

HC-One Limited

Roby Lodge

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 Lodge Care Home provides accommodation and personal care for up to 40 people in an adapted building over 2 floors. At the time of our inspection 39 people were living at the service.

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

Risks to people's health, safety and welfare were assessed and measures put in place to minimise the risk of harm to them and others. We were assured that infection, prevention and control measures were followed at the service to minimise the risk of the spread of infection. The cleanliness and hygiene of the premises was maintained to a high standard. People were kept safe and received care and support from the right amount of suitably skilled and experienced staff. Safe recruitment processes were followed. Medicines were used safely by staff who were appropriately trained and competent. Incidents and accidents were reported and investigated in a timely way and lessons were learnt from them to help reduce the risk of them reoccurring.

Assessments were completed to determine people's needs and how they were to be met. Staff received the training and support they needed for their role. The support people needed and received to maintain a healthy diet and good health was well documented. Staff quickly recognised and made appropriate referrals when people's health declined. The premises were maintained to a good standard and adapted and designed 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.

Staff were kind, patient and respectful towards people. People's dignity and independence was promoted. Staff were compassionate towards people, they used effective techniques to reassure and comfort people helping them overcome negative feelings and emotions. Staff had built trusting and positive relationships with people and their family members. People and relevant others were involved in decisions about the care provided.

There was a personalised approach to planning and delivering people's care. Staff were knowledgeable about people's needs and provided them with the right care and support. People were supported to take part in meaningful activities and to maintain and develop important relationships. People and family members were provided with information about how to make a complaint or raise a concern. Complaints were taken seriously and used to improve the service people received.

The registered manager and staff had a clear understanding of their roles and responsibilities. The providers systems and processes were used effectively to measure and improve the quality and safety of the service. The registered manager promoted a positive culture which was person-centred, open and inclusive which

led to good outcomes for people. There was good working partnership with others to make sure people received all the care and support they needed.

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 the service under the previous provider was good (published 6 December 2017).

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roby Lodge on our website at 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 safe 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 Lodge

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

The inspection was carried out by 2 inspectors.

Service and service type

Roby Lodge 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 inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. 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 4 people and 5 family members about their experience of the care provided. We also spoke with the registered manager, deputy manager, care staff, housekeepers, cook and kitchen assistant.

We reviewed a range of records. This included 5 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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- Risks relating to the health, safety and welfare of people were assessed, monitored and regularly reviewed.
- Risks identified through assessments and how they were to be managed to minimise the risk of harm were set out in people's care plans. This included risks associated with people's mobility, health and social care.
- Regular safety checks were carried out on the environment, equipment and utilities and a record of the checks was kept along with safety certificates issued by external contractors.
- Each person had a personal emergency evacuation plan (PEEP) describing any assistance they needed to evacuate the building or reach a place of safety in the event of an emergency. PEEPs were kept under review and updated as required.
 - Staff completed health and safety training and had access to the providers health and safety policies and procedures.
 - Incidents were reported internally and to relevant external authorities/bodies. All incidents were reviewed, and action was taken to prevent further occurrences. Information was shared with others to promote learning.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to make sure people were protected from abuse.
- The provider had a safeguarding procedure which was made available to staff and others.
- Staff completed safeguarding training as part of their induction and received regular updates. Staff understood their responsibilities for protecting people from abuse and for reporting any concerns they had about people's safety and treatment.
- Allegations of abuse were reported without delay to relevant agencies and there was good partnership working with them to make sure that allegations were properly investigated.

Preventing and controlling infection

- There were safe systems to manage and monitor the prevention and control of infection including COVID-19.
- Staff were provided with infection prevention and control (IPC) training and kept up to date with any changes to national guidance.
- The right standard of personal protective equipment (PPE) was in good supply and staff used and disposed of it safely.
- People were supported to access vaccinations and COVID-19 testing.
- Cleaning schedules and checklists were in place for all areas of the service and equipment used and staff

signed the records on completing the required task. Colour coded cleaning equipment was used to minimise the risk of cross contamination.

- High standards of cleanliness and hygiene were maintained across the service including kitchen and laundry areas. 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. The service achieved a score of 98%.

Visiting in care homes

- Visits were carried out safely in line with current government guidance.

