

# Mrs Norma Peters and Mrs Claire Hunt

## Rodlands Care Home

### Inspection report

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Date of inspection visit:  
02 June 2016  
08 June 2016  
13 June 2016

Date of publication:  
13 July 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 2, 8 and 13 June 2016.

Rodlands Care Home is registered to provide accommodation and personal care for up to 21 people in a residential area of Weymouth. At the time of our inspection there were 17 older people living in the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have clear capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and understood the need to provide care that is in a person's best interests. Deprivation of Liberty Safeguards had been applied for where a person who needed to live in the home to be cared for safely did not have the mental capacity to consent to this.

People had support and care when they needed it from staff who had been safely recruited. These staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet those needs. They told us they felt supported in their roles and had undertaken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received the training they needed to stay up to date with the care needs of people living in the home.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. They also knew how to identify and respond to abuse. Information about how to report abuse was available to staff. People also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Where improvements were identified as necessary following feedback action had been taken. For example there were plans to improve the range of activities available to people and decorating work had begun in the building after feedback from people and relatives. Staff, relatives and people spoke positively about the management and staff team as a whole.

## 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. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People's involvement in planning to reduce risk was not clear.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement 

The service was mostly effective. People's consent had not been recorded and care provided to people who did not have capacity to consent was not recorded as having been decided within the framework of the Mental Capacity Act 2005. People were supported to make choices and staff understood the importance of enabling this.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood their needs and felt supported. Staff training was up to date.

People had the food and drink they needed and people told us the food was good.

People had access to healthcare professionals when they needed them and staff followed guidance effectively.

### Is the service caring?

Good 

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

### Is the service responsive?

Good ●

The service was responsive. People told us they were supported to live their life the way they chose to. They told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People were confident they were listened to and changes were made in response to feedback and complaints.

### Is the service well-led?

Good ●

The service was well led. People and staff had confidence in the management and spoke highly of the support they received.

There were systems in place to monitor and improve quality and this had been effective in identifying where improvements were necessary.

Staff were committed to the ethos of the home and were able to share their views with each other and their managers.

# Rodlands Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 2, 8 and 13 June 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had also completed a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care practices, spoke with 16 people living in the home, two relatives, three members of staff, and the registered manager. We also looked at four people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and training records.

We also spoke with a healthcare professional who worked in the home and two visiting social care professionals.

# Is the service safe?

## Our findings

People told us they felt safe. One person said: "I do feel safe." Another person told us: "I feel safe... the staff are here." People smiled with staff and were confident when they spoke with them, indicating they were relaxed in their company.

People were at a reduced risk of harm because staff were able to describe the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity and mobility. The support people needed to reduce risks was recorded in their care plan and had been reviewed regularly. During the inspection we observed this care being delivered as described. For example, people were using equipment to assist their mobility and staff understood how to use this safely. Staff described other risks people faced and how they reduced these risks confidently and people told us they received this support. The records did not reflect individual involvement in the ongoing assessment of risks. This meant that people's views may not be considered. The registered manager and deputy manager told us that they would review this. Staff were confident they would notice indications of abuse and knew where they would get the contact details to report any concerns they had. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example when people had fallen, actions had taken place including seeking input from health professionals. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. These staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. People did not regularly wait to receive care and staff were able to spend time talking with people as well as responding to their physical needs. One person told us "they like to have a chat." Another person told us they sometimes waited short times but that staff would explain if they were delayed. We discussed staffing levels with the deputy manager who told us they were reviewed based on the numbers of people living in the home and the nature of their support needs.

People told us they received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. People were reminded what their medicines were for and asked if they wanted medicines that were prescribed if they needed them (PRN) such as medicines for pain relief. Temperatures in medicines storage areas were recorded and were within safe levels. One person living in the home took a medicine that was covered by the Misuse of Drugs Act. This meant the medicine required additional security to be in place. We saw that this medicine was stored appropriately.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

People received care that was designed to meet their needs and staff supported people's ability choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Staff had a clear understanding of the need to enable people to make choices and who they would involve if it became clear that someone was no longer able to make decisions with capacity and was putting themselves or others at risk. However people's consent to their care had not been recorded. Where people could provide this consent, they had not done so. Where people could not make the decision to give consent for themselves there was not a record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. This recording omission put people at risk of receiving unnecessarily restrictive or inappropriate care and was an area for improvement. However, we observed that people were relaxed with staff and responded positively to the care and support they received. We spoke with the registered manager and deputy manager about this. They told us they would ensure that they would seek appropriate guidance and update their process. They had begun this work before our inspection concluded.

Whilst people's ability to decide where they lived had not been recorded, the home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for people who were not able to consent to their care being provided in Rodlands Care Home. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely.

People told us the staff had the skills they needed to do their jobs. Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the care and treatment of people living in the home and told us that their training was appropriate for their role. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to improve staff understanding of epilepsy when a person with epilepsy lived in the home. Staff told us that they received informal and formal

supervision and practice and development issues were addressed both formally and informally. Staff gave examples of how they had been offered development opportunities. We saw that their supervisions and appraisals were recorded and provided an ongoing process to review their development. They told us they loved their work and felt valued by the management.

