



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
Savio Toson

Key Unannounced Inspection
19th September 2007 08:15

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	F/P 01934 417478
Email address	mail@rodneyhouseweston.co.uk
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 5th October 2006

Brief Description of the Service:

Rodney House is registered 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 and is only a short car journey to the seafront.

SUMMARY

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

This unannounced key inspection took place over 6 hours and was completed in one day. I worked with evidence from a whole range of different sources, including: -

- Information provided by the manager in the pre-inspection questionnaire
- Information taken from resident survey forms
- Information from the resident's relatives who filled out a survey form.
- Information from professionals who visit the home
- Speaking with residents
- Speaking to a visitor
- Case tracking a number of residents
- Speaking with care staff
- Walking round the home
- Looking at some of the homes records
- Watching how the staff worked with residents.

The overall analysis is that the home is an adequate place for people who use the service.

What the service does well:

Residents in this home can expect to be treated in a kind and dignified way by the staff who have also been trained to care for people with dementia. Residents can move freely round the home and can exercise choice on how to live their lives.

What has improved since the last inspection?

Residents receive individualised care from staff who can get information from the home's improved care plans. The care plan contained more up to date information including the resident's likes and dislikes.

Residents use new furniture and rooms which have been recently decorated.

What they could do better:

Residents who may sometimes display challenging behaviour need to be cared for by staff who have been trained in dealing with challenging behaviour.

Residents should expect their laundry to be labelled and less stained when returned from the laundry.

Residents safety will improve in the event of a fire if the fire doors were kept closed.

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. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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.

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

Outcomes 1,3,4,6 were assessed. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. Prospective residents and their relatives get enough information to help them decide whether the home is suitable for them. Residents receive care which is right for them because the managers from the home had visited them to assess their care needs before they moved into the home.

EVIDENCE:

Prospective residents and their relatives get enough information to help them decide whether the home is suitable for them. Residents considering moving into the home could read the statement of purpose booklet, which was available in the porch. The statement of purpose was easy to read and reflected the services which the home provided. Residents and relatives could read the booklet and be assured that the skills of the staff included information that they all had received training in dementia care. However the booklet did not mention that the home had security cameras in the communal corridors.

Residents with diverse and ethnic minority needs moving into the home would feel supported by a manager who was aware of having to treat all residents as individual needs. The quality assessment returned by the home say " Priests visit the home and policies are available to provide guidelines on race, gender identity, disability etc. Staff are aware of the ages of the client group and provide care accordingly. Due to the dementia, we are aware of each client's religious preferences and sexuality, so we can help them follow their chosen beliefs and values. New policies and procedures are in place."

Residents are likely to receive the right for when moving into the home. This is because the manager or deputy manager from the home had visited the resident to assess their care needs before they moved into the home. The assessments were part of the care records. Resident's care could be planned by using these assessments and the assessments viewed were complete and contained the basic information. The relative's surveys said that the home either, always or usually meet the residents needs.

Residents do not live in a home where intermediate care is provided and this was confirmed by written information sent to us by the manager.

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.

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

We assessed standards 7,8,9,10,11. Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service. Residents receive planned individualised care from staff who have been guided by the information contained in the care records. Residents have their dignity maintained by staff who treat them as individuals. Residents live in a home where safety in the giving and storing of medicines could be better.

EVIDENCE:

Residents receive planned individualised care from staff who have been guided by the information contained in the care records. The resident's individualised needs were set out in the care plans. The guidance to staff were clear and easy to read. The care plans contained a range of information, which included assessments for when the resident needed help moving around the home. The resident's likes, dislikes and preferences were contained in the care records. The care plans were reviewed monthly and it was recorded that residents were involved in planning their care where possible. The care plans had improved since the last inspection. But information for the care staff on handling a

challenging resident was not recorded, nor was an allergy alert recorded in the medication section of a care plan.

Residents receive care from visiting professionals; their visits and advice were recorded in the care plans. Where a resident had broken skin, it was recorded in their care plan. The manager is trying to ensure that resident's entitlement to National Health services continues, but she is experiencing difficulties with a local medical practice. However the manager is working on resolving these issues.

Residents have their dignity maintained by staff who treat them as individuals. Staff were observed approaching residents in decent, meaningful ways. The relative's surveys said, "staff are caring and kind." "the residents are dealt with kindness and dignity". One resident said "Its all pretty good here". The relative surveys included concerns with odours in the house coming from residents not being toileted soon enough. Some of the residents would have benefited from being toileted sooner rather than later. Staff need to be more aware of this as a basic need.

