

Meridian Healthcare Limited

Roby Lodge

Inspection report

Roby Lodge
Tarbock Road
Huyton
Liverpool
Merseyside
L36 5XW
Tel: 0151 949 5900
Website: www.ehone@meridiancare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 18 November 2014.

Roby Lodge is a purpose built care home over two floors, which provides accommodation for up to 40 people. All bedrooms have en-suite facilities. Access to the upper floor is via a passenger lift or stairs. Local shops and other amenities are a short distance away from the home and there are good public transport links close by.

The service has 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.

At the time of our inspection there were 38 people living at the home.

Summary of findings

The last inspection of Roby Lodge was carried out in September 2013 and we found that the service was meeting the regulations.

Staff understood what is meant by abuse and they were aware of the different types and indicators of abuse. They knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us they had no concerns about their relative's safety. They commented; "I am not a bit worried about mums safety. They all treat her really well and give her all the care she needs and more". And "It's knowing that I can walk away and she is safe".

We found that improvements were required to enhance people's meal time experience. Some people's food was not well presented. Staff carried out cleaning tasks around people during mealtimes and took meals away from people without providing them with any prompting or encouragement to eat. This meant people's mealtime experience was unsupportive and disruptive.

Staff were caring and we saw that they treated people with kindness and respect during our visit. A family member told us staff were caring towards their relative. Staff told us they would not hesitate to raise concerns and felt that they would be dealt with appropriately. Staff and family members said there was a culture at the home which allowed them to openly discuss any concerns they had.

People's care and support needs were assessed and planned for and staff had a good level of information about how to meet people's needs, including any risks and how they need to be managed. Care plans were regularly reviewed with the involvement of the person they were for and other important people such as family members and health and social care professionals involved in their care.

Recruitment processes were followed to ensure staff were suitable to work with vulnerable adults. There were sufficient qualified, skilled and experienced staff on duty to meet people's needs. Staff were available when people needed them and there was always a member of staff present in the communal areas people occupied.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted. Medication was managed safely and people received their medication as prescribed. Staff had information about how to support people with their medicines.

People who were unable to communicate verbally were understood by staff because staff had information and were knowledgeable about people's preferred ways of communicating.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had knowledge and an understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. Records we saw and discussions held with the registered manager showed how they ensured decisions were made in people's best interests.

Staff received a good level of support which enabled them to discuss any matters, such as their work, policies and procedures and training needs. There was an on going programme of training for staff which was relevant to the work they carried out and the needs of people.

The premises were accessible, clean, safe and well maintained and staff were aware of their responsibilities for ensuring people were protected against any environmental hazards. Staff were familiar with the procedures which were in place for responding to emergencies and they were confident about dealing with an emergency situation.

The service was managed well by a person who was approachable and supportive of others. Systems were in place to check on the quality of the service and ensure improvements were made. These included regular audits on aspects of the service and obtaining people's views and opinions about the quality of the service.

Summary of findings

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 safe.

People felt safe at the home. Staff knew how to recognise abuse and how to respond if they discovered abuse had occurred.

Risks to people's health safety and welfare were identified and managed. Staff were confident about dealing with emergency situations. Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely.

The process for recruiting new staff was safe and thorough. People were cared for and supported by the right staff who had received training appropriate to the work they carried out.

Good



Is the service effective?

The service was not effective.

People did not receive the support they needed to eat their meal because the mealtime was rushed and some people's meals were not appropriately presented.

An on going programme of training was provided for all staff and they received a good level of support within their roles.

Policies and procedures in relation to the MCA and DoLS were in place and accessible to staff. Staff were aware of their responsibilities under the MCA and DoLS and appropriate DoLS referrals had been made for people so that decisions were made in the person's best interest

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff were kind and caring and we saw staff that the staff were patient and caring in their approach towards people. Relatives told us that the staff understood people's needs and that they provided people with all the care and support they needed.

Staff knew people well and they spent time chatting with people and people appeared to be well engaged.

People were treated with respect and their privacy and independence was promoted. People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's health and care needs were assessed and staff had a good understanding of them. People received the support they needed with their health and wellbeing and staff responded appropriately were they had concerns about a person.

People were provided with equipment they needed to help with their mobility, comfort and independence.

There was a complaints system in place and information about how to complain was accessible to all. Complaints were listened to and promptly dealt with.

Is the service well-led?

The service was well led.

The service had a manager who was registered. People commented on how well the service was managed.

The manager and staff worked well with other agencies and services to make sure people received the right care and support.

The provider had effective quality assurance systems in place to monitor the service provided. People who used the service and their relatives were asked to comment about the service and their comments were listened to and acted upon.

Good



Roby Lodge

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.

