

EBS Services Limited

Rodney House Care Home

Inspection report

4-6 Canning Street
Liverpool
Merseyside
L8 7NP

Tel: 01517093883
Website: www.ebsservices.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rodney House Care Home is a residential care home providing accommodation and personal care for up to 57 people in one adapted building. Rodney House predominantly cares for people who require support with their mental health and or have a physical disability. At the time of our inspection 47 people were living at the home.

People's experience of using this service and what we found

The provider had failed to ensure a safety monitoring and management approach had been effective across the whole service.

We had previously highlighted concerns with the management of people's medicines at the home and these concerns remained. We had also raised concerns regarding the home's environment, including cleanliness and hygiene in certain areas, and some of these concerns also remained.

The provider and home manager were responsive to our concerns raised during this inspection. They took appropriate action and put plans in place to quickly resolve the concerns highlighted.

Since our last inspection, there was an ongoing program in place to help ensure that all staff had the required skills and competencies to support people well and safely.

We made a recommendation regarding the scope of the training provided.

People spoke positively about the home; one person told us "I'm really happy with this place." Another person said, "It's all good here." People described staff as "kind" and "respectful"; one person told us, "The staff are really decent people, they make me forget I'm in a care home." Staff spoke positively about people and supporting them to achieve good outcomes.

Assessing and managing risk in relation to people's care planning was improved. There was a new care planning system in place. The new care planning system focused on people's decisions, preferences and what they are able to do for themselves; along with identifying the areas of their lives in which they need some support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff deployed at the home to meet people's needs within a reasonable time. Steps had been taken to help protect people from the risk of abuse.

A number of other audits had been effective at the home, and these had contributed to areas of improvement that we had seen. For example, audits on response to safeguarding concerns and the use of as required (PRN) medication.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 07 December 2022) and there were breaches of regulation.

At this inspection we found the provider remained in breach of regulations. This service remains in Special Measures and has been in Special Measures since December 2022.

Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

At this inspection we have identified breaches in relation to safe care and treatment; the ongoing assessment of risks, safe management of medicines, maintaining a safe environment and effective governance of the home.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special

measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rodney House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by three inspectors.

Service and service type

Rodney House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rodney House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The home was being run by an interim manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We took a tour of the home and observed staff supporting people. We spoke with eleven people who used the service and a relative of a person living at the home about their experience of the care provided. We spoke with three health and social care professionals who work with the service; we spoke with four members of staff including the home manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including training, quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not always safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor, and mitigate; the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had not been made and the provider remained in breach of regulation 12.

- The provider had failed to ensure a safety monitoring and management approach had been effective across the whole service. For example, we had previously highlighted concerns with the management of people's medicines at the home and these concerns remained. We had also raised concerns regarding the home's environment, including cleanliness and hygiene in certain areas, and these concerns also remained.

The provider had failed to ensure their systems were consistent in assessing and reducing risk across the home. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In some specific areas the management of risk has improved. For example, assessing and managing risk in relation to people's care planning was improved. Each person's care plan had been reviewed and updated.
- People's care plans were now person centred, detailed, and provided guidance for staff on how to support people well and reduce risk. One person's care plan provided staff with guidance on how to effectively communicate with them and help reduce frustrations; another person's care plan provided guidance for staff on how to support them with their meals and reduce the risk of malnutrition.
- We fed back details on omissions in some people's care plans. However, we did not see evidence that this has had any negative impact on their care and support. The provider assured us they were checking the new care plans as part of an auditing system.
- There was a detailed log of any accident or incidents that happened at the home along with, actions taken and outcomes. This demonstrated working in partnership with the local authority to help ensure people are safe.
- The provider had worked in partnership with local fire and rescue services and other external professionals to have a full assessment of fire safety within the building. Following this the provider had made an investment into an extensive program to replace and upgrade all fire doors within the building. There was also an individualised fire risk assessment for each person who smoked.
- There was a detailed upgrade and refurbishment plan in place for the home. At the time of our inspection

5 out of 57 rooms had been refurbished.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had not been made and the provider remained in breach of regulation 12.

- People's medicines were not always safely managed.
- One person's care plan for the safe administration was not always followed. There was evidence that a number of times this has led to the person not taking their medication as prescribed, when this was a known risk.
- Controlled drugs were not always safely managed. The protocol of two staff checking and signing controlled drugs records was not consistently followed.
- For another person, the administration and movement of a controlled drug was not recorded safely as outlined in the person's care plan.
- The medicines room did not always enable staff to administer medicines safely. It was disorderly and not well maintained. The temperature of the room was not being monitored effectively and surfaces and cupboards were cluttered with excess stocks and old paperwork.
- The system for checking and auditing the administration of medicines had not been effective. The checks were not comprehensive and focused on the completion of records and did not test the full system for administering medicines.

The provider had failed to ensure the safe management of people's medicines. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action regarding the condition of the medicines room. On day two of our inspection the medicines room and facilities for staff were much improved.

- We checked a sample of medicine stocks and found these matched stock levels with the medication administration records kept.
- The home manager had oversight of the use of as and required medicines (PRN).

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of the spread of infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had not been made and the provider remained in breach of regulation 12.

