

# Rodney House

Enter and View report September 2024

# Introduction

## What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

## What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

## Details of the Enter and View Visit:

**Name of the service visited:** Rodney House

**Address:** 4-6 Canning Street, L8 7NP

**The Date of the Enter and View Visit:** 17/09/2024

**The Time of the Enter and View Visit:** 10:00-12:30

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

- Engagement and Project Officer Terence Ferguson
- Engagement and Project Officer Inez Bootsgezel

This was an announced visit, and we would like to thank Rodney House staff and residents for facilitating the visit and for taking the time to talk to us.

## Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Rodney House was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

## **Safeguarding**

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

No safeguarding concerns were identified during this enter and view visit.

# About the Service

## Background

Rodney house is a specialist residential care home for people with mental health problems, based in a large, listed building close to Liverpool city centre. The home can accommodate a maximum of 57 residents. At the time of our visit several rooms were being refurbished; we were told that this took longer due to the building's 'listed' status. There were 52 residents with ages ranging from residents in their twenties to in their nineties. We were told that gender and age specific care was available for residents.

Prior to our visit we had looked at Rodney House's website but we were informed that some of the information on there was now incorrect, and that a new website was under construction which appears to have gone live since: <https://www.ebsservices.org.uk/>

## Discussion with the manager

We were met by 2 members of the Rodney House management team. They explained that whilst the CQC measured Rodney House against standard care homes for elderly residents, Rodney House was different to standard residential services as most of the residents had complex behaviours and alcohol dependences that required specialised support.

Managers told us the following:

Most residents had a history of mental health issues and/ or addictions to alcohol or drugs, and many had been homeless. Several residents had been vulnerable where they had lived before and Rodney house offers a safer living environment, often being the only placement in which some of the residents' needs could be best met.

Management says that many residents had been asked to leave previous placements due to challenging behaviours. Management advised many care homes did not have the support or training in place to be able to manage the residents they care for. When other organisations had residents, they struggled to accommodate, Rodney House tended to be the place where those residents were referred to.

Rodney House also provides short term stays and respite stays. Several residents were at an end-of-life stage, including one resident who had lived at Rodney House for more than 30 years. Staff said they felt that some of the residents had undiagnosed Learning Disabilities that impacted on behaviours.

We were given several examples of how staff tried to work with residents in often challenging circumstances. Managers told us that they felt staff were good at recognising which residents needed more observation while on shift, and all residents were checked on hourly. Staff were provided with updates about residents during handovers but also via electronic messages, which had improved care as these updates were immediate. We were told that when staff were on leave their access to files was restricted to ensure ongoing confidentiality.

One manager told us they had recently stayed overnight and how on that occasion there had been much more challenging behaviour than anticipated. This was linked to alcohol consumption during the evening. We were told that some residents had agreed alcohol plans, but others did not. We were also told that there was zero tolerance for drug substances at Rodney House.

Rodney House does not charge top-up fees and there is no service charge, but the care component for residents changed as most local funding came from Liverpool City Council. This impacted on residents' disability allowance/ personal independence payments which could lead to friction, but we were told that residents realised that with not having to pay usual expenses like rent, food etc. they were better off financially.

## **Staffing**

Rodney House's management team consists of 7 staff members including 2 care managers. The home employs 34 care staff including bank staff, 4 senior care staff, 2 receptionists, a finance assistant, 10 domestic staff, a chef and 2 permanent staff in the kitchen. The finance assistant kept records for those residents whose money was being managed as well as petty cash floats. Some residents were on agreed alcohol plans and these funds were managed by this member of staff as well as funds for cigarettes, vapes and similar items.

Management told us that at the time of our visit they had no agency staff working; agency staff are now only used on an ad-hoc basis in emergencies and are not part of the usual workforce. Managers felt that previous problems at Rodney House stemmed from a culture of relying on agency staff. Record keeping had also been paper-based which prevented information being accessed in a timely manner. The change to electronic messages has helped according to staff.

