



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

*Unannounced Inspection*  
13th December 2005      09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Rodney House Residential Home
<b>Address</b>	36 Trewartha Park Weston Super Mare North Somerset BS23 2RT
<b>Telephone number</b>	01934 417474
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Rodney House (Weston) Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Rachel Louise Clapham
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	21
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (21)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      21<sup>st</sup> June 2005

## **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.

This unannounced inspection took place in the presence of the manager Rachel Clapham. Since the last inspection the manager has completed the registration with the commission for social care inspection. This was the first inspection carried out under the new ownership of Rodney House. It was a very positive inspection and residents spoken to said they were all very happy and felt safe. Staff were observed throughout the inspection to have a caring and happy rapport with residents. There was a very relaxed and homely atmosphere throughout the day. One resident spoken to said that he was very happy in the home however he felt that sometimes it was difficult to get staff to take responsibility and make a decision themselves, which would result in him having to wait for a decision to be made. The home was clean, tidy and showed evidence of regular maintenance. The suitability of bathrooms was discussed with the manager as staff tend to only use one bathroom, as the others have access problems for some residents. Five requirements were made, one requirement was outstanding from the last inspection.

## **What the service does well:**

Rodney House provides a very homely and relaxed atmosphere; staff have a close and friendly rapport with residents, which was evident throughout the day. Residents exercised choice wherever possible which is respected by staff.

## **What has improved since the last inspection?**

The manager has completed her registration with the commission for social care inspection. Care plans and risk assessments have all been reviewed and show clearer guidance for staff. New dining room furniture has been purchased and the dining room has been redecorated in a way that is more appropriate for the resident group at Rodney House. Since the last inspection the manager now obtains a POVA first confirmation before new staff commence employment and regulation 37 reports are forwarded to the CSCI.

## **What they could do better:**

Five requirements were made during this inspection three of these concerned the administration and management of medication in the home; staff must only administer medicines to the resident named on the bottle/box, all handwritten MAR sheets must be signed by the person making the entry and the reason why a medication has been omitted must be recorded at all times. The registered provider needs to carry out monthly-unannounced visits and forward a report to the CSCI under regulation 26. The suitability of bathrooms in the home was discussed with the manager; staff tend to use the one main bathroom as others are unsuitable for the resident group. A review must be carried out of the suitability of bathrooms and any changes needed must be implemented.

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](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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):**

1, 3, 4, and 5, 6 does not apply

The home provides adequate information for prospective residents, relatives/representatives to make an informed choice before taking up residence.

All prospective residents needs are assessed before they move into the home.

The manager shows a clear awareness of the residents needs.

Prospective residents and their relatives/friends were offered the opportunity to visit the home before they decide whether they wished to stay.

## **EVIDENCE:**

The home's statement of purpose has been updated to reflect the new ownership and management it is easy to read and contains all the required information, which includes a tariff of extra charges. A copy of the statement of purpose, service user guide and the last inspection report are kept in the porch and are available for anyone to read. The manager confirmed that prospective residents are visited either in their home or in hospital and care records reviewed showed evidence of preadmission assessments which covered

all aspects of daily living, these assessments were also accompanied by social services care plans or hospital care plans. The manager confirmed that prospective residents are offered the opportunity to visit the home, however this is usually taken up on their behalf by a relative or representative. During the inspection the manager showed an awareness, and understanding of the needs of the residents currently living at Rodney house she also demonstrated an awareness of the assessment procedure with specific reference to dementia care..

## 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

The health and personal care needs of the residents are well met and the method of recording care plans has improved.

There is a friendly atmosphere in the home with evidence of a good rapport between residents and staff.

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

Residents felt respected and their rights to privacy were upheld.

### **EVIDENCE:**

Care records reviewed showed that the manager had spent a considerable time reviewing and rewriting all the care plans. They provided very clear guidelines for staff. They contained personal preferences and a short social history. There was evidence of recent updates and monthly reviews, clear risk assessments were in place which were personal to each individual resident, these included risk assessments for manual handling, falling and leaving the building. The care records also showed that all residents were encouraged to

access health care facilities, regular visits by district nurse were recorded when necessary and all residents had seen a chiropodist and assisted to see an optician and dentist. Since the last inspection the manager has carried out training with staff in the use of appropriate language in the daily reports. Staff spoken to felt the care plans gave them a clear understanding of what was required for each individual person in their care.

Following a requirement made at the last inspection regulation 37 forms are forwarded to the CSCI when residents have been admitted to hospital following an accident, or due to illness.

The home has very clear policies and procedures for the receipt, administration and storage of medication. However on inspection it was noted that staff did not demonstrate an awareness of these procedures. The storage of medication was appropriate and not overstocked, and a new trolley had been ordered. However the MAR sheets contained some irregularities. The person making the entry had not signed handwritten entries, and there were some gaps evident, making it unsure whether medication had been omitted or not. An audit of the medication for two residents who were on the same medication showed that staff had dispensed for both residents from one box. During the inspection staff were observed administering medication and they did follow the correct procedures.

Throughout the day staff were observed to have a friendly and respectful rapport with residents. Residents spoken to said that the staff were nice and polite and were always respectful. Residents were observed to be relaxed and cheerful in the presence of staff. One resident who was unable to verbalise what she felt when asked if the staff were caring and respectful, pointed at one member of staff said they're good went up to them and gave them a hug.

## 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, and 14

The home provides a programme of meaningful activities, which are organised by care staff in the afternoons.

There are no restrictions to contact with family/ friends/representatives and local community.