We visited the service on 18 November 2014. Our inspection was unannounced and the inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had experience of working with people who were living with dementia and working within the legislative framework of the Mental Capacity Act 2005.

During our visit to the service we spent time speaking with people and their family members and looked at people's care records. We spoke with staff and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

During our inspection we spoke with four people who used the service and seven family members. We also spoke with six care staff and the registered manager. We observed care and support in communal areas, looked at the care records of four people and records that related to how the service was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us."

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service, GPs and district nursing teams who supported some people who used the service to obtain their views about it.

Is the service safe?

Our findings

People told us they were happy and felt safe at the service. One person commented, “Very safe here. They treat me very well”. Family members raised no concerns about their relatives safety and they told us they were confident about raising any concerns if they had any. Family member’s comments included, “Its knowing that I can walk away and she is safe” and “I have no doubts at all about her safety”.

Staff were aware of their responsibilities for ensuring people were safe and for reporting any concerns they had about people’s safety. Staff told us they had completed safeguarding adults training and we saw records which confirmed this. Staff knew what abuse meant and they were able to describe the different types of abuse and signs which may indicate abuse had taken place. Staff explained what they would do if they discovered abuse and we found this was in line with the procedures set out by the provider and the local authority.

Risk assessments were carried out for each person and where appropriate a risk management plan was put in place to minimise the risk of harm to people who received care and support. Risks management plans covered things such as tasks and activities which people were involved in and risks associated with the use of equipment and the environment. For example, eating and drinking, the use of bedrails and falls. Regular reviews of risk management plans ensured they were relevant and up to date and new risks associated to people’s care and support were quickly identified and managed. Staff knew the risks people faced and they were able to describe the measures they took to ensure people’s safety, whilst also ensuring they had maximum choice and independence.

On our arrival to the service we saw that there were enough staff on duty to meet people’s needs. We saw that people received care and support in a timely way. Call bells were answered promptly and people who requested assistance in communal areas were not left waiting for long periods. We saw that there was always a member of staff present in communal areas and that people who stayed in their bedrooms were regularly checked. One family member told us, “There’s always a member of staff keeping an eye on people, they are never left alone”. Staff rotas showed each day there was a team of care assistants lead by a senior carer on each of the two floors. The registered manager was on duty five days a week and was additional to the

rota. Family members told us they had no concerns about staffing levels or the ability of staff. They commented, “The staff are there when you need them” and “The staff are fantastic; they work hard and are good at what they do”.

The provider had procedures in place for recruiting staff. We viewed recruitment records for four staff and found that information and checks required by law for recruiting new staff were obtained. This ensured staff had received appropriate checks and were suitable to work with vulnerable people.

We saw that people’s medication was safely stored and administered by suitably trained staff. A member of staff told us that they had their competency checked regularly to ensure they managed medication correctly and we saw records of this. Medication administration records (MARs) were properly completed and staff had used signatures and appropriate codes when completing them. People’s medication records displayed a recent photograph of the person to help staff identify the person prior to administering medication. We saw that staff had access to important information about people’s medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff had access to policies and procedures and codes of practice in relation to the management of medicines and staff who administered medication told us they were familiar with them.

We saw emergency equipment located around the service, including fire fighting and first aid equipment. Records showed that regular checks had been carried out on emergency equipment to ensure it was in good working order and easily accessible. Staff told us they had completed health and safety training and we saw records which confirmed this. Training included first aid, safeguarding vulnerable adults and fire awareness. Staff told us they learned a lot from the training and that they were confident about dealing with an emergency. Equipment was regularly checked and serviced to make sure it was suitable and safe for people to use. We observed staff using wheelchairs appropriately to transfer people and encouraged people to use mobility aids such as walking frames.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked and recorded to ensure they were effective. Hand gel and

Is the service safe?

paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff using PPE when carrying out tasks which posed a risk of the spread of infection. Separate bins were in place for the disposal of clinical and domestic waste and contracts were in place for the removal of waste from the service. Staff had

completed infection control training and they had access to a lot of information and guidance about infection control procedures. Discussions with staff showed they were knowledgeable about their responsibilities for managing the spread of infection and regular audits which were carried out helped to monitor infection control practices within the service.

Is the service effective?

Our findings

People told us they enjoyed the food at the home. One person said, “It fine, we get a lot to eat”. One family member told us they had usually avoided visiting their relative at mealtimes but had on occasions and found no concerns with the food. Another family member said, “Mum seems to like it, she has never complained”.

