



*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
Melanie Edwards

Key Unannounced Inspection
29th August 2008 09:15

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	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)	30
Category(ies) of registration, with number of places	Dementia - over 65 years of age (30)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care home only - Code PC

to service users of either gender whose primary care needs on admission to the home are within the following category:
2. Dementia aged over 65 years of age on admission (Code DE(E))
The maximum number of service users who can be accommodated is 30.
3. Rooms 1 & 2 cannot be occupied until confirmed usable by the Commission.

Date of last inspection 13th September 2007

Brief Description of the Service:

Rodney House is registered to accommodate 21 elderly mentally infirm residents, many of who 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.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

Some of the residents are very confused as they have Dementia, and this makes it hard for them to verbally make their views known.

We were able to meet and spend time with thirteen of the twenty-two residents at the home.

We spent time discreetly watching residents and staff together. We saw how the residents are assisted with their needs by staff.

We joined residents for lunch.

We met the registered manager Mrs Clapham, four of the care assistants and the chef.

We looked at a range of different records relating to the running and management of the home. The records that we looked at included two care plans, two assessment records, medication records, staff duty rosters, supervision information, staff training records, employment files, accident records, fire records and residents menus.

We saw the most of the environment. The only parts we did not see were a small number of bedrooms.

The 'AQAA' (an annual quality assessment document that all homes are required to complete) has been used to help form the judgments in the report.

We found the home was operating within the required conditions of registration set down by us. The conditions of registration set out the type of care and the needs of residents as well as the numbers of residents who may stay at the Home.

What the service does well:

Residents who are very confused and very vulnerable are well supported to live a fulfilling life. For example we witnessed staff and residents taking part in a games and exercise session together and singing along with music. We noticed how residents are well supported to enjoy a fulfilling life.

The staff do a good range of training to help them better understand Dementia. This helps staff to treat residents as unique individuals.

Staff help residents meet their needs, and support them to do as much for them as they are able.

Residents can enjoy a well-balanced and varied diet.

Mrs Clapham is continually aiming to improve and develop the home and the overall service even further. This leads to an even better quality of life for residents.

What has improved since the last inspection?

Residents' dignity has been improved by the reviewing of the laundry arrangements in the home. A laundry assistant has been employed to take charges of laundry to make sure all residents' clothes are clean.

The medicine trolley is now secured to the wall.

The broken fly screen in the kitchen has been repaired.

Staff have now done a good range of training to help them in managing residents whose behaviour may seem challenging.

What they could do better:

Ensure that a member of staff identified at the inspection helps residents with their meals in a manner that respects their dignity. This relates to one member of staff assisting residents with meals by standing up over them rather than by sitting down next to the person.

If a resident has been assessed, as needing to have their medication covertly then there should be detailed information in the care plan setting out the reason for this practise. This recommendation relates to one person who does have covert medication and a lack of detail in their care plan to explain the reasons for this practise.

Check the fire logbook record fighting equipment on a monthly basis and keep a record to demonstrate up to date checks have been done

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):

1,3,6. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents and their significant others can get hold of a good range of information to make a choice about whether to live at the home.

Residents' needs are well assessed.

The Home does not provide intermediate care for residents.

EVIDENCE:

To help us to find out more what sort of information there is available for residents about the home we looked at a copy of the service users guide and the statement of purpose. The service users guide explains the type of care, and service that is provided.

In the homes AQAA it states that, 'all service users receive a copy of the service users guide '.

There are copies of the services users guide and the statement of purpose available for people so they can have the information about life in the Home. The statement of purpose and the service users guide contain clearly written information about the service. There is also information about the qualifications of the staff employed, and the accommodation. The philosophy of the Home and how the service aim to meet residents needs is also included. The complaints procedure is in each service users guide so people know how to complain about the service.

In the homes AQAA it states that, 'All new service users are offered a trial period to ensure that Rodney House can meet their needs '. This makes sure the when residents come to stay the home are confident their needs can be met.

