

Meridian Healthcare Limited

Roby House Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

What life is like for people using this service:

People were protected from abuse and the risk of abuse because staff understood their role and responsibilities for keeping people safe from harm. People told us they felt safe living at the service and family members were confident that their relative was kept safe. Medication was managed safely and people received all their prescribed medication on time. Risks people faced were identified and measures put in place to minimise the risk of harm occurring. People were protected from the risk of the spread of infection because staff followed good infection control practices. The premises and equipment were well maintained, they were kept clean and underwent regular safety checks. People's needs were met by the right amount of staff who were suitably skilled and experienced.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent at what they did. People received the right care and support to maintain good nutrition and hydration and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People were treated with kindness, compassion and respect. People told us that staff were kind and respectful of their privacy and dignity particularly when providing intimate personal care. Staff used techniques to help relax people with positive outcomes. Staff had formed positive relationships with people and their family members. Family members and other visitors to the service were made to feel welcome and offered refreshments.

People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the registered manager as supportive and approachable. They told us many improvements had been made to the service since the last inspection and that they were fully engaged and involved in the running and development of the service. Effective systems were followed to check on the quality and safety of the service which lead to improvements being made.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published 15 July 2017)

About the service:

Roby House is a residential care home that provides personal and nursing care for up to 55 people, some of whom are living with dementia. At the time of the inspection 52 people lived in the service.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and that the service has improved to good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our findings below.

Is the service effective?

Good ●

The service was effective

Details are in our findings below.

Is the service caring?

Good ●

The service was caring

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

Roby House Care Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One adult social care inspector and an Expert by Experience conducted the inspection on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by one adult social care inspector.

Service and service type:

Roby House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of the inspection was unannounced and day two was announced.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eleven people using the service and ten family members to ask about their experience of care. We also spoke with the registered manager, area director and ten members of staff, including care and ancillary staff. Everyone we spoke to told us that the service had improved since the last inspection.

We looked at six people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for five staff and records of checks carried out on the premises and equipment. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience.

Is the service safe?

Our findings

People were safe and protected from avoidable harm

Safeguarding systems and processes and supporting people to stay safe from harm and abuse and assessing risk.

- People told us they felt safe; their comments included; "Oh yes (feel safe) all right," "Feel quite safe" and "Yes I do (feel safe)" Family members told us; "I can sleep at night, no longer worry about [relative]" and "We go home from here knowing [relative] is in safe hands and being well cared for."
- Effective safeguarding systems were in place at the service. Staff had access to training and information about how to protect people from abuse. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service involved people in managing risks and restrictions were minimised so that people felt safe. Plans were in place for identified risks and how they were to be managed to minimise the risk of harm to people and others.

Safety monitoring and management

- Service records were well maintained, safely stored and appropriately destroyed when no longer needed in line with the relevant law.
- Equipment used at the service was checked regularly to ensure it was safe to use.

Staffing levels

- There were sufficiently trained and experienced staff to meet people's needs. The staffing rotas were made up of sufficient numbers of staff with the right skill mix. There was a nurse on duty each day and night to provide the necessary care and support to people with nursing needs. Agency staff were called upon when needed to ensure safe staffing levels were maintained.
- People told us they thought there were enough staff to keep them safe and meet their needs. Their comments included: "Staff are excellent, always have time for you," "If I press the buzzer staff are here in a second" and "Yes I think there is (enough staff)"
- All appropriate recruitment checks had been completed. A range of information was obtained about applicants and used to assess their suitability for the job role prior to an offer of employment being made.

Using medicines safely

- Medicine administration was safe and medicines were stored appropriately. Medication was managed by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication. This included guidance for the use of medication to be given 'as required' (PRN) and the application of creams, ointments and patches. Records were completed when medication was received into the service, destroyed and returned to the supplying pharmacy.
- People told us they got their medication on time, their comments included; "Meds are given on time, I've no need to worry" and another person told us "Always on time."

Preventing and controlling infection

- The control and prevention of infection was managed well. Staff were provided with training and information about preventing and controlling infection. They used personal protective equipment (PPE) and good handwashing techniques to minimise the spread of infection. The cleanliness of the service was maintained to a good standard.
- People and family members commented positively about the cleanliness of the environment. Their comments included; "One of the cleanest, cleaners are very prompt with anything" and "The home is spotless".

Learning lessons when things go wrong

- When something went wrong the service responded appropriately and used any incidents as a learning opportunity and to put things right. Records were completed following accidents and incidents and analysed to help identify any patterns or trends. Action was taken to minimise further risks to people, such as prompt referrals to external professionals such as the falls team.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice. Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs. People and family members commented; "They [staff] do everything right, just perfect," "They [staff] are brilliant, all of them," "They [staff] know [relative] so well," "He [relative] gets all the care he needs and more."

