

EBS Services Limited

Rodney House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 September and 4 October 2017. The first day of the inspection was unannounced.

Rodney House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The building is a large Georgian style building with a more recent extension over five floors in a city centre location. The home had 57 rooms all for single occupancy; nine of the rooms were en-suite. For people living at the home there were three lounge areas and smaller sitting areas on different floors. There were also two dining areas, two smoking rooms, bathrooms and shower rooms on each floor. Each floor was accessible by staircases and a passenger lift.

The home was registered to provide care and accommodation for up to 57 people. At the time of our visit 55 people were living at the home. Rodney House supports people who may have a physical disability or require support with their mental health.

The home required and had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our previous inspection in December 2016 we had found breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the service was 'requires improvement' and the key question 'Is the service safe?' was rated inadequate. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; 'Is the service safe?' 'Is the service responsive?' and 'Is the service well-led?' To at least a rating of good. After our previous inspection the owner and registered manager quickly took steps to make improvements. These improvements meant that all of the breaches we identified in December 2016 had been addressed. At this inspection, the service was compliant with all of the health and social care regulations.

As the domain of safe was rated inadequate at our last inspection, we were unable to rate it any higher than requires improvement at this inspection. This was because the provider needs to show that they can sustain these improvements over time. We will therefore check this at our next inspection. The domains of 'responsive' and 'well-led' were rated 'requires improvement' at the last inspection and were found to be good at this inspection. The overall rating is now 'good'.

During our previous inspection we saw that a number of people living at the home were smoking in their bedrooms, this was unsafe and against the home's smoking policy. There was a designated smoking room within the building that the home's policy highlighted was the only safe place to smoke within the building.

The registered manager and owner had taken some steps to keep people safe. However these had not been adequate as the home did not have the systems, staffing capacity or equipment to ensure people were kept safe.

After our previous inspection the owner and registered manager quickly took steps to ensure people were safe. The registered manager and the owner set up an additional smoking room on the ground floor and installed a system which was sensitive to cigarette smoke in people's rooms that alerted staff at reception rather than setting off an alarm. Staff went to people's rooms to remind them to use the smoking areas provided and asked them to extinguish the cigarette. This encouraged an increase in people using the designated smoking areas. During our inspection we saw that this system was operational and we observed staff using it to keep people safe.

During our previous inspection we saw that the environment was not safe for vulnerable adults as access to the loft, a high balcony, the laundry, cleaning chemical stores and other storage areas had not been secured. On this inspection we saw that these areas had been made safe and were now secured with key code locks. There had been improvements made in how food was stored in the kitchen areas and the food storage areas have been renovated. Previously some of the checks and audits of the home in regard to safety, the environment and reviews of people's care plans had not been effective and they had not addressed the concerns highlighted during our previous inspection. Risk assessments had not always been effective in assessing and mitigating risks.

On this inspection we saw that the registered manager had made changes to the audits in these areas. There was an audit calendar in place checking the quality of many different aspects of the service provided to people. There was evidence that these had been thorough and that there had been improvements made in the delivery and checking of the service provided in these areas. We also saw that there was a new risk assessment process in place which highlighted risks and provided an agreed plan to mitigate these risks.

People told us that they felt safe living at Rodney House. One person told us, "Once I'm inside and through the door I feel safe." Another person told us that in previous homes they had at times felt unsafe; but the "calm and quiet atmosphere" at Rodney House made them feel safe. People also told us that they were happy with the staff at Rodney House and spoke positively about their approach and the relationships they had with them. Themes in people's feedback was that the staff were friendly, kind, helpful, listened to people and if they were able acted on any concerns or worries they had. One person told us, "The staff help in every way they can and will always listen to my concerns."

We observed the interactions between people and staff; we saw that there was a relaxed, calm and comfortable atmosphere at the home. It was clear that people found staff approachable. One visiting health professional told us that they had observed, "Staff greet people respectfully and treat people at all times with respect. You can see from the interactions between people and staff that people are happy."

We saw that support was planned and provided in a manner that was respectful and promoted people's autonomy and decision making. There was a respect for people's freedom and individual choices. We saw examples of people who had benefitted from this approach. The registered manager told us that the aim was, "To provide safe care whilst balancing people's right to make choices." One social worker told us that the registered manager, "Attempted to instil a culture of sensitive yet realistic care and support to some very hard to reach service users, which in a lot of cases has paid dividends."