We read two residents assessment records to find out how well the residents' needs are being assessed. The assessment records showed what each resident's range of physical, mental and social needs are. There was a good level of information included about residents' level of confusion as a result of their Dementia. There was also clear and easy to follow information about the actions taken to support the person in the assessment records. The assessment records were easy to understand , and they focus on what residents are able to do independently.

The Home does not provide intermediate care for residents.

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):

7,8,9,10. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents' care plans generally set out in good detail how needs are met.

Residents' health needs are being met.

Generally residents are treated with respect and their right to privacy is upheld. However the way that one member of staff helps residents with meals needs to be reviewed and improved on.

EVIDENCE:

We spent time sitting with residents and observing the staff on duty. Overall we found that staff are patient kind and caring to the residents. We witnessed staff helping the residents with a range of needs in a warm and kind way. We saw that the staff knock on doors before they go into rooms to try and protect residents privacy. We also saw suitable screens in place in the double rooms that there are in the home.

We saw staff sit down with residents when helping them with drinks and meals and they were patient and friendly to them.

However we noticed that one member of staff identified at the inspection, helped residents with their meals in a manner that did not fully respect their dignity. The member of staff helped residents with meals by standing up over them rather than by sitting down next to the person.

We read two care plans to find out how residents are supported to meet their needs. As already mentioned when writing about resident's assessments records, the care plans are written in a positive way. The care plans contained a good level of information them. The care plans focused on the strengths of each person. The care plans set out what to do to meet the care needs of the residents. However we read one residents care plan that contained some basic information to suggest the person had been assessed as needing to have their medication covertly. We advised Mrs Clapham there should be more detailed information in the care plan than what was currently written, to set out the reason for this practise.

We saw a good level of information in the care plans about the life history of each person and what matters to them, including important family and friends. Care plans had been reviewed and updated regularly. This demonstrates residents' needs are monitored and kept under review.

We saw supporting information in the care plans that demonstrated residents are well supported with their physical health care needs by the GP, the dentist, and the chiropodist. Community nurses sometimes support residents with their health needs.

We checked the practices and procedures for administration, storage and disposal of residents' medication. We looked at six residents' medication administration charts in detail. We saw a photograph of each resident kept with his or her administration chart for ease of identification purposes. Medication stock was generally satisfactorily organised. There was a satisfactory system for ordering and receiving medication, and the records were up to date.

Medication stock is stored in a cupboard in a movable metal drugs trolley, which is kept in a locked room.

We saw one of the senior staff give out residents their medication at lunchtime. The member of staff was patient and took time with each resident to make sure they had their medication.

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):

12-15. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents can do a variety of social and therapeutic activities that are suitable for their needs.

Residents are well supported to be able to exercise choices in their daily lives.

Residents are able to receive visits from family, friends and significant others.

Residents can enjoy a varied, nutritious and well-cooked diet.

EVIDENCE:

Residents can take part in a good number of low-key social and therapeutic activities suitable for their needs. Activities for the residents to enjoy are planned flexibly. This so that activities can be adapted to the needs of the residents. The sort of activities that happen include regular weekly visits from different musicians and singers, drives to the community, and aromatherapy massages.

There are two cats that seem to be really well liked by the residents.

A hairdresser comes to the home on a very regular basis. There is a hairdressing salon for residents to use when having their hair done.

We saw some photos of residents on different trips to pubs, coffee shops and to other places in the community. A group of residents go out for a day trips regularly to a variety of places in the community, including regular trips to the sea front.

We were told that the home has a relaxed visitors policy. This helps residents, as this means they can keep in contact with family and friends.

We saw residents have visits from family and friends. Visitors said to us that the staff are very welcoming and friendly .