Residents clothing and laundry arrangements could be improved. During the visit it was noticed that several items of clothing had been washed, but on inspecting the clothing it was noticed that several were still stained. Also not all clothing in the laundry or in the bedrooms were marked with the resident's name. There is a possibility that residents clothing could get lost unless all staff were very sure of who the clothing belonged to.

Residents live in a home where safety in the giving and storing of medicines could be better. The medicine administration sheets showed that staff were filling them in correctly most of the time. However one medicine was being given out but not recorded. Usually one incident would not be mentioned in a report but this poor practice also appeared in the last report. The medicine trolley was found to be in the dining room and was not secured. Again the need to safely store the trolley by chaining it to the wall was not being done. This was also mentioned at the previous inspection. Medicine administration sheets were signed, the medicine policy and procedure were available. And the medicines received book was upto date.

Residents or their relatives were involved in planning their end of life arrangements which were recorded in the care plans.

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.

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

Standards 12,13,14,15, were assessed. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. Residents have their social needs met through the arrangement of daily activities. Residents can exercise choice in living out their daily routines in the home.

EVIDENCE:

Residents have their social needs met through the arrangement of daily activities. The activities record shows a range of choice including hoop-la, exercises to movement and reminiscence. On the day of the key inspection a visiting musician came to the home to provide entertainment for the relatives. The daily records which were viewed had individualised activities charts and all contained information on the activities carried out by the residents.

Resident's relatives are welcome to the home. The returned resident's surveys showed a healthy interest in the home and confirmed that the staff always kept them in touch. As one relative said " I am telephoned about any changes". Whilst another said "I am made welcome when I visit".

Residents can exercise choice about how to live their daily routine. The manager explained how residents got up at different times. Also how the residents who got up early were supported in their daily routine. On the day of the inspection visit nearly all the residents were out of bed by 8:15am but the manager assured me that this was based upon the resident choosing to get up. The residents who were observed in the lounge for over an hour appeared settled and contented. One resident confirmed they choose when to go or get up from bed. As another resident said "I'm happy here, I'm treated well."

Residents have meals which are nutritional and varied. The home has a four-week menu. The menus offer a choice of meals at lunchtime accompanied with a range of vegetables. Meals included roast pork, ham and cheese omelette, chicken casserole. The cook said that he would be reviewing the menus. The home also monitors the resident's weights and the weight charts are part of the care records. The recent environmental health report was satisfied with the catering service but did point out that the furniture and fittings need improvement.

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.

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

We assessed standards 16,17. Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service. Residents live in a home where concerns are dealt with by the care manager. Residents live in a home where the staff have a basic understanding of their duty to protect residents from abuse.

EVIDENCE:

Residents live in a home where concerns are dealt with by the care manager and no official complaint has been made since the last inspection. All the relatives who returned a survey form said they knew how to complain. One relative said, " I would consult the manager as she is always willing to listen". The complaints procedure was clearly written out in the statement of purpose.

Residents live in a home where the staff have an understanding of their duty to protect residents from abuse. Several of the staff knew what action they had to take if they saw evidence of abuse taking place. They were all able to say that they would bring it to the attention of the managers. The home had a policy on protecting vulnerable adults from abuse and training was being planned for later this month and next month for all staff.

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.

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

We assessed standards 19,20,23,24,25,26. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. Residents live in a home which is safe and regularly maintained. Residents live in bedrooms that are well maintained and in good decorative order. Residents live in a home where the hygiene and infection control varies.

EVIDENCE:

Residents live in a home which is safe and regularly maintained. The manager carries out simple maintenance tasks and then uses the appropriate tradesperson to repair and maintain the home. The home was seen to be in good condition and the additional new furniture and furnishings were noted. However a recent environmental health report did point out that the some of the kitchen furniture and fittings needed improving. But both the environmental health office and I understood that the home was going to be

upgraded in the near future. Therefore the condition of the identified fittings in the kitchen can remain as long as they do not cause an additional risk to residents. However the broken fly screens need to be repaired.

Residents have access to safe communal areas which enable them to circulate safely or take part in activities. The three communal areas provide residents with choice where to place themselves.

Residents live in bedrooms which are well maintained and in good decorative order. A few of the residents were in their rooms at the time of inspection and all four residents expressed satisfaction with their room.

Residents live in a home where the hygiene and infection control varies. Some of the underside of the cushions in the lounge were in need of cleaning. There was an odour due to a resident, in one area of the home which the staff were trying to manage. The home had two outbreaks of scabies and on the day of inspection residents were being actively treated. The bedding was found to be clean and in good condition but several items of the resident's clean clothes, found both in the laundry and wardrobes, were stained.

