registered provider was no longer in breach of this regulation. Although further work was required to embed these improvements and as such we have issued a recommendation to the registered provider in this respect.

- Activities in the service were mixed which meant some people did not receive the social interaction they should have to help reduce the risk of isolation. This was supported by relative's feedback. Some told us, "I am impressed with the activities and what they do with people", "They have a new activities coordinator and they went to [a local centre] to look at cars." Whilst others said, "She doesn't go out and the activities side is a major let them down" and, "There is no social interaction for her."
- There was a constant buzz of activity, music and chatting between staff and people in the lounge area. There was a quiz, singing and puzzles and although it was relatively small groups of people participating, they seemed to enjoy it – particularly the singing. External trips were available for people. One person said, "We went to the garden centre the other week."
- However, on the first and second floor, where many people were cared for in bed, we did not see much engagement with people and records confirmed this. One person, over a three-week period, only had one entry of a one to one activity in their room.
- The registered manager told us they were recruiting a further two activity staff to enable staff to spend time with people who were cared for in their rooms and existing staff were keen for this. One told us, "It's really important to people and I love doing it (one to one) because it's so personal."

We recommend the registered provider considers current guidance relating to activities for people living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection, the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the lack of person-centred care planning in place. We found at this inspection the registered provider was no longer in breach of this Regulation.

- People's care plans held a vast amount of information to help guide staff on how to provide the most appropriate care. There were separate sub-care plans on continence, sleep, mobility, nutrition and hydration, daily life and emotional support.
- Relative's felt their family member received responsive care and told us, "He is so well looked after. He's settled here. I can't praise them enough. Here it's consistent and he knows staff and the staff know him" and, "There are lots of issues, such as mobility issues and dementia, which staff have been handling brilliantly."
- Staff were able to share people's care needs with us, but we found a lack of personal history in people's care plans. A staff member said, "I don't know anything about his background, but it would be useful to know."
- Despite this, we read in the daily records that staff responded to people in an appropriate way. One person suffered with anxiety and there was detail in their care plan around the best response from staff. Records showed that staff followed this guidance when this person became distressed.
- People with a learning disability had care plans in place detailing the support they needed. The registered manager said, "Learning disability care plans are in place now. We have talked to people about activities of daily living, but neither person has been particularly interested. Staff do learning disability training in their Care Certificate and our practice development lead has a learning disability background. This helps them share more informal guidance on how a learning disability impacts the person."
- End of life care information varied between care plans. Some were very detailed, including information such as a person wishing their last rites to be read, due to their religious beliefs. Other people's focused purely on where the person would like to be cared for. For example, at Rodwell House or in hospital. End of life care plans were constantly being reviewed and updated as people expressed their wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which detailed relevant information to staff on how best to communicate with them. One person was able to tell staff how they would like to be addressed and would let staff know if they did not wish them to use endearments when addressing them.
- Other people were unable to communicate verbally and staff had to anticipate their needs, based on their knowledge of the person. A relative said, "Staff always give him choice, even if he can't respond." A second relative told us, "They speak to her at her level. She can get frightened or confused, but they use gentle persuasion."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint, although they had not had the need to. One person said, "I haven't needed to raise a formal complaint." A formal complaints process was in place and concerns and complaints were investigated and responded to.
- The registered manager told us, "The biggest thing I've done is to settle the relatives. They now come to me straight away if they have issues and I sort it. Relatives have a stream of people they can contact now. Some go straight to [the provider]. It means we are picking up niggles earlier."
- We read a compliment received at the service which said, "A huge thank you for all of the care, kindness and understanding you have provided to my Mum whilst she was here with you. Knowing that she was happy here gave me great peace of mind."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to Requires Improvement. This meant there were shortfalls in service leadership.

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

At our last inspection, we found the registered provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to the lack of good governance and management oversight at the service. During this visit, we heard people and relatives had seen some improvement, but concerning they reported management had created a cultural divide within the service, the provider remained in breach of Regulation 17.