We were told that new staff could be shocked by some residents, especially when these residents were having a bad day which could lead to displaying perceived aggressive

behaviours. management emphasised the importance of de-escalation training techniques in managing this. Management advised all staff had training plans and received face-to-face training. The home tried to include live case studies to keep things relevant and include residents when possible. Management told us that they had employed good staff via Hugh Baird College. We spoke to a member of staff who had joined via this pathway and received positive feedback about this member of staff from residents and a colleague. The current chef had worked under the last chef and was now moving to a permanent contract.

After our visit we received an email from Rodney House management informing us that staff had their wages increased to at least the Real Living Wage in October. This will hopefully support staff retention, something that we are aware of is often a struggle in the care sector.

### **Health care provision**

Managers told us the majority of residents at Rodney House had a tendency to self-neglect to varying extents. Management advised these behaviours can often be misunderstood and unless there is a deprivation of liberty order in place, encouragement, tact, diplomacy, training are the only tools that can be used by staff. Management says it requires a lot of patience in order to help residents regain a sense of self-worth.

GP care is provided by Brownlow Health, and we were told that one GP in particular, Dr Alimam, was felt to have *"A really nice way and not be judgmental with residents"*.

Other organisations like Liverpool Community Alcohol Services (LCAS), the Homeless Outreach Team and Change, Grow, Live also provide support to residents. Whitechapel Centre staff were invaluable when residents returned to the streets. One example given was of a resident with a substance misuse problem who was making themselves purposefully homeless – Rodney House manages this with support from other organisations.

There was a positive relationship with Sheil Road Dentists who offer residents in-house services, although multiple residents refused to engage with dentists.

Rodney House had recently started working with Iris opticians and managers said that was working really well. We were told that chiropody and podiatry was 'hit-and-miss', mainly due to residents refusing to engage but the response time for the service was described as quite fast. The District Nursing team was described as *"great"*, and they normally saw the same district nurses. There was a previous case of inappropriate

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safeguarding concerns raised by an agency district nurse who had not read residents' case notes or checked with staff.

We were given several examples of complex needs and associated behaviours displayed by some of the residents, and how this could be difficult when working with external partners who were not familiar with the home, as they did not know the people concerned and may not be taking individual and unique circumstances into account.

One example given was of a resident who had a fall. When staff called 999 the call handler had advised to keep the resident on the floor and not to move them. The ambulance wait was 6 hours and when the resident was admitted a safeguarding concern was raised, which staff felt was inappropriate. The safeguarding concern had not taken into account that staff were told to keep the resident on the floor and had been with the resident the entire time.

When discussing mental health support for residents, managers told us they worked well with mental health teams at Park Lodge and Windsor House, but that the relationship with the psychiatrist assigned to the care home was not working that well. They felt that there was a reluctance to attend the care home, and the majority of psychiatric assessments were carried out by phone. The psychiatrist was felt to be judgmental of the home and residents, making generalised comments. More positively, we were shown a card sent by Mersey Care's Homeless Outreach service staff which praised the impact of Rodney House and its staff members.

## **Food**

Managers told us that individual diets were being provided for. At the time of our visit a resident was provided with a pureed diet, and a vegetarian diet was catered for. The chef had ensured a halal diet was provided to another resident. Other support included ensuring that a resident with Parkinsons disease had their own non-spill cup to help them drink independently. The chef also introduced specific food themes and had made his own version of a McDonalds breakfast as he was aware that some residents were unable to travel to get one. Staff said that some residents preferred the home's version now.