People and staff told us that the food was good. One person told us that it was : "really very good", another said it was "always nice". Lunchtime was a calm and social event for those that wanted to eat together. The tables were set with table cloths and condiments and people chose where they sat. People who needed support to eat and drink received this. People who chose to eat in their rooms were able to do so. The menu offered a choice of dishes and alternatives were made available if people did not want these. People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. Records indicated that changes to people's health were addressed quickly and input was sought in a timely manner. We spoke with a health professional who worked in the home. They told us that the staff contacted them in a timely manner and followed guidance competently.



## Is the service caring?

### Our findings

People told us the staff were kind and that they felt cared for. One person told us, "The staff are all very kind." Another person said: "The staff are lovely." Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Appropriate humour was a regular feature and staff spoke respectfully to people living in the home, visitors and each other. Staff sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, while other people were spoken with more formally. People told us they could discuss difficult situations with staff and we observed staff reminiscing with people about their relatives who had passed away and discussing their current anxieties. People told us they felt respected by staff who made efforts to know them. One person told us; "They are like my family... This is my family."

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "There is no regulation here". Another person explained that they arranged aspects of their life and that staff assisted as required. They told us how important this was in maintaining their relationships. This ethos of care ensured that people's independence was respected and promoted.

People's privacy and dignity was respected with people being offered support quietly when in communal areas. Bedrooms were respected as personal areas and people had personalised them to their taste. One person described how important this was saying: "I am respected. They treat me as an equal."

## Is the service responsive?

### Our findings

People told us that they received the care they needed in ways that suited them. One person told us: "They are usually one step ahead of you really. They know what you want and need." People told us they felt well cared for, one person told us: "People get the help they need." Staff reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people and were able to describe recent changes in their support needs with confidence.

People were involved in developing the care and support they received. They told us they were able to decide how and when they received care but had not seen their care plans. People's needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that these were usually reviewed monthly and reflected changes. For example one person had a mobility care plan that had been changed when they began to use a hoist. A plan had been put in place describing how the hoist should be used safely. Care plans were written to ensure that physical, emotional, communication and social needs were met.

Records indicated that relatives were kept informed and their knowledge was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately. Staff kept records which included references to personal care people had received; how they had spent their time and physical health indicators. These records related to people's care plans and as such could be reviewed to ensure care was appropriate.

People told us they felt listened to and were able to approach all the staff. We heard from people about how they were asked what they thought in a survey. We saw that this information had been gathered from relatives and people living in the home. The majority of feedback was positive but where areas for improvement were identified changes had been made or were planned. For example some areas of the home were being decorated after suggestions that this would make the home nicer.

Changes were also planned to extend the range of activities available to people following feedback that a greater variety of activities especially in relation to trips out would be welcomed. Activities were planned for groups and individuals. During our inspection the activities coordinator was away and care staff played games with people in the lounge and spent time chatting to people in their rooms. People told us they had been asked about activities they enjoyed and we saw that records had been made to ensure this information was not lost. We highlighted a local forum for activity coordinators and the registered manager and deputy manager said this would be a useful source of ideas and inspiration to broaden people's experience.

People told us they would be comfortable raising concerns and complaints. One person told us "I would always say if I am unhappy." Complaints had all been addressed appropriately and been resolved with a satisfactory outcome. The outcome and the feedback of the complainant was recorded and this ensured that the process was followed diligently.

## Is the service well-led?

### Our findings

Rodlands Care Home was appreciated by the people living there, relatives, and staff. People told us they thought the home was "lovely" and made comments like "It is home." Staff also said they really liked working there, one member of staff described it as: "a great place to work". The majority of the staff team had been working in the home for a number of years and told us it was because they felt part of a strong team. People told us the deputy manager, who led on much of the day to management of the home, was "very good" and some people commented on the kindness of the registered manager. On the first day of our inspection the deputy manager covered for care staff and the chef who were unwell. This showed their flexibility and understanding of the needs of the home and did not result in people waiting for care or lunch.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been effective in ensuring change. A care plan audit had identified areas missing from care plans and these omissions had been rectified. Care delivery records were checked alongside these plans. Where staff had not completed records appropriately this had been highlighted to them. This had made the home more responsive for people living there.

The registered manager worked with the deputy manager to ensure ongoing improvement to the quality of care people received and the support available to staff. Staff meetings provided a record of team discussions about the care people received and afforded staff the opportunity to share ideas.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We are a very close team. We want to make this their home. We want people to be happy here." They described both individual and a team commitment to ensuring that this was the outcome for people. Staff, people, relatives and visiting professionals told us that the management team were accessible and that they were confident that issues raised would be dealt with. For example one person was living in the home as a temporary arrangement and was concerned that the time period had been extended. Their relatives had raised this with the deputy manager who was already advocating on the person's behalf to ensure plans were put in place for them to leave.