- People and their relatives gave us mixed feedback on the culture within the service and as such the negative impact on them. We heard that staff continued to speak in their own language in front of people. One person told us, "Staff speak in their own language as well. Not all the time, but it's not right." A relative said, "They recruit from abroad and English isn't their first language. My Dad gets frustrated getting through to them."
- There were mixed views about management. Some people told us, "If I have something to say she [registered manager] listens" and, "It's beginning to come alive again. The boss lady has got it going well." Yet, we heard there was a cultural divide amongst staff which was creating a detrimental effect on staff and people had noticed this. One person told us, "She [the registered manager] has created a divide between staff groups from different cultures."
- Relatives knew the registered manager by name, but were divided on whether their management style was inclusive. One comment we received was, "It's a disappointment because she doesn't communicate with us. There are no residents/relative meetings." and, "I've emailed her and she doesn't respond."
- On a positive note however, other comments included, "She's kind and caring", "She is very helpful. I have spoken to her several times and she's on the ball, "There are more distractions for residents and they are really trying."
- Staff told us they liked working at Rodwell House, but the culture created by management meant they were unhappy. Staff said, "There is a cultural divide" and, "There is a big culture clash between staff. I don't feel valued, not even a little bit." Yet, other staff told us, "I feel valued by this manager; I haven't before" and, "I feel the manager and deputy are supportive and approachable. I am confident to report any issues."
- Following our inspection, we spoke with the registered provider in relation to the comments we had received. They took immediate action to investigate the feedback.

Despite the improvements, the lack of positive management oversight meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was clear in what was expected of them. They had been working through the shortfalls found at the last inspection and overall, despite some mixed views, people and relatives felt they had seen improvement at Rodwell House.
- The registered manager told us, "I have stabilised the service by making sure we have only one system in place. By asking the staff where they want to work it has had a knock-on effect of them taking ownership of the service. The lounges are now tailored to people's individual needs. Having the quiet lounge means there are not so many people going in and out. It has made the whole area less chaotic and calmer."
- The registered manager was supported by the compliance lead who told us board reports had changed to bring them in line with CQCs key lines of enquiry. These then formed the basis of an action plan. They said, "The registered manager is very good at addressing the actions and we have monthly meetings to review the position."
- Auditing processes were in place to review medicines, infection control, call bell response times, as well as other aspects of the service. Yet, although these were in place, we had continued to find areas requiring further work. For example, risk assessment oversight, staff deployment, the environment and social interaction for people particularly those people living on the first and second floors.

Despite the improvements, the lack effective governance arrangements meant there was a continued breach of Regulation 17 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager applied duty of candour where appropriate. They understood their responsibilities in this respect and were open and transparent when people's care had not gone to plan.
- People were given the opportunity to give their feedback on the service provided to them through meetings. The compliance lead told us, "We are more able to listen and act on feedback, rather than dealing with fire-fighting all the time."
- Relatives meetings had been held but these had stopped due to COVID-19, although we heard the registered manager had a face to face meeting planned in the diary and relatives told us they were in contact with the registered manager individually.
- Staff were invited to give their feedback through surveys. The results from one held in January 2022 gave a mixed picture in terms of job satisfaction. Some staff were happy working at the service and felt the support and training was good. However, of the areas where staff felt improvements were needed, this was teamwork, communication and management engagement.

Continuous learning and improving care; Working in partnership with others

- Another of the provider's management team was involved in reviewing the practices within the service. The compliance lead told us, "Practice development has helped. We have introduced turning mattresses which will help people with fragile skin. We have developed a welcome pack for relatives. The chef now does food surveys and we test the food too. Staff turnover has reduced. It's help drive the quality of care."
- We read from the action plan that a new care management software system was being introduced. This would give staff real-time information about people and, for example, alert staff when residents attempted to get out of bed. It would allow for clear reporting on developing conditions which would help staff react more quickly. The registered manager told us they were also, "Rolling out Restore 2 (noticing early warning signs of deterioration) training, so staff can recognise 'soft' signs."
- Management and staff worked with external agencies to help provide appropriate care to people. The

registered manager told us, "We talk to MASH (local safeguarding hub) more often and we are working with social services and the mental health team in relation to people."

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 |
| Personal care | The registered provider had not ensured people were always free from the risk of harm. |
| Treatment of disease, disorder or injury | |