The chef told us that other options are always available from the menu. He showed us his set-up for those residents who like to take their food away to eat in their rooms. He also explained that some of the residents were weighed weekly or monthly and that he organised portion controls for some:

### *Feedback from Chef:*

*"I'm a real stickler for organisation and I keep involved with the residents and their diets. We do a 5-item breakfast and a light lunch with a dessert. I have added more variety and fruit to the menus, and I attend resident meetings and test dishes before adding them to menus."*

The chalk board menu was empty, but the chef advised that it would be written up for dinner time. An electronic menu in the communal area was on display on the main screen. We saw a downstairs fridge in the communal area that had drinks and snacks available for residents and were told that snacks were available all day. We witnessed one of the residents knocking on the kitchen door which was kept locked. The chef opened the door, and the resident requested a sandwich. The chef was courteous to the resident and said he would get that done for them.

### **Activities**

Managers told us that Rodney House did not have a dedicated Activities coordinator. The last person in that post had left to take up another role, and staff now shared the responsibility for facilitating activities. However, management felt they were now reaching a point where they would be looking to recruit a permanent member of staff for the role. Rodney House had monthly residents' meetings and a 'you said, we did' section in the monthly newsletter to detail what happens following the meetings.

Activities included chair exercises, musical therapy, reading clubs, pub quizzes, arts and crafts, circus and theatre visits and Anfield tours. Management told us that Rodney House was linked in with the Life Rooms but residents often "drifted away". They gave an example of being told by residents about bingos/quizzes that the Life Rooms hosted, but as there were no prizes residents tended to disengage.

Activities also happened on an individual basis; for example, we were told that staff had supported one resident to regularly visit the mosque, and when their health deteriorated, played the Koran on tape for them at home. There was no minibus; some residents relied on adapted taxis whilst more mobile residents used public transport as the city centre is nearby. The owner of the care home advised us there used to be a minibus, but parking restrictions were denied for the bus to be parked outside the home. Management says they challenged this decision on multiple occasions but were not successful.



## **Visiting arrangements**

Management told us they have a relatively open-door policy but request that visits are kept between 8am-10pm so as not to disturb other residents. Visits vary; some people prefer to meet in their cars, others have had loved ones stay with them for the weekend. Staff facilitate visits as much as possible, but due to the complex lives and needs of residents sometimes staff need to make sure that visits are safe, e.g. when there is a history of domestic violence. In that case visits have been allowed in communal areas with staff present to keep everybody as safe as possible.

Managers told us that Rodney House staff had facilitated and helped support resident's families in traveling from abroad to see residents; this was especially important as often residents had reduced social and family circles, with some not having any visitors.

## **Languages and communication.**

At the time of our visit there was one resident who spoke another language. Managers told us the same language was spoken by several members of staff, so they were able to communicate. Staff also used Google translate.

## **Residents' clothes and other belongings**

We were told that every resident had a box in the home's laundry room where their clothing was kept. Staff marked clothes with a pen, but occasionally clothes could still be mixed up. There had been past incidents of residents trying to steal items from other residents' rooms. When items had been stolen the police were called. There was CCTV in the corridors alongside audio in the reception and lounge.

## **Rooms and bathrooms**

Managers told us that there were 7 rooms with en-suite facilities, but 2 of these were being refurbished at the time of our visit. We were also told that there are 2/3 toilets on every floor and multiple baths and showers, but we did not go to the upper floors and did not see any of these facilities.

Staff told us they had had to remove plugs and give them to residents when they wanted to have a bath as one resident had been flooding the bathrooms on purpose. We mentioned there were anti-flood plugs which managers told us they were looking into.

## **Smoking**

Every resident who smokes has a smoking care plan. Smoking in rooms triggers an alarm which has to be re-set by staff in that room before the alarm will reset downstairs. Staff did mention some residents try propping open smoking area doors. To manage this, they encouraged residents who felt claustrophobic to use the smoking room with windows open or to smoke outside when suitable. Staff advised it was challenging to stop residents smoking in public areas of the care home. We did witness multiple residents with unlit cigarettes in their hand in communal non-smoking areas.

## **Entry system/ security**

The front door has a camera with a facial recognition system to stop residents under a Deprivation of Liberty Safeguards Order (DOLS) going out unnoticed. We were told that some residents with a DOLS will try to wait near the door to follow people out who are able to leave.