We saw that the registered manager had a presence at the home; they were approachable and communicated well with people and staff members. The registered manager and the owner of the home

who was the nominated individual; had a clear and well communicated vision of how high quality and respectful care should be delivered at Rodney House. We met with them and they told us, "We aim to equip people with skills. We are not here to lay down the law, we are here to show people respect and to not judge."

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 always safe.

There was a system in place that alerted staff to people smoking in their rooms. This helped to keep people safe.

There were further improvements being made to the home's environment. The home's environment was safe.

New staff had been safely recruited. All staff had been trained in safeguarding vulnerable adults.

Most people told us that they thought there was enough staff at the home.

Medication was administered safely.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported to make their own decisions wherever possible. The service operated within the principles of the Mental Capacity Act 2005.

People told us that they enjoyed the food provided. Food was being stored, handled and cooked safely.

People received support with healthcare.

Staff told us they were well supported. We saw records that show staff were trained for their role.

Good 

Is the service caring?

The service was caring.

People told us that staff were friendly, kind, helpful and listened to them.

People told us that staff were approachable and they went to them at any time. Some people told us that staff had been kind

Good 

and caring towards them during difficult times.

People were provided with information that they needed and helped them.

People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

Each person had an individualised care plan.

Care plans focused on people's short and long term goals. Good records were kept of people's daily care.

Complaints had been recorded and responded to.

Is the service well-led?

Good ●

The service was well led.

The registered manager had a presence at the home. There was a clear structure and vision at the home.

The registered manager undertook a series of audits and checks to ensure the quality of the service provided to people.

Rodney House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September and 4 October 2017, the first day was unannounced. The inspection was completed by an adult social care inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They have expertise in the area of care for people who need support with their mental health.

We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the provider is required to send us by law. We checked that we had received these in a timely manner. We also looked at the local authority's contract monitoring report from their visit in August 2017.

We spoke with 28 people who lived at the home. We also spoke and made contact with three health and social care professionals and volunteers who frequently visited the home to engage in activities.

We spoke with nine members of staff including the registered manager and four care staff, the chef and kitchen staff, maintenance staff and the owner of Rodney House. We observed people's care and staff interactions with people who lived at the home. We looked at the care plans for four people. We also looked at the staff files for five members of staff and documents relating to people's medication administration, health and safety, staffing and the management of the home.

Is the service safe?

Our findings

People told us that they felt safe living at Rodney House. One person said, "Once I'm inside and through the door I feel safe." Another person told us that in previous homes they had at times felt unsafe; but the "calm and quiet atmosphere" at Rodney House made them feel safe. A third person said, "It's brilliant here. I feel safe here. It's a great place." A fourth person told us, "I can't say anything bad about this place." One visiting healthcare professional told us, "I'm not concerned about people's safety and wellbeing here." During our inspection we saw that there was a calm atmosphere at the home and people were relaxed, comfortable and interacted well with staff and each other.

During our previous inspection we saw that there was a smoking room which had been risk assessed and was available for people to use if they wished to smoke inside the building. However people were smoking in their rooms against the home's smoking policy. Some people smoked in their beds and we saw in some people's rooms there were evidence of multiple cigarette burns on bedding and the flooring. At least 14 people were not following the homes smoking policy which posed a risk to the safety of everybody in the building. The registered manager and owner had taken some steps to keep people safe. However these had not been adequate as the home did not have the systems, staffing capacity or equipment to ensure people were kept safe.

After our previous inspection the owner and registered manager quickly took steps to ensure people were safe. The registered manager and the owner installed a system which was sensitive to cigarette smoke in people's rooms which alerted staff at reception rather than setting off an alarm. Staff went to people's rooms to remind them to use the smoking areas provided and asked them to extinguish the cigarette. During our inspection we saw that this system was operational and we observed staff using it to keep people safe.

Cigarette smoke detectors in people's rooms were checked weekly and these checks were recorded. There was also a record kept of every time the system alerted staff to people smoking in bedrooms; this information was used to look for patterns and provide additional support at times. When the system was first installed the registered manager and owner monitored the records daily for one month to ensure the system was being effective.

Also an addition second smoking room had been provided on the ground floor. This was to make access easier and more convenient for people from the main lounge areas and to encourage the convenient use of the smoking rooms. The smoking rooms were risk assessed for safety; they had additional ventilation, metal bins, fire retardant flooring, a call bell and CCTV so staff could ensure people were safe. We spoke with people who smoked and most of them told us that they were happy to use one of the smoking rooms or to go outside.