Staffing and recruitment

- Safe staffing and recruitment processes were followed.
- Staffing rotas listed the right amount of staff on each shift with the required skills to meet people's needs and keep them safe. Arrangements were in place to maintain safe staffing levels including the appointment of agency staff. Agency staff were block booked to help maintain consistent care for people.
- The required checks on candidates were carried out as part of the recruitment process, including 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. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were used safely.
- Staff with responsibilities for the management of medicines were suitably trained and deemed competent.
- Staff had access to the providers medication policies and procedures which were in line with current law and guidance.
- Medicines were ordered, stored, administered, recorded and disposed of safely.

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 under the previous provider we rated this key question good. The rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and outcomes were used to plan their care and support needs.
- Each person's needs were assessed before they moved into Roby Lodge to make sure they could be met and to help people decide if it was the right place for them to live.
- Initial assessments of people's needs were completed by the provider and assessments completed by external health and social care professionals were obtained.
- People and relevant others such as family members were involved in the assessment process. A family member told us, "We were involved right from the beginning." And another told us, "They included us in everything."

Staff support: induction, training, skills and experience

- Staff received relevant training and support to carry out their roles effectively.
- Records showed and staff confirmed they had completed training in topics relevant to their role and people's needs.
- New staff including agency staff completed an induction programme at the start of their employment to help them get to know people, the staff team and the expectations of their role. Staff also completed a range of training as part of their induction.
- Staff were supported through regular supervision, team meetings and an annual appraisal.

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 and staff worked with other agencies to make sure people received consistent, effective, timely care.
- Each person's care plan contained information about their healthcare needs and how they were to be supported along with the details of health care professionals involved in their care.
- Staff had received training relating to people's healthcare need such as diabetes, oral care and they were knowledgeable about the support people needed with their healthcare.

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

- The service was adapted, designed and decorated to meet people's needs.
- Each person had their own bedroom and bathroom facilities as well as a choice of communal spaces to

spend their time. People also had access to a well-maintained garden area.

- Bedrooms and communal areas were well furnished, spacious, bright, well decorated and equipped with aids and adaptations which helped to promote people's mobility and independence.
- There was a passenger lift providing access to both floors.

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

- People received the support they needed to maintain a balanced diet.
- People's nutritional and hydration needs were assessed and planned for using the nationally recognised malnutrition universal screening tool (MUST).
- Staff monitored people's weight and food and fluid intake where this was needed, and they consulted with other professionals when concerns were noted for example, people's weight and food and fluid intake. A family member told us staff made a prompt referral to a dietician following a decline in their relative's dietary intake.
- Daily menus were displayed in dining rooms offering people with a choice of food and drink for their main meals and snacks and drinks in between. People told us they enjoyed the food and were given a choice. Their comments included, "I had toast and marmalade and cornflakes for breakfast, which was what I wanted, and it was nice. "No complaints at all, I get more than enough to eat and drink" and "Good food, I've put weight on since being here".

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.

- Consent to care and treatment was obtained in line with the law and guidance.
- Managers and staff completed training in the MCA and understood its principles. They always sought people's consent before carrying out any care and support.
- People's capacity to consent to care and treatment was assessed and decisions on behalf of people who lacked the mental capacity were made in their best interests in line with the MCA.
- A record of DoLS applications and authorisations was maintained and monitored. Where specific conditions were in place for people, relating to restrictions, these were adhered to.

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 our last inspection under the previous provider we rated this key question good. The rating for 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; equality and diversity

- People were well treated and supported.
- Staff were attentive to people's emotions and feelings. We observed multiple examples where staff used techniques to divert people away from negative emotions. Staff remained calm whilst listening and reassuring people.
- Staff engaged people in meaningful conversations and activities, and it was clear from the interactions that staff knew people well and people felt at ease with them.
- Care plans detailed personal information, including people's equality characteristics such as their preferred name and gender of carer, their religion and sexuality. Staff supported people to practise their faith and celebrate special occasions with their friends and family.
- Staff spoke with people and talked about them in a respectful way and they focused on people's individual qualities and strengths. For example, a member of staff told us, "[Name] is such a lovely lady, has a great sense of humour and brightens up each day." Another member of staff told us (about another person) "[Name] has a great personality and enjoys telling us about their life, it's so interesting."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff respected people's personal space, they knocked on bedroom doors and introduced themselves before entering. On entering rooms staff greeted people and enquired about their comfort and wellbeing.
- People told us staff were patient and gentle when providing personal care. One person said, "They [staff] never rush me and they are always gentle with me" and another person said, "They [staff] have the patience of a saint".
- People's personal information was treated in confidence. Records about people were kept securely and accessed only by authorised staff and others on a need to know basis. Discussions of a personal nature with and about people were held in private.
- People's independence was promoted, and staff encouraged them to do as much as they could themselves. One person was observed washing dishes in the kitchenette and a staff member told us, "It's something [person] likes to do and is important to them".

