



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Rodney House Residential Home

**36 Trewartha Park
Weston Super Mare
North Somerset
BS23 2RT**

Lead Inspector
Juanita Glass

Key Unannounced Inspection
5th October 2006 09:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Rodney House Residential Home
Address	36 Trewartha Park Weston Super Mare North Somerset BS23 2RT
Telephone number	01934 417478
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Rodney House (Weston) Ltd
Name of registered manager (if applicable)	Mrs Rachel Louise Clapham
Type of registration	Care Home
No. of places registered (if applicable)	21
Category(ies) of registration, with number of places	Dementia - over 65 years of age (21)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 3rd May 2006

Brief Description of the Service:

Rodney House is registered with the Commission For Social Care Inspection to accommodate 21 elderly mentally infirm residents, many of whom have Alzheimer's disease or dementia with differing levels of confusion. The home is situated in a residential area of Weston-super-Mare and is not far from local amenities and bus routes, it is only a short journey by car to the seafront.

SUMMARY

This is an overview of what the inspector found during the inspection.

Current fees: Unavailable

This unannounced inspection took place in the presence of the manager Mrs Rachel Clapham, a total of 7 hours were spent in the home. The records for four residents and four members of staff were reviewed as well as medication, maintenance and health and safety checks. A tour of the premises was also carried out. The inspector spoke to 8 residents during the inspection, and observed working practices. Residents able to express an opinion said that the staff were friendly and caring. A friendly and easy rapport was observed between staff and residents. Two ladies were sat in the dining area chatting, this turned into an unscheduled coffee morning with five residents and staff taking part, chatting about families and memories. Visitors were observed to be welcomed and made to feel at ease. Requirements arising from this inspection were concerned with care planning, health and safety and medication policies and procedures. The overall care provided was of a good level staff were observed conversing with residents and explaining what they were about to do. Staff showed an awareness of the need for respect, dignity and privacy.

What the service does well:

Rodney House provides a relaxed and friendly atmosphere for residents. Staff are aware of the need for person centred care even though the care plans don't always reflect this. Residents exercise as much choice over their lives as is possible considering the restraints experienced by people with a Dementia type illness. The kitchen is always open for residents and they often go into the dining room and ask for tea and coffee treating it like a café.

What has improved since the last inspection?

Since the last inspection staff morale has improved. Staff work well together as a team. The manager has purchased new furniture and the assisted bathroom has been refurbished. Residents have a choice of meals, which include salads, and fresh fruit is available in the home for residents to help themselves.

What they could do better:

Following this inspection six requirements and four recommendations were made. Two of the requirements were outstanding from the last inspection. Although staff were observed to carry out their duties in a person centred manner the care plans did not reflect this. The medication trolley was freestanding and must be secured to the wall. Two requirements for the last inspection concerning medication had not been met. It was noted that handwritten Medicine administration sheets had not been signed. Also creams and ointments had been used for residents that they were not prescribed for. Staff records showed that two new members of staff had only one reference each on file. Whilst reviewing practices in the kitchen it was noted that was no risk assessment for the safe use of sharp equipment. It is also recommended that new care plans are implemented as needs change rather than changes written on the back. A record needs to be maintained for the daily fridge, freezer and food temperatures. All creams and ointments need to be dated when they are opened.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 5. 6 does not apply

Quality in this outcome group was good. This judgment has been made using available evidence including a visit to this service.

Admissions are not made to the home until a thorough needs assessment has been undertaken. The home is then able to confirm that they can meet the needs of the individual.

Prospective residents are given the opportunity to visit the home. This is often taken up by a representative or relative on their behalf.

EVIDENCE:

Care plans reviewed all contained pre admission assessments, which were signed and dated. The manager confirmed that either herself or her deputy will visit the prospective residents at their home or the hospital to carry out the assessment. If the distance were to far to travel they would get a full care plan from the referrer in writing.

Prospective residents are offered the chance to visit the home prior to admission. This is usually taken up by relatives on their behalf. Residents spoken to were unable to comment on the admission process.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

Quality in this outcome group was adequate. This judgment has been made using available evidence including a visit to this service.

The health and personal care needs of the residents are well met. Care plans need to reflect the person centred approach evident in the home.

The home's policies and procedures for the administration and storage of medication protect residents. Staff did not demonstrate an awareness of the procedures in place.

Staff are aware of the need to treat residents with respect and dignity when delivering personal care. There is a friendly rapport between staff and residents.