Mrs Clapham seeks the views of residents relatives and significant others in the running of the home. This means the likes, dislikes of the residents can be taken forward by their relatives and significant others on their behalf. The home also tries to meet residents' individual needs. This was seen by residents getting up at different times in the morning, residents having their meal times in a very flexible way, and being offered meal times choices as well

We ate a portion of the lunchtime meal with a small group of residents. This was a choice of homemade stuffed mushrooms, or fishcakes with a parsley sauce with potatoes and cooked vegetables followed by home made deserts. The meal was tasty and nourishing, and well presented.

We looked at the residents' food menus to see if they can enjoy a varied and healthy diet. The meal options we saw were nutritionally well balanced and varied. There are choices available each day. We saw some of the staff show residents the choice of meal on a plate in front of them.

Residents' special diets are well catered for, and there are a variety of special meals provided for residents who need them.

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):

16,18. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents' complaints are responded to well and will be acted upon.

Residents are well protected from abuse.

EVIDENCE:

In discussion with the staff they said they are report all residents concerns and potential complaints to Mrs Clapham. Staff demonstrated a good understanding that part of their role is to represent residents' views if they cannot directly make their complaints known. This is a good way of demonstrating how seriously residents' concerns will be taken.

We looked at the complaints record and there have been no complaints made since the last inspection. Mrs Clapham has in the past dealt with some complaint and the record showed she had done this promptly and thoroughly.

Residents' and families and significant other get their own copy of the complaints procedure when residents are first admitted to the home. This means resident have up to date information they need to make a complaint. The complaints procedure includes the contact information for the Commission if a person wants to contact us directly.

We saw a copy of the homes policy relating to the issue of protection of vulnerable adults from abuse. The policy is to help to guide staff to take the correct course of action if they ever have to respond to an allegation of abuse

The staff have now done one-day training courses in understanding the principle of the protection of vulnerable adults from abuse. The staff we met had an understanding about the subject of abuse and how they protect residents in the home.

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):

19,22,23,25,26. 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 safe, satisfactorily maintained, and suitable home for their needs.

EVIDENCE:

Rodney House is an older residential style home. It is situated among private houses and a short drive or walk from the town centre of Weston Super Mare. This helps residents to be a part of the local community.

In the homes AQAA it states that, ' As a result of the extension to the home an additional nine luxury rooms have been provided and all are en suite. The décor is of a high standard and the sizes of rooms are larger to accommodate for all needs and new service users to offer them the best quality of care '.

We found that the environment looked satisfactorily maintained throughout.

There are two spacious lounges and a standard sized dining room. We saw that residents looked relaxed and comfortable in all the communal rooms.

There is a maintenance worker employed to address general maintenance. We saw service records for fire fighting equipment, the lift, and electronic equipment. The records showed that an external contractor had serviced equipment in the last twelve months. This helps demonstrate that the home is safe and well maintained.

There are hot water temperature regulators fitted to all hot water outlets to which residents have access. Radiators are fitted with covers. Windows are restricted, and this all helps to make the environment safer for the residents.

Residents' bedrooms have been made to look more comfortable and personalised with photographs, mementos and small items of furniture. We found the standard of furniture and fittings to be satisfactory, and helped to make the place look homely.

We saw adaptations in the home to help residents and visitors with disabilities throughout the Home. There is a dining room and two lounges. The Home is set in its own grounds. The garden looked to be satisfactorily maintained.

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):

27-30. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents have their needs met by enough competent and trained staff.

The homes recruitment procedures are robust and they help to protect the residents.

EVIDENCE:

We checked the number of nursing and care staff to see if there is enough staff on duty to support residents. There is a minimum of four care assistants in the morning and the afternoon. At night there are two care assistants on duty. There are additional staff members on duty on a regular basis, if needed to give extra support to residents both in and out of the Home. Mrs Clapham and a deputy manager also work full time hours. There is full time catering, and domestic staff also employed although the number of these staff was not reviewed.

The majority of the staff we saw were sensitive in manner when supporting the residents. Please see also previous comments about one member of staff feeding meals to residents while standing up and leaning over them.