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.

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

Standards 25,28,29,30. were viewed. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service. Residents live in a home where there appears to be enough staff to meet their needs. Residents receive care from a staff team where most of the staff have received a range of relevant training.

EVIDENCE:

Residents live in a home where there appears to be enough staff to meet their needs. The statement of purpose sets out the staffing levels and the managers' work in addition to these numbers. There was little evidence of residents being rushed or care not being delivered to them in a timely way. The quality assessment returned by the home states: All staff receive a minimum of 3 days training per year and have an individual training profile. Also that the home is never left in charge of anyone who is under 21 years of age.

Residents receive care from a staff team where most of the staff have received training in dementia care, customer services, food hygiene, customer services. Infection control. A survey questionnaire said staff "have a good understanding of care of dementia". The quality assessment form returned by the home showed that in the last 3 months only 4 shifts were covered by temporary or agency staff.

Residents receive care from staff who were employed by a service which follows safe recruitment procedures. The two personnel records viewed contained the necessary information required by law.

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.

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

Standards 31,32,33,35,36,37,38, were assessed. Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service. The residents live in a home where the managers create an open and inclusive atmosphere. Resident's money, which is looked after by the staff, is protected by the financial procedures in place. The safety and protection of residents can improve if fire doors are kept closed, the laundry arrangements are reviewed, the broken fly screen in the kitchen is replaced.

EVIDENCE:

The residents live in a home where the managers create an open and inclusive atmosphere. The residents I meet and the surveys returned by relatives and

visiting professionals all spoke well of the management team. People said " I think Rodney House staff genuinely look after residents ..and I think this comes from the manger" Also " the manager is always willing to listen".

Residents receive care from a service which is checked for quality. The quality assessment returned to us by the home says: "Rodney House runs Quality Assurance and Monitoring Systems to assist with measuring success- Relatives and Resident Questionnaires and Auditing Systems are in place. There is an Annual Development plan at Rodney House. Policies, Procedures and Practises are reviewed regularly.

Resident's money, which is looked after by the staff, is protected by the financial procedures in place. The quality assessment returned by the home said: There are written records of all clients' pocket money held on file and on computer, appropriate records and receipts are kept. The Manager is not an appointee for any client. All the money is kept and stored separately for each resident and safely locked away. The three accounts viewed at inspection were correct. The cash held in the individual accounts was the same as the balance in the records.

Residents receive care from staff who have their work regularly supervised. Several staff supervision records were viewed and it confirmed that supervision was being done on a regular basis.

Residents live in a homely environment where safety checks are carried out. The quality assessment returned by the home says: Risk assessments are carried out and reviewed monthly. Environmental Audits are carried out monthly. All accidents and injuries etc. are reported as required. The accident book was viewed and it contained the relevant information and also evidence of monthly audits where staff considered the cause of the accidents and how they can be kept to a minimum.

Residents have staff who can take the correct action to care for them because there are a range of records the staff can use. The records are accessible and the folders I viewed contained a range of relevant policies and procedures.

The protection of residents can improve if the staff stop wedging bedroom doors open. This practice increases the risk to residents in the event of a fire. The home is treating its second outbreak of scabies. However staff have received training on infection control. But the home needs to review its laundry procedure, its temperature washes and the quality of laundered clothing. Several items of clothing came out of the laundry which were still stained and not labelled. During the inspection a bathroom was identified where the bath hot water was above 42oC. The manager contacted the plumber during the inspection.

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	
<i>Standard No</i>	<i>Score</i>
1	3
2	X
3	3
4	3
5	3
6	N/A

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	2
8	3
9	2
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	3
21	3
22	X
23	3
24	3
25	3
26	2

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	X
35	3
36	3
37	3
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.	OP9	13(2)	Handwritten MAR sheets must be signed by the person making the entry Previous date of 05/04/06 not met	01/10/07
2.	OP9	13(2)	The medicine trolley must be secured to the wall.	01/10/07
3.	OP26	16(2)(e)	Resident's dignity will improve if the laundry arrangements are reviewed to ensure a) the removal of stains from clothing b) all residents who use the communal laundry service have their clothes clearly labelled.	01/10/07
4	OP30	18(1)(a)	Staff must be trained in managing resident's with challenging behaviour	01/11/07
5	OP19	16(2)(J)	The broken flyscreens in the kitchen need to be repaired in order to reduce the risk to residents getting any acute digestive problems.	01/10/07

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.	OP1	The statement of purpose need to contain information on the use of security cameras inside the home.

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