Most people we spoke with told us that there was enough staff to meet their needs. People told us that there was always someone around to help them and if they needed to use their call bell someone would respond quickly. One person told us, "I rarely use the call button, but they [staff] always come quickly." We observed

that staff responded quickly to call bell alerts. A couple of people expressed that more staff may be needed to support people at mealtimes who may not be able to leave their rooms.

We asked the registered manager how they decided the appropriate numbers of staff needed to provide people's care safely. They told us that they based staffing levels on people's support needs and staff response time to people's call bells. We observed and the staffing rotas showed that there were five care staff on duty each day between 8am and 8pm. Overnight four care staff were present. There was a care manager on duty seven days a week and the registered manager Monday to Friday. There was an on-call system manned by a senior member of staff 24 hours a day, who was available for advice or to attend at the home if necessary.

The registered manager had introduced 'walkie talkies' for staff to use since our last visit. This meant that all staff could quickly communicate with each other across the five floors of the building and reception staff were able to quickly coordinate staff and direct them to where they are needed. A staff member that we spoke with told us that this system enabled them to be more responsive. Another staff member told us they were, "Fantastic."

We saw that people at Rodney House knew the staff supporting them, there was a minimal use of agency staff. There was some expected turnover of staff; however there was a number of staff who had been at the home for a long time.

During our previous inspection we saw that the environment was not safe for vulnerable adults as access to the loft, a high balcony, the laundry, cleaning chemical stores and other storage areas had not been secured. On this inspection we saw that these areas had now been made safe and were secured with key code locks. We spoke with the maintenance lead person who arranged for a series of safety checks to be completed on the environment of the home. They told us that they felt well supported in their role and when any safety issues were identified they had the support and resources to address these quickly.

There had been a new fire risk assessment completed in August 2017. We looked at this and the previous risk assessment and saw that they had been reviewed every six months by the maintenance person and the registered manager. This included a detailed evacuation plan. Each person had a detailed personal emergency evacuation plan (PEEP) in their file and together in the emergency grab file. The fire service visited in August 2017 and wrote that the premises were not high risk. We saw records that showed that the fire alarm, smoke detectors, emergency lighting, fire doors and fire exits were checked weekly. Twenty pieces of portable fire fighting equipment had been recently replaced. A six monthly fire evacuation drill took place. We read the report from the last drill in April which had resulted in some people's personal emergency evacuation plans (PEEP) being updated.

We saw records of monthly room checks which looked at many aspects of safety and maintenance. Equipment used at the home to help people move safely had regular checks and was serviced by competent persons. There was a periodic environmental audit completed with the registered manager which had led to an action plan. The services to the building had been checked and portable electrical appliances had been tested for safety. Internal infection control audits were completed.

The home is a Georgian building over five floors with a modern extension at the side. Recent improvements have been made to the building. However parts of the building were tired and were in need of redecoration. The area around the drink station needed refurbishment as the walls and sealant was stained, the vent was full of dust and the area was attracting what seemed to be fruit flies. Other areas of the home, such as the lounges; lacked visual stimulation and appeared sparse. We looked at the maintenance plan for Rodney

House which showed what works had been completed from 2015 to present and what works are planned for the following year. This included the refurbishment of the kitchen and redecoration of certain areas.

Incidents and accidents that occurred at the home were recorded and responded to in a manner that kept people safe with appropriate support. These records had been reviewed at management team meetings, the responses to each incident were analysed and learnt from. There was a record of information sharing with the local authority safeguarding team, CQC and if appropriate debriefing of staff and people supported.

There is no curfew or guidelines in place restricting people coming and going from the home. There were policies in place with regard to if a person was very late without making contact or out for an amount of time that was uncharacteristic for them. In these circumstances they would try to make contact with the person and if appropriate raise a welfare concern with the police.

Staff were knowledgeable about safeguarding vulnerable adults. They knew the different types of abuse that can happen, what they would do if they suspected a person was at risk of abuse and where they could find additional information. There was an up to date safeguarding policy in place.