Residents are encouraged to exercise personal choice where possible.

Residents receive a wholesome appealing balanced diet.

### **EVIDENCE:**

A clear record is now maintained of activities carried out by each resident on a daily basis. The manager had organised a visit to the garden centre for Christmas dinner only one resident had decided they did not wish to go, one resident spoken to said it was a fun day out and he had thoroughly enjoyed his Christmas meal and a walk around the garden centre. Other activities recorded included sing-a-long, pet visits, reading, skittles and various board games. Other residents had also enjoyed a visit to the pantomime regular short walks and going out for meals. Staff had looked into the preferences of one resident who didn't like to join in activities but did like to watch videos, TV and go for trips out.

The home continues to have an open visiting policy and visitors were observed to come and go during the day.

During the day residents were observed to be making personal choices and staff were supportive in these decisions, one resident said she liked to be in the dining area because she could always get a cup of tea whenever she asked for one staff were observed responding immediately to residents requests for a cup of tea or coffee.

The manager is currently in the process of recording residents dietary likes and dislikes a full inspection was not carried out on the menus provided, however this will be looked at, at the next inspection.

## **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

The home has a satisfactory complaints policy and procedure, and clear guidelines for the protection of vulnerable adults; staff spoken to demonstrated a clear awareness of adult protection issues.

### **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. No complaints have been received since the last inspection. 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, 20, 21, 23, 24, 25 and 26

Residents live in a safe well-maintained environment which is homely, with safe and comfortable indoor and outdoor communal facilities.

The suitability of available bathrooms needs to be reviewed.

Residents' bedrooms are safe, comfortable and contain their own possessions.

## **EVIDENCE:**

On the day the inspection the home was warm, clean and well maintained, all areas of access to the home had ramps and there is a lift providing access to upper floors and a new stair lift has been installed providing access to the lower floor. Communal areas consist of two lounges and dining room residents were observed during the day using all areas of the home. New dining room furniture has been bought and the dining room had been decorated which was more appropriate to the resident group in the home. The dining room is a particularly favourite spot for most of the residents who like to sit and chat

with staff and other residents over tea and coffee. Residents bedrooms were well furnished and personal possessions were noticed to be in place, some residents had decided to remain in their room during the day, and one resident said he really liked his newly decorated room as it had made it brighter and appear larger.

The provision of bathrooms in the home was discussed the manager and staff tended to use one bathroom on the ground floor. They felt the other bathrooms were not suitable to meet the needs of the current resident group, however one bathroom is not sufficient provision the number of residents in the home. A requirement was made that the current bathrooms must be reviewed and any changes required implemented as soon as possible.

## 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

The numbers of staff on duty is sufficient to meet the needs of the current resident group.

Appropriately trained staff are on duty at all times.

The home's recruitment procedures have improved and now meet current requirements.

Staff are trained and competent to do the jobs.

### **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.

A review of staff personnel files showed that since the last inspection the manager obtains a POVA first confirmation and two references before a new member of staff commences employment. The need for references to include one from the last employer was discussed with the manager however this did not pose a problem.

Staff records also show 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 commenced the health and safety course run by Weston College. The manager has accessed a dementia-training package, which is about to commence for all staff.

# 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, 32, 34, 37 and 38

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

Residents are protected by the accounting and financial procedures of the home.

Staff receive a full induction and are appropriately supervised.

Residents are protected by the homes record-keeping, policies and procedures, with the exception of the providers regulation 26 reports.

The implementation of health and safety in the home is satisfactory however generic risk assessments need to be brought up-to-date.

## **EVIDENCE:**

The manager Mrs Rachel Clapham has successfully completed the registration process with the CSCI, she has 16 years experience in care settings of which the last five she has worked in a management post. She holds a City and Guilds qualification in Advance Management in Care and has also achieved the Registered Managers Award. Staff spoken to said they felt well supported by the new management and felt their opinions were listened to and taken seriously at staff meetings, one member of staff commented that, 'Rachel talks to me and helps me I've really gained in confidence since she's been here, I can talk to her any time and it's nice to have someone who actually listens.' A copy of the home's financial projection was forwarded to the CSCI when the home changed hands.

The manager has introduced a new induction process, all the existing staff carried out the new induction when the home changed hands, and all new staff complete the induction whilst working supervised. All staff have signed a supervision agreement with the manager and formal supervision with all staff has commenced, progress in this area will be reviewed at the next inspection. All records maintained by regulation had been reviewed to reflect the new service; they were up-to-date and well maintained. The registered provider has not yet forwarded a regulation 26 report to the CSCI; this must be carried out on a monthly basis following an unannounced visit.

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 however the manager needs to carry out a review of the generic risk assessments and update them to reflect current working practices and changes within the home. The portable appliances test was due the same month as this 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	
Standard No	Score
1	3
2	X
3	3
4	3
5	3
6	N/A

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

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

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

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	2
22	X
23	3
24	3
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	3
33	X
34	3
35	X
36	X
37	2
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 my sheets must be signed by the person making the entry	13/12/05
2.	OP9	13(2)	Staff must only used medication for the resident named on the bottle/box.	13/12/05
3.	OP9	13(2)	Reasons why the medication has been admitted must be recorded	13/12/05
4	OP21	23(2j)	A review must be carried out of the suitability of the bathrooms and any changes identified to be implemented.	13/04/06
5.	OP37	26	The registered provider must carry out monthly visits and forward a report to the CSCI	13/12/05

**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

## **Commission for Social Care Inspection**

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