EVIDENCE:

Care plans reviewed provided very clear guidelines for staff to follow. It was noted that the care plans did not reflect the person centred approach that staff were using in the home. This was discussed with the manager who agreed that they needed to reflect the individual rather than tasks. All the records contained life histories and personal preferences which staff were aware of.

Care plans were reviewed regularly and changes indicated. The changes are recorded on the back or pencilled in making some entries confusing. It was recommended to the manager that changes in identified needs required a new care plan. Residents spoken to were unable to express an opinion on their care plans. Comments made did indicate that they were happy with the care they were receiving. One lady said that 'they (the staff) are always so caring they look after those ladies all the time.' Another lady said that 'the girls were so friendly and would always make time for a chat.' Staff were observed to be very caring and carried out personal care in a private and dignified manner. There was a very relaxed atmosphere in the home and an impromptu coffee morning took place as residents gathered in the dining room. Residents and staff talked about families and their memories, whilst drinking coffee and eating biscuits. As they left the dining room one lady looked up and said, 'that's what I like they're so friendly here, I might come and stay again.' The administration of medication was observed and staff demonstrated an awareness of good practices. A review of the medicine charts revealed some handwritten entries that were not signed. During a tour of the premises it was also noted that creams had been used for residents for whom they were not prescribed. The home now has the use of a medication trolley. The Trolley is kept in the hall near the dining room. It was noted that the trolley was not secured to the wall.

- Care plans must be reviewed to reflect a person centred approach to care.
- New care plans need to be implemented when needs change.
- Handwritten entries must be signed by the person making the entry
- The medicine trolley must be secured to the wall.
- Staff must only use medication (creams and ointments) for the resident named on the bottle/box.
- Creams and ointments need to be dated when they are opened.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, and 15

Quality in this outcome group was good. This judgment has been made using available evidence including a visit to this service.

The home provides a programme of meaningful activities, which are organised by care staff in the afternoons. The routines in the home are flexible to enable impromptu activities.

Families and friends are welcomed and can visit at any time.

Residents are encouraged where possible to exercise choice and control over their lives.

Residents receive a wholesome and varied diet, mealtimes are relaxed and staff assist residents with dignity.

EVIDENCE:

Staff continue to record the activities that residents take part in. There have been organised outings, walks in the park, musical entertainers, reminiscence and indoor games, which residents said they all enjoyed. During the inspection the visiting dog arrived and the residents enjoyed playing ball and patting him. Staff were discussing a Halloween party with residents and firework night was mentioned. As previously stated the impromptu coffee

morning showed how flexible the routine is in the home to accommodate resident led activities.

The home continues to have an open visiting policy and visitors were observed to come and go. During the day residents were observed to be making personal choices and staff were supportive in these decisions, several residents would arrive in the dining room and ask for tea or coffee, staff were observed responding immediately to residents requests.

The home's cook is commencing an NVQ in Catering. A stand in cook was working on the day of the inspection. Menus provide a choice, which includes salads and vegetarian options. One resident was observed stating that she did not like either option and was offered an alternative. Lunch time was a social affair and residents needing assistance were helped unobtrusively and with dignity. Reviewing records maintained in the kitchen showed that the recording of fridge, freezer and food temperatures was sporadic and there was no record of meals residents had eaten. It was also noted that there was not a risk assessment for the use of sharp utensils.

- The manager must write a risk assessment for the use of sharp utensils with clear guidelines on safe use for staff. (also NMS38)
- A record needs to be maintained for the daily fridge, freezer and food temperature checks. (Also NMS38)
- A record of meals provided needs to be maintained.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

Quality in this outcome group was adequate. This judgment has been made using available evidence including a visit to this service.

The home has a complaints procedure that meets the National Minimum Standards and is available in the home, for both residents and visitors to view.

The policies and procedures regarding protection of residents are satisfactory and reflect Local Authority guidelines.

EVIDENCE:

The home has a very clear complaints policy and procedure and a record is maintained of all complaints received including the action taken and outcome. Two complaints have been received since the last inspection, one was investigated by the CSCI, the other by the manager of Rodney House. Both events were partially substantiated and the manager took appropriate action to deal with the issues raised.

The home's adult protection policy and procedure and whistleblowing policy has very clear guidelines for staff. All staff have received adult protection training and demonstrated an awareness of the adult protection issues. Copies of the North Somerset policy and procedure for adult protection were available in the office for staff to consult.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

Quality in this outcome group was good. This judgment has been made using available evidence including a visit to this service.