We checked that any new staff had been recruited safely. We looked at the recruitment records for five staff members and saw that staff photographic identification, proof of address and right to work in the UK had been checked. Staff had completed an application form outlining their skills, previous employment and experience before they attended an interview. We saw records that showed staff were asked questions that required them to talk about values based judgements in different situations. The organisation sought two references for new staff members before they started; if necessary these were verified with the referee.

For new staff the provider undertook a criminal record check using the Disclosure and Barring Service (DBS). The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services. We saw records of risk assessments that the registered manager had completed when a staff member had declared a conviction before making a safe recruitment decision.

There was a secure medication room which provided appropriate space and equipment for storing and organising people's medication. There were facilities for hand washing and the safe disposal of sharps. Medication requiring refrigeration was stored appropriately and the fridge temperature was checked twice daily. At our previous inspection there were some contradictions in the stocks of one person's medication and this had not been picked up for five days. In response to this the registered manager introduced new weekly medication audits; on this inspection we looked at these audits.

During this inspection we saw that medication was stored and administered safely. Controlled drugs were securely stored. We checked the administration records and stocks for all the controlled medication and these were accurate. Stocks of 'as and when required' medication (PRN) were recorded and updated after each use. We checked a sample of these stocks and found them to be correct.

We observed one medication round completed by two staff members. They were respectful towards people and asked them if they needed or wanted their as and when required medication (PRN) for example painkillers. When giving people their medication staff explained what the medication was and what it was for, people's permission was sought during this process. The staff were knowledgeable about people and any identified risks with people's medication, their current health needs any upcoming appointments. During the medication round the staff made notes about one person and after completing the medication round made a GP appointment for this person.

Is the service effective?

Our findings

People told us that they received good care from staff at Rodney House. One person said, "The staff are very good, they always ask if you are all right." Another person told us, "Staff are very nice, if I need help I'll see the carers." A third person said that they felt, "Well looked after."

Staff were very positive about their role and the support they offered. One staff member told us, "I like working here. I like the style and approach." Another staff member told us, "Everyone is working together. The atmosphere here is really good."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the registered manager had arranged for a DoLS to be in place for people who would benefit from them. These had been completed with a clear rationale with regard to why they had been applied for and how the person would benefit. These DoLS had been applied for after a capacity assessment had been completed. We saw that any court of protection decisions made in a person's best interests were discussed with people and regularly reviewed.

We saw that people at Rodney House were supported in their decision making and there was a respect for people's freedom and individual choices. Before any care plan was put into place or any care provided, people's consent was sought either formally in writing or informally by asking before the delivery of any care. The registered manager told us that they did not want to create a culture of rules at the home. The only restrictions placed on people by the management of the home were in regard to not smoking outside of designated areas for safety reasons and not consuming alcohol in communal areas. The stipulation regarding alcohol was to show respect to and to help people living at the home who may be abstaining.

The registered manager told us that the aim was, "To provide safe care whilst balancing people's right to make choices." The owner of the home told us that they wanted, "People in control as far as possible." We saw evidence of this approach in the culture of the home and interactions between staff and people living in the home.

Staff made sure that people were aware of options available to them and likely outcomes so that they are

able to make informed choices. Some people made choices or decisions that staff thought were unwise. Although staff offered people reminders, people's freedom to make these choices was respected.

For example one person had gained weight and was unhappy about this. They had been supported to see a dietician and obtain a diet plan. However the person chose not to follow the plan from the dietician. Staff offered appropriate reminders and prompts but also respected the person's decisions and choices once they had been made.

One staff member told us that a person may benefit if they stopped drinking, but may choose not to. However they had been able to encourage the person to change from drinking a strong cider to less of a lower strength drink. The person agreed to this. Staff told us that this person's appearance had improved and since making the change the person felt better in themselves.

One visiting healthcare professional told us, "The staff are good at promoting choice and independence, even if the choices a person is making are unwise. It can be a difficult situation and staff manage this very well."

Most people we spoke with were either satisfied or happy with the food on offer at the home. Many people made positive comments with regard to the quantity of food and the variety of meals available. People told us that they could have snacks when they wanted and they could have second portions of food if they asked for them.

Tea, coffee and chilled water was available at all times and people who were able helped themselves. People who were not able to access this independently told us that staff brought them drinks regularly; some people had tea and coffee making facilities in their rooms.