Rodney House has a system where they can send electronic instant messages to staff via their work phones for updates and changes with residents. This signposts to staff online accounts and all staff have signed confidentiality agreements in regard to residents' information. We were told that call bells work along the same lines as the smoke alarms, i.e. staff have to go to the relevant room to be able to reset them.

## **Initial assessments**

Staff ask questions during the core assessments regarding the residents' interests, diet, cultural needs and lifestyle. They will have regular sit downs with the resident during the first weeks of their stay and go from there. Some residents do not have contact with any friends or family due to relationship breakdowns which can make this process more difficult.

# Observations

## Observations of the building and facilities

The reception area was light and bright. We were asked to identify ourselves and to sign the Visitors Book that was on the reception desk. There was a large screen TV which displayed the menu, welcome signs and had pictures of residents' activities.

We visited the ground floor and basement but did not see any of the upper floors, mainly due to time constraints.

### Lounge

Off the main reception area there was a lounge filled with armchairs side by side in a U-shape and coffee tables. There was a large television on the wall and a variety of newspapers were laid out. There was a sign stating the room had CCTV.

Several residents were using this room during our visit, and we saw staff coming in and out, offering to get coffee and snacks for residents. Residents were also offered, and shared, cake from the reception area during our visit.

The lounge did not have windows, but there was a large mirror on one wall that did not look clean; this may have been foxing or dirt. We did observe that some empty chairs had food crumbs on them, and at the back of the room the floor was dirty under the chairs with what looked like spilled tea and coffee. We also noticed a flexi-pipe hanging down in a corner. We asked management what this was, but they were not sure.

### Sensory room

The ground floor also housed a smaller nicely decorated room which the manager called the sensory room. This room's environment provided a sense of calm with low lighting and comfortable chairs.

### Kitchen and dining room

The kitchen was on the small side but looked clean and well-organised. We were told that residents who wanted to eat in their rooms were given disposable plates, as some residents had been throwing plates out of their window.

The dining room is adjacent to the kitchen in the basement and had several tables and chairs with flowers in small vases. There were some stains on the floor underneath the

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tables. Management told us that condiments and salt and pepper would be brought out with the food. The majority of the walls looked freshly painted, but one wall looked in poor decorative condition and may have been water damaged.

### **Staircases and hallways**

Staircases had high visibility treads on the edges and seemed to be in good condition. We were told there was one lift shared between all residents which had been out of order on occasions. There were rails on the walls to provide support to people when moving around.

There were clear fire exit signs, signs marking fire zones and fire extinguishers on display. All lights we saw were working. There were multiple hand washing stations. Hallways were decorated with art canvases including resident-made art, and there was a board with staff pictures on. We saw multiple wet floor signs out but did not see a damp floor or cleaning staff nearby. There was a full black binbag left on the ground in one area of the hallway.

### **Smoking room**

The ground floor smoking room looked bare, fairly dilapidated and smelled unpleasant. There were some pools of liquid on the floor. There was sparse furniture which the homeowner later advised was due to smoke room regulations to which they have to adhere to prevent residents from staying in the smoking room for extended times. The room had a window that looked onto the hall and windows and a ventilation fan placed higher up on the external wall in the room. The fan did not seem to be on as it was not spinning.

A fire extinguisher was present, and staff say that the cigarette alert system is purpose built and is in addition to standard fire safety systems. The owner advised that the fire service had attended after our visit and confirmed in writing that the fire safety at Rodney house is currently as good as it is possible for it to be.

The owner informed us after our visit that a ventilation survey of the whole home has been completed and work will start in the new year. Management says that they have prioritised the smoke rooms and new industrial ventilations system has been fitted. This new system is inaccessible to residents who would previously switch off the old system as they felt it was noisy. Management says the new ventilation system is much quieter.