We found that the dining experience for people was rushed and unsupportive and some people’s meals were not appropriately presented. Meals looked balanced and healthy and we saw that people were given their choice of meal. Staff had information about people’s dietary needs and the support they needed to eat and drink and staff were aware of this. For example, staff knew people who were at risk of choking and that they required their food softened to reduce the risk. However we saw softened meals were not appropriately presented. Staff blended different foods together in a bowl for one person who required a soft diet. The meal looked unappetising and we were unable to determine what the meal consisted of. Meals served in this way could have an impact on people’s eating experience for example, the experience of tasting different foods and textures. Furthermore, the Social Care Institute for Excellence which provides guidance on eating and nutritional care recommends keeping different foods separate to enhance the quality of the eating experience.

The lunch time meal was rushed and people did not receive the support they needed to eat their meal. Staff carried out tasks around people whilst they were eating, such as washing dishes and wiping tables. This caused a lot of noise and whilst staff carried out these tasks people did not receive the support they needed to eat their meal. For example, two people made little attempt to eat their meal and we saw staff took their meals away without offering any prompting or encouragement to eat. This meant that people’s overall experience during the mealtime was disruptive and unsupportive.

Staff told us they completed induction training when they first started work at the service. They also told us they were provided with ongoing training relevant to their roles and the needs of the people who used the service. Training completed by staff included palliative care, moving and handling, first aid, dementia care and diabetes. A record of training was kept for each member of staff along with a record of individual supervisions. The records showed staff

had completed relevant training and that they were given regular opportunities to discuss with their manager, training needs and other matters relating to their work. Comments made by staff included “I have had lots of training and it helps me a lot in my job”, “I had an induction and I learnt a lot from it and from other staff that have worked here for a while”. Family members told us they thought staff were well trained and good at their job. One commented “All the staff are fantastic. They seem to know exactly what they are doing, I’ve no concerns”.

Discussions held with staff showed they were knowledgeable about the care and support people needed with their health. Staff explained what their responsibilities were for monitoring people’s health and for reporting any concerns they had about a person’s health or wellbeing. This included contacting GPs and making referrals to relevant health services. Staff identified people who required specialist input from external health care services, such as dieticians, speech and language therapists and psychiatrists. They also explained what their responsibilities were for monitoring those people’s care, for example monitoring people’s food and fluid intake, weight and emotional wellbeing. We saw that people had a care plan for their identified healthcare needs which provided staff with clear information about how the person’s needs should be met and what the desired outcome should be for the person. Family members told us that their relative saw their GP when needed and had had regular appointments with their optician, chiropodist and dentist. We spoke with two community nurses who visited the service to provide care and support to people. Both nurses were complimentary about the care and support people received at the service. They told us they thought the staff were knowledgeable about people’s healthcare needs and that staff communicated well, listened and provided people with the right care and support.

The registered manager had a good understanding of the Mental Capacity Act 2005. They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Records which we saw showed that the registered manager had applied the principles of the Mental Capacity Act 2005 Code of Practice to assess people’s ability to make a particular decision. Some people who used the service were unable to make important decisions about their care due to them living with dementia. Records we saw showed that peoples’ ability to

Is the service effective?

make decisions had been assessed and where appropriate details of those who need to be consulted about decisions on behalf of people was recorded. These showed appropriate steps had been taken to make sure decisions were made in people's best interests.

Is the service caring?

Our findings

People told us the staff provided them with good care and support. One person commented; “They are very good to me” and another person said, “All the staff are lovely and kind”. Family members told us their relatives received all the care and support they needed and in a way that they preferred. Their comments included; “The staff really care and they spend a lot of time with mum”, “All the staff are very caring and know exactly what mum needs”, “They treat him with kindness and compassion”, “They are all very patient”. Community nurses told us they thought the staff were caring and attentive to people’s needs.

We observed staff providing people with care and support in a dignified way. Staff spoke with people in a gentle manner and they offered reassurance to people who needed it. People who preferred to walk around the home were encouraged to do so and staff monitored their safety discreetly. People received personal care in private and people’s choice to spend time alone in the privacy of their own rooms was respected by staff. Staff knocked on doors and waited before entering people’s bedrooms. There were small lounges available for families to spend time with their relative in private if they wished.

We saw positive interactions between staff and people who used the service. Staff took time to sit with people and we saw they shared banter which people appeared to enjoy. Discussions staff held with people demonstrated that staff knew people well that they knew what people enjoyed talking about. Family members told us they often saw staff sitting with their relative and other people.

The registered manager and staff had a good understanding of people’s needs including their preferences, likes and dislikes. For example, staff knew what clothes people liked to wear, how they liked their hair

styled and how they preferred to spend their time. People were dressed appropriately for the time of year and they looked clean and well presented. A family member told us “Mum always looks clean and tidy even when they don’t know I’m visiting”. Families told us they could visit their relatives at any time, they said there had never been any need to announce their visits and that they could stay for as long as they wished.