There were two dining areas, we saw in one area that tables were set out in preparation for lunch with tablecloths, cutlery, condiments and napkins. We saw that upcoming menu choices were displayed on a notice board. We visited the kitchen which had been graded as 3 stars by the local authority environmental health team. Since this rating and our previous inspection improvements had been made. Previously we had found that food was not being stored safely in the dry store and fridges. There were also gaps in the records of safe food handling.

On this inspection we saw that food was being stored, handled and cooked safely. The dry store rooms had been refurbished and records had been kept of food storage and serving temperatures. We looked at the daily kitchen open and close records which showed that all tasks had been completed. We saw that people's cultural and dietary needs were viewed as important and catered for. For example Halal stickers identified food that has been prepared with Halal ingredients and some people required a soft diet which had been prepared in an appetising way. In the store room there was large quantities of fresh fruit and vegetables; during the day we saw bowls of fruit available for people to take. The chef told us that they paid attention to detail and always ensured that there was food available that people enjoyed. For example we saw that there was a variety of cheeses in the storeroom rather than just one type; we were told that people enjoy different types of cheese.

We saw that the registered manager and other staff liaised with other health professionals to help ensure that people received the healthcare they needed. We saw that appropriate referrals had been made.

One person expressed that they had not seen their psychiatrist for a long time and felt that they needed to. We saw that the registered manager explained to them that they had been discharged by the psychiatrist.

The registered manager then responded and started collecting information from the person to help them make another referral. One visiting health professional told us that the staff at the home made appropriate referrals when people needed additional support with any health needs. They told us, "Staff always follow our instructions, comments and guidance." There was a treatment room which meant that people could see visiting health professionals conveniently and in private. The visiting health professional was very positive about this arrangement and told us that anything they request to help people is quickly acted upon.

Staff told us and we saw records of regular staff meetings where staff had contributed to the agenda. Incident and accident records were used as part of this meeting for learning. Staff also told us that they had regular supervisions with a senior member of staff. One staff member told us, "I have learnt a lot from my supervisions. [Staff name] comes around with us if we need any support. You can always go and get extra support if you need it." Another staff member told us that they are being supported to complete a NVQ level three equivalent qualification in health and social care.

New staff had an induction from various people within the home. We saw this covered health and safety, fire safety, safeguarding and people's support plans. We saw that there was a checklist that new staff went through with a senior member of staff. Also new staff initially had a 'support meeting' every two weeks until they settled into their role. One senior staff member who we spoke with told us that they had a four week period of shadowing other staff members to become familiar with people and their support needs. There was an on-going program of training at the home.

Is the service caring?

Our findings

People told us that they were happy with the staff at Rodney House and spoke positively about their approach and the relationships they had with them. Themes in people's feedback was that the staff were friendly, kind, helpful, listened to people and if they were able acted on any concerns or worries they had.

One person explained that they felt that they could approach the staff at any time about anything and they would always help them and explain anything they needed. Another person said about the staff, "They're always asking if you're alright, do you need anything? They check you're ok." A third person told us, "We get on alright here. It's a good place." A fourth person said, "The staff help in every way they can and will always listen to my concerns."

Some people told us that they had been through difficult times and they told us how the staff had been kind and caring towards them. One person told us, "They [staff members] treated me well." Another person said, "The staff look after me." A third person told us, "We are not neglected or ignored. Nothing is too much trouble for them." One person told us that they had recently lost their partner and felt that the staff at Rodney House had given them a lot of support.

One visiting health professional told us, "Staff greet people respectfully and treat people at all times with respect. You can see from the interactions between people and staff that people are happy." When we spoke with staff members they spoke about people with respect and empathy. One staff member told us, "People deserve good care and we try our absolute best to provide it." Staff treated people with kindness during difficult or challenging situations. We observed one time when a person was making inappropriate comments. The person was supported kindly and in a way that showed them respect and maintained their dignity.

We observed the interaction between people and staff. There was a relaxed and comfortable atmosphere at the home. In their relaxed interactions it was clear that people found staff approachable. During our visits we saw the registered manager, owner and staff chatting with people in a warm manner, showing a personal interest in people. We heard everyday positive conversations about movies, favourite actors, recent TV shows, books and what people had been doing recently.

People were provided with information in a variety of ways. Each person had a service user guide and welcome pack on arrival at Rodney House. It contained information about the registered manager, the owner, safeguarding teams and CQC. There was also a guide to local health services, places of worship and leisure facilities.