## Laundry room

The laundry room looked clean and well organised. Residents' clothes were kept in transparent plastic boxes that are marked with the resident's name or room number to try and prevent clothes getting mixed up and/or lost. We were told that all staff knew to mark clothes, and that there was a 'lost and found' in case clothes did get lost. There were two industrial washers and two industrial dryers. We were told that residents don't access the laundry, apart from some who collected their clean washing themselves. Staff returned clothes to the relevant rooms twice weekly. A member of staff working in the laundry said that *"The machines are great and the repair team is really fast if anything breaks down"*

## Staff front office

This was a sizeable room with large windows overlooking reception and windows looking into the street near the front door which could be useful for checking in on residents. Staff were able to identify a resident vomiting outside following a coughing episode because of this – this was quickly cleaned up by staff. We were told there was another room in the basement where staff could have their breaks.

# Feedback from residents, relatives, and staff.

We spoke to 9 residents who had lived at Rodney House from several weeks to many years. People mostly told us about Rodney House, but also mentioned other organisations and places where they had lived before.



“I’ve been here years and it’s fine, they look after you. Things are getting better”



### **There was positive feedback about Rodney House staff**

“You get a lot of 1-1 interaction with people. I have been here (several) months and I find it great. With the main staff I’ve got to know all their names”

“I get on well with staff and any issues the staff sort out. I don’t really see the night staff as I’m in my room. Now and again, they will knock to see if I’m all right.”

“The staff are on the ball and they give dignity to people”. The same person told us: “I came here after having to sleep in a hostel. My mental health is much better and I take my medication now. I don’t get stressed or narky any more. My medication is controlled by staff and I would like to do more for myself.”

“I was at (another care home) and the staff were horrible. Staff are better here. (Staff member in previous care home) was a waste of space. It’s better here than there.”

“Staff have been brilliant, when I’ve not been well they’ve been brilliant with me. I came in with a lot of bags, they did the room for me. I can get money when I want it, and a drink and ciggies.”

### **Some residents gave more mixed feedback about the staff:**

“Staff are approachable here. When I first came I had to always go out with a member of staff”. The same resident said that “Last night a staff member switched the telly off (in the lounge), I was watching that.”

“Some of the staff are brilliant, some are really nice (.....) It’s wonderful how I get treated by staff. I get enough freedom and feel like my own person”. However, the same person said that “There is a lack of English-speaking staff.”

“Night staff can’t speak English and there is no experience on the night shift. If you need to find something the staff at night won’t even look for it. The night crew two don’t speak English and the other two just sleep all night. The day crew are really good though. (...) One night there was only one person on reception as one was off sick but they couldn’t open the door and couldn’t communicate.”

### **People said various things about activities:**

“They do activities but its not for me.”

“I have done Bingo and chair exercises.”

“We do all kinds like quizzes.”

“There are ball games and dancing exercises. Carla is boss and she comes every week. It helps to keep occupied. (...) I have done paint by numbers.” (artwork was on display in communal areas was that art by this person?)

“I go out every day and walk to the Pier Head. I have a TV, Kindle and iPad in my room. There is a reading group but I’m not sure as I like to do my own thing.”

### **There were only positive comments about the food:**

“Good food, I take it to my room to eat.”

“The food is alright I like the stir-fry noodles.”

“The food is reasonable portions, and I can always ask for more. I take what I can get.”

“You get your meals on time and they make a nice breakfast, a full English. There are snacks and you can always ask for something else.”

“The chef is 5 star and there is fridge where you can help yourself, we are well fed.”

“The food is fine, I don't eat a lot, I'm not fussy. I enjoy my food here. They have said I can ask for other stuff and I have my own coffee and tea in my room.”

### **Positive comments about Rodney House's facilities and the building environment included:**

“I like where it is, it's central.”

“I have the best room in the house.”

“The shower in my room broke and it was fixed in a few hours.”

“I brought my own bed for my room. All my stuff stays together and is organised.”