People’s independence was actively promoted and staff told us this was very important. People who wished to carry out tasks around the home were supported and encouraged to do so. For example, people helped to set dining tables for mealtimes, washed dishes and folded small pieces of laundry.

People were supported to make as many choices as possible, such as what clothes they wore, where they sat and who they spent their time with. Care plans reflected people’s individual needs and provided staff with information about how to communicate with people. Throughout our visit we saw that staff communicated well with people and understood what people were communicating. For example, people used gestures, facial expressions and sounds and staff responded promptly to people.

People who used the service and their family members were provided with an information pack which outlined the aims and objectives of the home and the services and facilities available. The pack also included information about the registered manager and the name and contact details of the registered provider. There was clear information about what people should expect from the service and guidance on how they can raise any concerns should they need to. Family members confirmed that they had received an information pack and they told us they had found it very useful.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that they felt knew them well. People's comments included; "They always help me when I ask" and "The girls are very willing to help". We saw staff spent time chatting with people and responding to people's needs and requests for assistance. A family member told us the staff were attentive to their relatives needs and that staff knew all their relatives habits and routines. The family member explained that their relative required the use of a particular cup for drinking and said the staff always ensure she has her drinks in it. Another family member said, "We never thought mum would settle here but they have done brilliant with her and she seems really happy".

We saw some activities taking place during the afternoon of our visit, including prize bingo and board games. We saw activity boxes stored at the end of a corridor on each of the floors. Although people did not use them during our visit staff told us they were used regularly to help occupy and stimulate people and this was confirmed by a family member. The service had a sensory room which had been designed for people living with dementia. The room replicated a beach and was equipped with deck chairs, soothing music and sun lamps. Staff told us people used the room regularly and it had been particularly beneficial to people when they experienced periods of anxiety as it helped them to relax.

People's needs were assessed and care plans detailed the care and support people needed. Care plans were clearly titled which showed the area of need and they included clear instructions and guidance for staff about how to meet the person's needs. Care plans were accessible to the relevant staff and staff told us they read them regularly to ensure they were kept up to date with people's needs. Staff also told us they shared important information about people during each shift handover. One member of staff told us how important communication was between staff particularly if they had had a period of absence or if people's needs had suddenly changed. Daily records kept for each person also helped to ensure staff had up to date information about people.

A family member explained how the service had responded to changes which affected their relative's wellbeing. They told us immediate action was taken in response to the changes and the action taken resulted in a positive outcome for their relative. The family member also told us they had been invited to take part in a meeting about their relative's care.

People were provided with equipment which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs.

Staff responded appropriately to any concerns they had about a person's health or wellbeing. Records we viewed and discussions held with family members, staff and community nurses showed appropriate referrals were made to other health services. Where appropriate staff obtained advice and support from health and social care professionals who were already involved in people's care and support. Monitoring charts were in place and completed for people who required them. For example, people who were at risk of weight loss and dehydration had their weight, food and fluid intake monitored and these were regularly reviewed and actioned.

The provider had a complaints procedure which was made available to people. The procedure clearly described the process for raising and managing complaints. We viewed the services complaints records and saw that the registered manager had promptly dealt with concerns and complaints raised. Family members told us they had no concerns or complaints about the service and that they knew how to make a complaint and were confident about approaching the registered manager or other staff with any complaints they had. A family member spoke highly of the service and commented that the staff always made them feel welcome. Another family member commented that the staff were friendly and listened to any concerns they had.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC. The manager and staff had a good understanding about their roles and responsibilities and the lines of accountability within the service and they knew the structure of the organisation. People who used the service told us they knew who the manager was. Comments people made about the manager included; “She is nice and does a good job” and “The boss is great”. Family members told us they had no concerns about how the home was run and were confident about talking to the manager if they needed to. One family member said, “Lesley listens and does her best to help”. Staff told us the service was well managed and that the registered manager was approachable and easy to talk to. We saw good relationships amongst the staff team and staff told us they were well supported by the registered manager.

There were effective systems in place to assess and monitor the quality of the service provided at the service. The systems ensured that people were protected against the risks of inappropriate or unsafe care and support. People’s care records were checked regularly to ensure they were up to date and reflected people’s current needs. Checks were also carried out on people’s medication, the environment and equipment used at the service. Records of the checks were completed and any shortfalls which were identified were quickly acted upon to ensure improvements were made.

The provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

People who used the service and their representatives were invited to attend meetings to discuss the service and how it was run. People were also invited to complete satisfaction surveys which gave them the opportunity to rate and comment about aspects of the service including the care, staff, food and the environment. We did not see the results of the last survey because the results were being analysed, however previous survey results showed people were satisfied with the overall service.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the service were recorded appropriately and were reported through the provider’s quality assurance system. This meant the provider was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

The registered manager of the home had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.