A significant number of staff have now done courses in understanding Dementia. When we talked to the staff about Dementia, they demonstrated a good understanding of how it impacts on the lives of the residents.

We looked at staff employment files of three care staff. We saw two written professional references taken up for all new staff prior to offering work at the Home. All staff complete a Criminal Records Bureau check before commencing employment. These checks are a good way to make sure the home employees only suitable people to work with residents.

We met two staff who told us they have now done National Vocational Qualification in care awards. There is also a significant number of the team who have either completed National Vocational Qualifications or are working towards them.

We checked the training records of three care assistants to find out if the staff do good training to help them to care for residents and to understand their needs better. There was evidence that demonstrated staff have done training sessions, and updating over the last twelve months.

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):

31,33,35,36,38. 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 that is well run and is effectively managed

Staff are supervised in their work to help them to better support residents.

The health and safety of residents, staff and visitors, is satisfactorily protected.

EVIDENCE:

Mrs Clapham has been the manager of the Home for over four years .She has many years of experience caring for people with a range of needs, and Dementia. She is registered with us as the manager of the Home. This demonstrates she is fit and competent to be the manager.

Mrs Clapham works a set number of management hours each week, and works sometimes with the staff. This helps Mrs Clapham to keep in daily touch with residents and staff. Mrs Clapham told us that the one of the owners of the home takes an active involvement in the running of the home and visit regularly each week.

The staff told us that Mrs Clapham is approachable and they can make their views known to her. We saw the staff communicate openly with Mrs Clapham during the inspection.

There are regular staff meetings held so that the team have additional opportunities to make their views known.

The home has its own quality assurance system in place to check on the quality of the care and the service residents receive. Residents' families are encouraged to complete regular surveys about the service and the home .

Mrs Clapham and the deputy manager do regular one to one supervision sessions with the staff. The supervision records that we looked at demonstrated staff are being well supervised and supported. The staff we met all told us that they have regular one to one support sessions. In the AQAA it states, 'management delegates duties to senior staff as discussed within their supervisions, this encourages innovation and development '.

Mrs Clapham told us that the home do take responsibility for looking after some residents finances .Two residents finance records , and receipts for items bought were checked .The records were up to date and correct.

We found residents' records to be satisfactorily maintained, up to date, legible and in order. The records relating to the management of the home were also satisfactorily maintained and in order. Individual records and the home's records are kept secure .We have referenced other records elsewhere in the report.

There is a health and safety audit of the whole environment done regularly. The audits aim to address health and safety areas throughout the Home. The environment looked satisfactorily maintained throughout.

The fire logbook record showed fire alarm tests and drills are being carried out. However there were gaps of times recorded on when the fire equipment was not recorded as checked for over four months. Mrs Clapham explained to us that she thinks this may be because she has swapped over to recording information in a different fire logbook record in the last few months.

All kitchen staff do regular food hygiene training to ensure they have a good understanding of safe practises for preparing and cooking food. The staff do regular health and safety training in range of areas including fire safety, and infection control. This helps ensure staff have a good

understanding of health and safety principals and practises.

We saw the confirmation that the kitchen staff have recently obtained a 4 star environmental health food safety award. This demonstrates good safe practise in food handling and preparation.

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	3
2	X
3	3
4	X
5	X
6	N/A

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

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

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

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

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

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

Are there any outstanding requirements from the last inspection? NO

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

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.	OP10	Ensure that staff help residents with their meals in a manner that respects their dignity. This relates to one member of staff assisting residents with meals by standing up over them rather than by sitting down next to the person.
2	OP9	If a resident needs to have medication covertly then there should be detailed information in the care plan setting out the reason for this practise. This recommendation relates to one person who does have covert medication and a lack of detail in their care plan to explain the reasons for this practise.

3	OP38	Check the fire log book record fighting equipment on a monthly basis and keep a record that these checks have been carried out .
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Commission for Social Care Inspection

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