On the notice board was information on independent advocacy services, a summary of the previous CQC and easy read information on safeguarding. There was a CQC poster on good care or poor care with contact numbers people could use.

People told us that their privacy was respected. One person said, "The staff are respectful and always knock

on my door." Another person told us that they were a private person and don't like to mix too much with others. They liked the option of using one of the lounges and being with people or at times choosing to spend time alone in their room. The registered manager told us, "We are always aware of people's privacy and the sensitive nature of some information that we record about people." We saw that people's care records were held in a secure manner and were only available to relevant people.

People were supported to maintain relationships with their family members and friends, people were free to have visitors when they chose. We observed people leaving with their visitors. One person told us, "I see my [family] every weekend and they take me out. I also have a friend who visits too; I also have friends here as well." We saw some photos from people's celebrations. Staff told us that if people were in hospital they either visited or called to check on how the person was doing. One person told us, "I like it here, I have made friends"

Some people told us that they would like to leave Rodney House to have a place of their own. When we asked questions about this, it became clear that this was not a criticism of Rodney House but a desire for more independence. One person told us, "I'm as happy as I can be without being at home." The registered manager told us that they have to manage risks but have never refused a person care and accommodation because of their support needs. Some people have already been evicted from their previous home. If people become well again they may move into their own place or another place.

Is the service responsive?

Our findings

One person told us that they had benefitted from the support they had received and felt, "Physically and mentally stronger from being here." Another person told us about the support they received, "Everybody has hiccups, ups and downs, but it's been 95% good." A third person told us that they thought their "needs have been fully met."

We saw that one person's family member had written complimentary about the service provided to people. They wrote, 'The service you provide there excellent and is very much needed by people with mental health and other difficult problems who for one reason or another are unable to look after themselves properly'.

Each person had an individualised and comprehensive care plan. People told us that they were involved in planning their care and if they had wanted them to be their family members were involved. One person explained to us how staff at the home went through the care file with them and helped them to understand their plan. Another person told us about the care plan reviews they had attended and how, "staff explained everything."

We saw that care files were written in plain English and in a respectful manner. They offered staff guidance in a step by step manner that followed a logical flow of information of how to meet a person's support need. Staff we spoke with had a good knowledge of and insight into people's support needs and the information in people's care plans.

There was a brief document giving an overview of a person's care needs at the front of their file. This contained details of people family members, social and health professionals involved in their care, medication taken, allergies and a brief medical history. It was explained that this document was designed to be taken out in an emergency and contains essential information.

People's main care plans were focused on helping people to achieve their goals and if possible to become more independent. The plans were split into short term and long term goals, with guidance and prompts for staff on how it was agreed with the person they wanted to be supported. For example one person's long term goal was to stop drinking alcohol, with a short term goal of drinking lower strength alcohol. One person who had previously been frequently detained under the Mental Health Act had a goal to stay living in their community and had now achieved this for a significant period of time. Nobody was receiving end of life care during our inspection. The registered manager told us that they provide this care in partnership with other health professionals so people are able to stay in their home if they wished.

There were also risk assessments that offered guidance for staff when things may go wrong or people may place themselves or others at risk of harm. These included symptoms or behaviours that a person may demonstrate if they became unwell and required additional support.

People's files also contained daily notes and records of minor incidents and events that happened in a person's support. Daily notes containing brief information on how a person is, their diet and the details of

any scheduled checks that staff made as part of a person's risk assessment. The information was used when care plan is being reviewed with a person and used to prompt questions about a person's care. We looked at a sample of these records and found that they were detailed and used clear and respectful in their language and approach. One visiting health professional told us that it was, "Easy to get people's records, they are clear and always to hand."

We saw that when care plans were reviewed, people were asked for their feedback and if they gave any this was recorded. One person had recorded as part of their review, 'The staff are ace. I'm well looked after but want more independence'. This was then explored in the short term goals of the care plan. Some people had been involved in interviewing and the decision making process about new staff members during recruitment. Although people's care plans were detailed; one staff member told us, "Care plans compliment what people themselves tell us. There may be information about people's likes and dislikes but we always ask people."

The owner and registered manager told us that they had been offering weekly listening and coaching sessions facilitated by a person from outside the home who was not a member of staff. We spoke with the person who was providing this service. They told us that their approach was very informal and people chose the environment in which they wanted to speak. They told us, "My approach is to listen, to build up a relationship with the person and make sure that they are taking the lead. To build up trust, take things at their pace and make sure that the person finds it valuable." We were told about one person who had benefitted from this approach. Both the facilitator and staff told us that one person over a period of weeks had started to eat more after undereating for some time and had started to care more about their appearance.

