

HC-One 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

### About the service

Roby House Care Home provides accommodation, personal and nursing care for up to 55 people in one adapted building over two floors with lift access to the upper floor. At the time of our inspection 52 people were living at the service.

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

The systems in place for checking the quality and safety of the service and making improvements had been strengthened since the last inspection. Risks to people's health and safety were now identified and safely managed. People were supported by the right amount of suitably skilled and experienced staff and safe recruitment procedures were followed. Medicines were safely managed by skilled and competent staff. There were systems in place for reporting accidents and incidents and learning from them. Managers and staff understood their responsibilities for protecting people from the risk of abuse and harm. Staff followed safe procedures to minimise the risk of the spread of infection. There was a high standard of cleanliness and hygiene throughout the premises.

People's needs and choices were assessed, and a care plan was developed detailing how their needs were to be met. Staff received the training and support they needed for their role. People's dietary and healthcare needs were understood and met. The environment was adapted and decorated to meet people's needs.

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

People were treated well, and their privacy, dignity and independence was promoted and respected. Staff had formed positive relationships with people and their family members. People and family members were given opportunities to openly express their views and opinions and they felt listened to.

Care plans included people's wishes and preferences about how their care and support was to be provided. People told us they received the right care and support to meet their needs. People and family members were provided with information about how to complain and they were confident about complaining if they needed to. Complaints were used to improve the quality of the service.

The registered manager was clear about their role and responsibilities and they promoted a positive and person-centred culture. The manager was described as supportive and approachable. Staff worked well together as a team to achieve the best possible outcomes for people. Staff morale was good, and staff felt well supported. There was good partnership working with others to meet people's needs.

### Rating at last inspection and update

The provider had made a change to their registration since the last inspection. This is the first inspection

under the providers new registration. The last rating for this service was requires improvement (published 17 September 2021) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review staffing arrangements in line with people's care and support needs. At this inspection we found the provider had acted on this recommendation and they had made improvements to how staff were deployed.

#### Why we inspected

This was a planned inspection.

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

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roby House Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

Both days of the inspection were carried out by two inspectors.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

#### What we did before the inspection

We reviewed all the information we held about the service. We also obtained information about the service

from the local authority and local safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 visit

We spoke with 10 people and 5 family members about their experience of the care provided. We also spoke with the registered manager, regional director, 8 care staff, housekeeper, cook and 2 nurses.

We reviewed a range of records. This included 8 people's care records and a selection of people's medication records. We looked at recruitment records for 3 staff members employed since the last inspection. A variety of other records relating to the management of the service, including audits and checks were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to assess and mitigate risks to the health and safety of service users. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

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

- The systems in place for assessing, monitoring and managing risk had improved.
- Assessments were now completed for people unable to operate a nurse call bell and measures were in place to monitor their safety.
- Monitoring records were in place and completed as required in line with people's risk management plans. All identified risks relating to people's care and the environment were kept under review.
- The required checks were carried out on the safety of the environment, equipment and utilities.
- There were contingency plans in place to manage unforeseen emergencies at the service and each person had an up to date personal emergency evacuation plan (PEEP).
- Lessons were learnt when things went wrong. Improvements were made following the last inspection to improve the quality and safety of the service.
- Learning from accidents and incidents took place to help prevent the re-occurrence of future incidents.

Preventing and controlling infection

- Practices to prevent and control the spread of infection including those related to COVID-19 had improved.
- Equipment used to support people with their mobility was now cleaned in between use. There was a high standard of cleanliness and hygiene throughout the premises and cleaning records were maintained.
- There was a good stock of personal protective equipment (PPE) located across the service and staff used and disposed of it safely.
- COVID-19 testing was carried out in line with government guidance.
- Internal and external Infection prevention control (IPC) audits were completed. The service was awarded a gold certificate for excellence with infection prevention and control following a recent audit completed by the NHS Infection Prevention Control Team. A score of 97% was achieved out of a possible 100%.