- Parts of the home remained unclean, unhygienic, and poorly maintained.
- The medicine administration and clinical treatment room was so cluttered it could not be effectively cleaned; to ensure it was hygienic and prevent the spread of any infections. Within the medicines / treatment room the sink for handwashing was visibly blocked and full of water, there were no other facilities

for hand cleaning.

- Many items of furniture in people's bedrooms including wardrobes, cabinets and chairs were unclean, with rough surfaces which made them difficult to clean and in an overall poor condition.
- There were a number of bathrooms with no source of ventilation and shower rooms where water was poorly draining, causing damp and water pools.

The provider had failed to ensure that all areas of the home were clean, hygienic and were effective in helping to prevent the spread of any infections. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably skilled, experienced staff to safely meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 18.

- Since our last inspection, there was an ongoing program in place to help ensure that all staff had the required skills and competencies to support people well and safely.
- Many staff had undertaken training refreshment and key staff members had undertaken more advanced training to be able to train others in specific areas. Key staff had been enrolled on recognised qualifications in health and social care relevant to their role.
- However, there remained some gaps in specific training to help ensure staff can be as responsive as possible to people's support needs.

We recommend the provider review the training courses provided to help ensure they provide staff with the qualifications and skills needed to effectively support people with mental health support needs.

- There were enough staff deployed at the home to meet people's needs within a reasonable time.

At our last inspection the provider had failed to ensure the proper and safe recruitment of staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of regulation 19.

- Checks were in place to help ensure the safe recruitment of staff.
- Checks were made with the Disclosure and Barring Service (DBS). DBS checks provide information including details about applicants' convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Checks were in place for the deployment of workers provided by an employment agency. These helped ensure temporary workers were also suitable for the role. Both permanent and agency workers partook in an induction program.

Systems and processes to safeguard people from the risk of abuse

- Steps had been taken to help protect people from the risk of abuse.
- Staff received training in safeguarding people from the risk of abuse.
- The home manager kept a detailed log of any incidents that may indicate a person was at risk of abuse.

They used this information to effectively work in partnership with the local authority who are the safeguarding authority.

- People told us they felt safe living at Rodney House and that staff were respectful and caring towards them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff were knowledgeable about the application of the MCA and respected people's rights; most people living at the home did not need the protection of a DoLS and led an independent lifestyle. The facilities at the home enabled them to do this.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had improved since the last inspection. Leaders had identified the improvements needed to the systems in place to ensure the delivery of high-quality, person-centred care. Improvements had been prioritised to address the highest risk and at the time of inspection not all areas identified had been completed.

At our last inspection the provider had failed to operate effective systems to check and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made, however the provider remained in breach of regulation 17.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had made some improvements to the service since our last inspection. However, the governance systems had not consistently been effective in identifying and responding effectively to risks in people's accommodation and care.
- The provider was in the process of changing the way people's medicines were managed to be in line with current best practice. However, they did not have full oversight of medicines at the home during this time. The systems for checking and ensuring the safe management of people's medicines had not always been effective and had not ensured the safety of the whole process of medicines management.
- The provider was in the process of changing the setup of the housekeeping team and how cleaning was done at the home. However, this had not yet led to significant improvements in the hygiene and cleanliness of people's rooms and of the suitability of the facilities that they used.

The provider had not ensured the systems in place were effectively managing risks and consistently ensuring quality in all the key areas of the home. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A number of other audits had been effective at the home, and these had contributed to areas of improvement that we had seen. For example, audits in response to safeguarding concerns and the use of as required (PRN) medication.
- There was a new system in place to help promote effective information sharing between different shifts of staff members at the home.
- There had been a focus on assessing and improving the safety of the fabric of the building. The provider had commissioned surveys and reports on the safety of the building and had worked effectively with

Merseyside Fire and Rescue Service. There was a five-year refurbishment plan in place.

The provider and home manager were responsive to our concerns raised during this inspection. They took appropriate action and put plans in place to quickly resolve the concerns highlighted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the home; one person told us "I'm really happy with this place." Another person said. "It's all good here." People described staff as "kind" and "respectful"; one person told us, "The staff are really decent people, they make me forget I'm in a care home."
- Staff spoke positively about people and supporting them to achieve good outcomes. The new care planning system focused on people's decisions, preferences and what they are able to do for themselves; along with identifying the areas of their lives in which they need some support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and home manager had ensured that effective communication had taken place with CQC and other partner organisations. During the inspection the provider and home manager were keen to make required improvements and looked further into matters that were raised during our inspection and shared this information with CQC.
- Since our last inspection the provider had ensured effective communication with CQC. This meant that information that the provider has an obligation to share, had been shared.
- It is a condition of registration for Rodney House that they must have a registered manager. However there has not been a registered manager in place since December 2022. There was an interim manager in place whilst the provider appoints a registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There was an improvement in how people who lived at the home were involved and engaged with. People told us they felt listened to by staff and the new manager. The new care planning process contained the opinions of people who lived at the home.
- The provider was working in partnership with other organisations in relation to the ongoing care and support of a number of people and the wider improvements being made at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place did not always effectively monitor the quality and safety of care in order to drive service improvement.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure their systems were consistent in assessing and reducing risk across the home.</p> <p>The provider had failed to ensure the safe management of people's medicines.</p> <p>The provider had failed to ensure that all areas of the home were clean, hygienic and were effective in helping to prevent the spread of any infections.</p>

The enforcement action we took:

A warning notice was served.