The home has a well maintained environment. It is a pleasant, safe place to live.

The management has a good infection control policy and consult outside agencies for support. The home is clean and tidy and smells fresh.

EVIDENCE:

A tour of the premises was carried out. Rodney House continues to provide a very safe environment for the current residents group. All areas of the home were well maintained and a programme of furniture replacement was being followed. Residents' rooms show evidence of personal effects and residents spoken to said they liked their rooms.

The usual high standard of cleanliness was evident on the day and the manager had consulted outside organisations when needing guidance on Infection Control.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

Quality in this outcome group was adequate. This judgment has been made using available evidence including a visit to this service.

Staffing levels in the home are sufficient to meet the needs of the current resident group.

Staff demonstrated an awareness of the needs of people with a Dementia Type Illness.

The recruitment procedure does not protect vulnerable adults from the possibility of abuse.

Staff are encouraged to attend training relevant to the residents needs.

EVIDENCE:

Staffing duty rotas for the weeks prior to the inspection showed that there were adequate staffing levels within the home, staff spoken to confirm that there are adequate numbers on duty at all times.

The manager is encouraging all staff to attend NVQ training and the home currently exceeds the requirement of 50% of staff with an NVQ 2 or equivalent. Non care staff are also encouraged to obtain an NVQ. The cook is commencing NVQ2 In Catering and the domestic in cleaning.

A review of staff personnel files showed that the manager obtains a POVA first confirmation before a new member of staff commences employment. Two of

four records only contained one reference. References need to include one from the last employer. The application form needs to be reviewed to give ample space for a history of employment. This was discussed with the manager and she had already considered changing the format currently in use. Staff records also showed that they had attended all mandatory training including infection control, manual handling, handling of medication and fire training. Two members of staff are currently doing their NVQ assessors course and have completed the health and safety course run by Weston College. The manager has accessed a dementia-training package, which is all staff are required to complete.

- Two references must be obtained for new members of staff before they commence employment.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33 and 38

Quality in this outcome group was adequate. This judgment has been made using available evidence including a visit to this service.

The manager is qualified, competent and experienced to run the home, and adopts an open and approachable style of management.

The management of the home is resident focused.

The implementation of health and safety in the home is satisfactory however specific risk assessments need to be put into place.

EVIDENCE:

The registered manager Mrs Rachel Clapham has the required qualifications, and is experienced in the management of a home for people with Dementia. She has achieved the Registered Managers Award and holds a City and Guild

qualification in Advanced Management in Care. Staff spoken to said they felt they were members of a strong team and that the manager was open and approachable to both staff and residents. Residents who could express an opinion said they liked the manager and could always talk to her.

The manager consults those residents able to express an opinion and relatives to ascertain how they would prefer the home to be run. Suggestions put forward are considered seriously.

The implementation of health and safety in the home was satisfactory, all service records were up-to-date and a review of the fire log showed that all checks, training and drills were being carried out within current guidelines. Clear risk assessments were in place following a review carried out by the manager. As previously stated the kitchen staff did not have risk assessments for the use of Sharp utensils and the recording of fridge, freezer and food temperatures had not been carried out.

- The manager must write a risk assessment for the use of sharp utensils with clear guidelines on safe use for staff. (Also NMS15)
- A record needs to be maintained for the daily fridge, freezer and food temperature checks. (Also NMS15)

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	X
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP7	12.1a	Care plans must be reviewed to reflect a person centred approach to care.	27/11/06
2	OP9	13(2)	Handwritten MAR sheets must be signed by the person making the entry Previous date of 05/04/06 not met	02/11/06
3.	OP9	13(2)	Staff must only used creams and ointments for the resident named on the bottle/box. Previous date of 05/04/06 not met	02/11/06
4.	OP9	13(2)	The medicine trolley must be secured to the wall.	18/11/06
5.	OP29	19.1 Sch2.5	Two references must be obtained for new members of staff before they commence employment.	02/11/06
6	OP38	13.6	The manager must write a risk assessment for the use of sharp utensils with clear guidelines on safe use for staff.	27/11/06

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	New care plans need to be implemented when needs change.
2	OP9	Creams and ointments need to be dated when they are opened.
3	OP15	A record of meals provided to residents needs to be maintained.
4	OP38	A record needs to be maintained for the daily fridge, freezer and food temperature checks.

Commission for Social Care Inspection

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