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff had completed a comprehensive induction. They continued with training and learning throughout their employment to update their knowledge and skills. Training was relevant to people's needs and the requirements of the role.
- Where appropriate, staff had time to obtain further qualifications and maintain professional registration.
- Support and supervision was provided to staff both on a one to one and group basis. Staff felt they received a good level of support for their role.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The service had systems in place to plan referrals to external services and to maintain care and support. Referrals to external health and social care professional were made in a timely way. This included referrals to the falls team, dieticians and speech and language therapist (SALT).
- People told us they received care they needed from others. Their comments included; "Staff rang the COPD nurses straight away" and "I get to see my doctor when I need to, they call him for me as soon as I ask."

Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; mealtimes were set to suit individuals' needs and food was well presented; people were protected from risks of poor nutrition, dehydration and swallowing problems.
- People commented positively about the food and drink, their comments included; "Food is really good," "Plenty of food," "Staff are good at offering alternatives," "Very nice," "You can have "as much as you want," "Very good, you get plenty."
- People did not get their lunch time meal in a timely way on the first day of inspection due to a delay in

preparing the meal. However, the chef visited both dining rooms and informed people about the delay and the reason for it. All other meals were served in a timely way on both days of the inspection.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated. One person had chosen to move bedrooms and prior to the move they selected the colour scheme and the layout of the room with help from their family.
- There was some signage and items of memorabilia around the service to help people with wayfinding and for stimulation. The registered manager was looking at other ways to further improve the environment for people living with dementia.
- Technology and equipment was used effectively to meet people's care and support needs. Sensor mats were in place for people who were at high risk of falls. The registered manager was in the process of exploring other technology to enable people to communicate remotely face to face with family and friends.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. The application 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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect and ensuring people are well treated and supported.

- People were treated with kindness and were positive about the staff's caring attitude. We obtained feedback from people and relatives which supported this. Their comments included; "Staff are excellent, always have time for you" "Staff are fantastic, amazing, couldn't wish for anything better," "Staff are very pleasant, very nice, really attentive, very kind," "Do anything for you."
- People were given the opportunity to share information about their life history, important relationships, their wishes, choices and preferences. Staff used this information as a way of getting to know people and to help provide people with the right support and engage them in meaningful conversations.
- Staff understood and supported people's communication needs. They maintained eye contact when talking with people and listened carefully.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title. Staff provided support and comfort to people who were upset and anxious to help relax them. People told us they felt that they were treated with dignity and respect and were listened to. Their comments included; "A1, brilliant," "They are very good like that [respectful]" and "Staff will listen to me".
- Staff were encouraged and supported to speak up and challenge failings in how people were treated, to ensure they were always treated with dignity and respect and not discriminated against.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual. One person said; "Oh yes they always knock before coming into my bedroom and another person said, "They shut my curtains to look after my privacy."
- People were supported to maintain and develop relationships with those close to them. Family members and other visitors told us they were made to feel welcome their comments included; "Very friendly to visitors" and "They [staff] make you welcome." Staff supported people to maintain important relationships, this included relationships people had developed within the service.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with information and guidance about advocacy services.
- Useful information in the form of leaflets and posters was displayed in the reception area. People and those acting on their behalf expressed their view about the care and support through regular care review meetings.

Is the service responsive?

Our findings

People received personalised care that responded to their needs

Personalised care

- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Care plans included people's likes and dislikes and their preferred routines and staff were aware of them.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Where technology was used, it was accessible to people and staff and promoted timely and responsive care. This included the use of sensor mats to alert staff when people may be at risk of falls.
- People's preferred hobbies and interests were identified and both one to one and group activities were planned around people needs and choices. On the first day of inspection activity boards had not been updated to show what activities were available to people on that day. The registered manager arranged for the boards to be updated and agreed to ensure this in the future.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People were given the opportunity to express their views about their care and the service delivery through care review meetings, general meetings and annual surveys.
- People, families, friends and carers were given information about how to make complaints; and they were confident that any complaints they made would be listened to and acted upon in an open and transparent way. Complaints made were used as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and families in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes. Appropriate professionals were involved in people's end of life care.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Specialist equipment and medicines were provided for people at short notice when they needed them.
- Support was available to people, their family members, friends and staff before and after a person died.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

Continuous learning and improving care

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager had worked continuously with other senior managers to make and sustain improvements to the service following previous inspections where breaches of regulation were found.
- Staff described a culture of learning. They were confident they would be supported when things went wrong and that learning would take place.

Promotion of person-centred, high-quality care and good outcomes for people

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and stakeholders. People and family members felt listened to and involved in the care provided. Their comments included; "We are kept informed," "He [registered manager] always listens to us and sorts things out right away," "Staff will advise of any changes" and "Keep us up to speed."
- There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and leadership and management

- The service was well-run and well-led. The registered manager and staff understood their roles and responsibilities. People, family members and other stakeholders were confident in the leadership of the service. One person told us; "The manager has made a big difference here." A family member told us; "He [registered manager] has turned this place around". Staff told us the registered manager had helped them gain the confidence they needed for their role.
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made. Risks were identified through the quality assurance systems and mitigated in a timely way.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. People's views about their care and the running of the service were sought through regular meetings and surveys. People and staff were encouraged through regular conversations to put forward their views and ideas for improvement.
- The registered manager and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and

social care professionals. A healthcare professional told us that staff worked well with them in the best interest of people, this was also echoed by a visiting social worker.