People told us that there are some activities available; most people that we spoke with liked to do their own thing. A lot of people came and went from the home as they pleased through the day. One person told us, "I spend a lot of time in my room, I like it." Another person said, "We get entertainment sometimes, I enjoy that." A third person told us, I use the lounges at times; but I like to go out to bookshops, I like reading." A fourth person said that they enjoyed, "Going to Wales for the day during the summer." There were photos of days out and activities around the home.

We saw that people's beliefs were respected. Some people had regular visits from their church and other people had been supported to attend religions events and services. Also on one of the days we visited, volunteers from a local organisation visited to read poetry with people at the home. We spoke with the volunteers who told us that they came once a week and often a familiar group of five to eight people came to the readings. We observed one of these readings, those who attended told us they enjoyed it and we saw that it promoted conversation and debate amongst people.

We asked people if they had raised a complaint. Whilst people told us they may have mentioned something they were not happy about; nobody told us they had felt the need to raise a complaint.

We saw records that showed that complaints had been recorded and responded to. For some people who had frequently raised complaints a series of meetings at which the person had their social worker available had taken place.

Is the service well-led?

Our findings

People were familiar with the registered manager and they told us that she was, "always around." People described her as approachable, helpful, friendly and caring. We observed many conversations between people and the registered manager the manager was always respectful, these conversations were friendly and natural. It was clear that she had good relationships with many people along with a thorough knowledge of their support needs.

One visitor described the registered manager as, "Friendly, welcoming and helpful". One social worker wrote to us stating, "The manager is proactive, supportive, flexible and realistic in her approach and expectations with some of our most complex and vulnerable older people." They added that the senior staff had, "Attempted to instil a culture of sensitive yet realistic care and support to some very hard to reach service users, which in a lot of cases has paid dividends."

One staff member described the registered manager as, "Calm with a good approach; always caring and understanding." Another staff member told us they felt well supported especially during difficult situations. A third staff member told us that the manager was, "Very professional and always calm in stressful situations." They described to us the positive impact that her approach had at the home. One staff member described the owner as, "Very compassionate and principled." The registered manager told us that they felt supported in their role by the owner and spoke with them daily.

The registered manager and the owner of the home who was the nominated individual; had a clear and well communicated vision and ethos of how high quality and respectful care should be delivered at Rodney House. We met with them and they told us, "We aim to equip people with skills. We are not here to lay down the law, we are here to show people respect and to not judge." It was clear from the feedback of people living at the home, staff, the home's atmosphere and the home's approach to care planning that this ethos of non-judgemental respect was part of the culture amongst the staff team.

We saw that the registered manager had a presence at the home, was approachable and communicated well with people and staff members. We saw that there were regular residents meetings, staff meetings and managers meetings held by the registered manager. There was a clear structure at the home or registered manager, care managers, senior support workers and support workers. People understood their roles and knew their responsibilities and there was a clear management structure which staff told us they benefited from.

Since our previous inspection the registered manager had changed the format of some of the checks and audits of quality that happened at the home. There was now a weekly audit of medication administration at the home. We looked at a sample of these audits and found that senior staff made checks on the receipt, storage, stocks of controlled drugs, refrigeration, administration, recording and disposal of medication. We found the medication system to be safe and effective in ensuring that people received the medication they needed.

The registered manager completed periodic environmental audits and met regularly with the maintenance person. There was an overall ongoing maintenance plan for the building. We saw that plans were reviewed and adapted. For example there was learning from the previous evacuation drill that had led to improvements in the fire evacuation plan. There was also a business continuity plan in place to mitigate risks if serious incidents happened.

We looked at the registered managers audits. We saw audits of staff files, policies, staff training, infection control, staff exit questionnaires, health and safety, fire safety, kitchen audits, room checks and cleaning audits. The registered manger kept a monthly audit calendar to prompt these.

We saw notes from managers meetings where the registered manager used information recorded about any accidents and incidents to assess the quality and safety of the service. During management meetings these were broken down to ascertain causes, if they had responded appropriately, look for areas of improvement and identify and mitigate any potential future risks to people. The registered manager also attended a local care home provider's forum, to stay up to date with current practice.