Visiting in care homes

- Visiting procedures were in line with current government guidance.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff completed safeguarding training and had access to safeguarding procedures. Staff knew the different types of abuse and the reporting procedures and were confident about raising any concerns about people's safety and treatment.
- Allegations of abuse were referred onto the relevant agency in a timely way.
- People told us they felt safe and were treated well. Their comments included, "Couldn't feel any safer," "Very safe here. They [staff] are smashing they treat me well" and "No worries at all." Family members were confident their relative was kept safe.

### Staffing and recruitment

- Staffing arrangements and recruitment processes were safe.
- Staffing numbers and skill mix were calculated based on occupancy levels and people's needs. Duty rotas listed the right amount of suitably skilled and qualified staff on duty to meet people's needs and keep them safe. When needed agency staff were called upon to maintain safe staffing levels.
- People told us there were enough staff to attend to their needs. Their comments included, "I've no complaints, there's always someone about when you need them" and "There seems to be plenty [staff] about."
- Safe procedures were followed for recruiting new staff. Applicants underwent a series of pre-employment checks to make sure they were suitable and fit for the job. This included a check with the disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were used safely.
- Staff with responsibilities for the management of medicines had completed the required training and competency checks and had access to current guidance on the safe management of medicines.
- Safe practices were followed for the storage, recording, administration and disposal of medicines, including those which were subject to restrictions.
- Regular checks and audits were completed to make sure medicines were managed safely in line with current policies.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet.
- People at risk of malnutrition and dehydration received the support they needed. Their weight, food and fluid intake were monitored, and referrals were made to dieticians where this was required.
- Staff including kitchen staff were aware of people's nutritional and special dietary requirements and they prepared meals and drinks in accordance with people's needs.
- People told us they were offered a good choice of food and drink which they enjoyed. Their comments included, "Plenty of food, I like the snacks with my cuppa" and "You'd never go hungry here."

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

- People's needs and choices were assessed prior to them moving into Roby House or as soon as possible following an emergency admission.
- Outcomes of assessments including those obtained from other professionals were used to develop care plans which described people's needs and choices and how they were to be met.
- Regular care plan reviews had taken place to check people's needs were being met and to make any changes.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed for their role.
- New staff completed an induction which consisted of training in key areas and a period of shadowing experienced staff. All staff received ongoing training specific to their role and people's needs.
- Staff told us they felt well supported through training, regular supervisions and meetings.
- People and family members told us they thought the staff were well trained. Their comments included; "I feel safe with them [staff] they know what they are doing" and "I have a lot of confidence in the staff."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the support they needed to access healthcare services.
- Details of healthcare professionals involved in people's care were detailed in their care plans. Staff sought advice and guidance from healthcare professionals and arranged appointments where this was needed for people. Healthcare records were updated following consultations and appointments.
- Staff were appointed as 'Champions' in specific areas of people's healthcare needs. Champions kept up to

date with best practice and shared their learning and knowledge across the team.

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

- The environment was adapted to meet people's needs.
- Adaptions enabled people to safely access the environment as well as promoting their independence. Adaptations included, a passenger and stair lift, bath hoists, walk-in showers and grab rails.
- The environment was bright and spacious with some parts having recently been decorated and fitted with new flooring. Bedrooms were personalised, decorated and adapted to meet people's needs and choices.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was operating within the principles of the Mental Capacity Act.
- Managers and staff received MCA training and understood the principles of the act and associated DoLS.
- People were consulted with and supported to make as many decisions as possible for themselves. If people were unable to make a decision; a decision was made in the person's best interest following the appropriate process.
- DoLS applications and authorisations for people were being effectively monitored.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were well treated and supported.
- Staff responded promptly to people's requests for assistance and they regularly checked on people's wellbeing.
- Staff spent time chatting with people and the conversations showed staff knew people well. Staff provided comfort and reassurance to people when this was needed, and people responded positively to this support.
- People and family members shared positive feedback about their experiences of the service and staff. Their comments included; "I am well looked after not like when I was at home and couldn't do things for myself," "They [staff] treat me like family," "They [staff] are very patient and show me a lot of kindness and respect," "They [staff] all do a great job, are really kind to [relative]."