“It's ok, say your son or daughter visit you can take them to your room.”



**There were some less positive comments, including one about the building's accessibility:**

"I can't climb up the steps (by the front door), I need to ring for staff. They can't have a ramp because of it being in a conservation area. The lift sometimes breaks down, I can get to the 1<sup>st</sup> floor but no higher."

Another person said that:

"The smoking-room door is always open, it's not safe."

We had been told by staff that this is something they need to constantly keep an eye out for. Another resident commented that:

"The home is full of flies." (we did see a large fly in the lounge).

# Summary and recommendations

## Summary

We spent more time at Rodney House than we usually do during Enter and View visits, mostly speaking with members of the management team and with residents. We did not see as much of the home as we usually would during Enter and View visits, e.g. we did not see any of the upper floors, communal bathrooms/ toilets, or an empty room to get more of a 'feel' for the building environment.

Having over 50 residents with complex needs, some with challenging behaviours is clearly a difficult environment and staff were upfront about this. Rodney House is not a standard 'care home', and we felt it should not be judged as such. From what some residents said and what we observed, staff at Rodney House seemed dedicated and caring. Management and staff appeared willing to learn and make changes to improve the care they provide. Changes including the focus on permanent staff and more robust record keeping seem to be yielding positives according to staff. A quote from one of the residents does seem to support this:

*"I've been here years and it's fine, they look after you. Things are getting better."*

We were pleased to be told that there appeared to be much more continuity in staffing compared to the past. Residents we spoke to told us many positive things, as well as some things they felt could be improved. Residents seemed very pleased with the food on offer and seemed to have an excellent relationship with the chef and kitchen team as well.

We did observe that there were some issues with the building's condition, and we were told that this is complicated by Rodney House being a listed building, but the home was trying to address this. We have since been told by management that they are undergoing a survey to improve the smoking area and fixing leaks and are renovating multiple ensuite rooms. We were told the aim is to do it all together, and not have a piecemeal approach.

We saw that the standards of cleanliness in some communal areas could be improved such as in the main lounge where the mirror was visibly dirty and the floor underneath

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the chairs was visibly sticky. We also saw a full black binbag left in a hallway and several wet floor signs left out on dry floors with no cleaners present.

Rodney House is providing care and support for some of the most complex and vulnerable people in our city. Without the work of the staff some of these residents could face multiple negative outcomes with some being homeless or victims of crime before arriving. Rodney House is not a typical care home and staff face challenging situations beyond the norm. There are environmental improvements that could be made, and it is encouraging that management are aware of this and committed improving conditions for all.

## Recommendations

We make the following recommendations for Rodney House

- Carry out regular maintenance checks around the building and encourage residents to be part of the process.
- Carry out regular spot checks on the cleanliness of communal areas including under seats and mirrors.
- Try to improve accessibility as part of ongoing refurbishments.

## Positives and good practice

We found during our visit examples of positives and good practice which included but were not limited to:

- Residents were positive in their feedback about the quality, quantity and availability of food at the care home. Residents also praised the chef and the team.
- The security system including the facial recognition system makes the care home feel secure. The system seems to allow for a least restrictive approach allowing those residents with capacity in and out freely whilst protecting those under DOLS from leaving.
- The focus on retaining staff seems to be leading to a better atmosphere with staff able to build lasting relationships with residents. This should be further strengthened by management commitment to the real living wage.

## Response from owners

Leadership at Rodney house was proactive with the issues raised in the reports and advised the following regarding our recommendations.

*With regard to your recommendations, I'm unsure if I mentioned we have shortlisted two companies for maintenance contracts of the building. This will ensure maintenance issues will be picked up and addressed professionally and in keeping with building regulations, in real time. The building is so large, and we*

*feel this option will guarantee there will be no delay in addressing property related issues.*

# Appendix

## **Healthwatch Liverpool – Powers to Enter and View Services**

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.



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