Respecting and promoting people's privacy, dignity and independence;

- People's privacy, dignity and independence was respected and promoted.
- Staff knocked on doors before entering bedrooms and made sure doors were closed when providing people with personal care.
- Staff supported people to maintain their independence. One person said; "I potter around the garden and look after the plants." Another person told us, "I like to tidy around."
- Staff understood their responsibility for keeping personal information about people private and confidential. Staff were discreet when discussing matters of a personal nature with and about people and family members.

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

- People and others acting on their behalf such as family members were given opportunities to express their views and make decisions about the care provided.
- People and relevant others were invited to express their views through regular care reviews, 'residents and relatives' meetings and satisfaction surveys. Details of residents and relatives' meetings were visibly displayed at the service and minutes of meetings were written up and made available.
- Information and support about independent advocacy services was available to people to should they need it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care and support was planned and delivered in a personalised way.
- Assessments and care plans reflected people's choices and preferences with regards to how their needs were to be met.
- People and relevant others such as family members were involved in the development and reviewing of care plans. Family members told us they had provided information to help inform their relatives care plan.
- People had choice and control in how their needs were met. One person told us they chose to spend time in their room and visit lounges on occasions and another person told us "I get up (out of bed) when I'm ready."
- People were given opportunities to take part in activities to meet their needs and which were meaningful and stimulating.
- People were provided with supported they needed to develop and maintain relationships. Family members and friends were made to feel welcome and invited to join their relatives in special celebrations and seasonal events held at the service.

Improving care quality in response to complaints or concerns

- Complaints and concerns received were acknowledged and listened to and used to improve the quality of the service.
- People and family members were provided with information about how to complain. They told us they would complain if they needed to and felt they would be listened to.

End of life care and support

- End of life care and support was provided in a sensitive way.
- People were given the opportunity to discuss and plan their end of life wishes and others such as family members were involved where this was appropriate.
- Staff received training around end of life care and support and worked closely with other professionals to ensure that people experienced a comfortable, dignified and pain free death.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were set out in their care plans.
- Information was made available to people in different formats where this was required.
- Staff understood how people communicated and they communicated with people in a way they could understand. People were supported and encouraged to use aids provided to them to help improve their communication, such as hearing aids and glasses.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about their roles and responsibilities and they understood regulatory requirements. They acted quickly to make the required improvements following our previous inspection.
- The provider's systems for checking the quality and safety of the service were used more effectively. Regular checks and audits were completed across the service and areas identified as requiring improvement were actioned in a timely way.
- A clear management structure was operated at the service. The registered manager had overall responsibility for the running of the service. Each of the two floors had a named staff member on each shift with responsibilities for monitoring staff performance and oversight of people's care and support. Managerial support and oversight of the service was provided by a regional director on behalf of the provider.
- Staff had access to the providers policies and procedures to instruct and guide them on safe working practices.

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

- The registered manager promoted a positive and open culture which was person centred and inclusive.
- There was good morale amongst the staff, they worked well together to achieve good outcomes for people.
- People and staff were empowered to speak up. One person told us "I've no worries about letting them know how I feel." A staff member told us, "Yes I feel confident about speaking up."
- Staff and family members described the registered manager as supportive and approachable.
- The registered manager operated an open-door policy and welcomed feedback from others about the service and ways to improve it.

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

- The registered manager and provider understood and acted on the duty of candour. They acted in an open and transparent way by being open and honest with people when things went wrong.
- The registered manager shared appropriate information in a timely way with the Care Quality Commission and other partner agencies such as local authority commissioning and safeguarding teams and lessons were learnt from incidents.
- The ratings from the last inspection were clearly displayed in the reception area and on the providers website.

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

- People and family members were engaged and involved in the running of the service and the care provided.
- Regular reviews of people's care, meetings and general discussions were held involving people' staff and family members to obtain their views and opinions and keep them informed about any changes.
- Managers and staff had formed positive relationships with family members and there was good partnership working with external agencies including health and social care professionals.