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

- People or those acting on their behalf were supported to express their views and make decisions about the care provided. This was done through a variety of ways including regular care review meetings, 'Resident and relative' meetings and surveys which were sent out annually.

- Staff provided people with the support they needed to make everyday choices for themselves, such as choosing what clothes to wear each day and when they go to bed and wake up. One person told us, "I like to go to bed early and get up early, that's how I like it" and another person said, "I need help dressing but I pick what I wear".
- Care plans detailed those appointed to support people to express their views and be represented in making decisions about their care. Arrangements were made for people to be represented by an independent advocate where this was needed.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for 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

- There was a personalised approach to planning people's care.
- Care plans were developed for each person with their involvement and/or relevant others such as family members. People's choices and preferences on how they wanted their care and support to be provided was central to the care planning process.
- Daily records which were maintained for each person showed they received the care and support planned and agreed.
- People's care plans were regularly reviewed to check they continued to reflect their needs and how they were to be met.

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

- People were supported to follow their interests and to develop and maintain important relationships.
- People's family members and friends were made to feel welcome. They were offered refreshments and spent as much time as they wished with their relative. Family and friends were invited to join their relatives in seasonal events and celebrations held at the service.
- People were offered a range of activities and opportunities to socialise. Activities included bingo, quizzes, puzzles, art and crafts and day trips. One person told us they had recently enjoyed a trip to Blackpool.
- There were items of interest along hallways and in communal areas for people to look at or pick up and opportunities for people to participate in everyday tasks such as tidying around and washing up.

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 were met.
- Each person's communication needs were assessed and detailed in their care plan. Care plans detailed any help people needed to communicate effectively such as encouraging the use of prescribed aids for hearing and sight.
- Staff communicated effectively and respectfully with people. For example, they maintained eye contact with people and spoke clearly and slowly.

- Information was made available to people in different formats, including large print, audio and pictures.

Improving care quality in response to complaints or concerns.

- Complaints and concerns were listened to and used to improve the quality of the service.
- The providers complaints procedure was made available to people and others. The procedure clearly set out how to make a complaint and how it would be managed.
- People and family members told us they had no worries about complaining should they need to and were confident they would be listened to and their complaint would be acted upon.

End of life care and support

- People's end of life wishes were supported.
- The service was not providing end of life care at the time of this inspection. However, any end of life wishes people expressed in advance were recorded in their care plans.
- Training was available to staff to make sure they had the skills to provide effective end of life care. Staff also had links with other external professionals for their support, advice and guidance in providing people with end of life care.
- 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions were held in care files for people who expressed a wish not to be resuscitated.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager had built a positive culture which was person-centred, open, inclusive and empowering.
- There was a warm, friendly and calm atmosphere at the service and people enjoyed friendly, positive interactions and good humour with staff and each other.
- Staff were positive about the culture of the service and about their experience of working at Roby Lodge. Their comments included, "Working at Roby Lodge has been a very enjoyable experience" and "Every day at work is enjoyable."
- Staff told us they felt well supported, valued, involved and listened to. Their comments included, "Management are very approachable and very understanding" and "[registered manager] is the best, involves us in everything and listens to our point of view."
- Family members shared the following examples of the positive outcomes achieved for their relatives; "They [staff] have truly made a difference to [relatives] life I never thought [relative] would settle in a care home but they have with the fantastic support of the managers and staff, [Name] is thriving" and "It's been a really positive experience."
- There was good partnership working with others. One professional told us the registered manager provides her staff with a lot of support and will promote her staff's mental health and emotional wellbeing as she believes this supports a better care environment for the residents. Another professional commented that the registered manager always has an open attitude towards them and partnership working.

Continuous learning and improving care:

- There was a culture of learning and improving care.
- The providers quality assurance systems and processes were used effectively in identifying and making improvements.
- Incidents were well recorded. A root cause analysis was carried out into more serious incidents including serious falls and fractures. Analysis helped to identify the underlying causes of the incident and what actions were taken leading to solutions being identified.
- The registered manager actively worked with others including local authorities and they kept up to date with their learning.
- We saw examples of how people, family members and staff had contributed to improvements made to the service based on their feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their role and regulatory requirements.
- There were clear lines of responsibility and accountability which led to people receiving safe and effective care.
- The registered manager knew of the incidents and events they were required to notify CQC about and submitted them to CQC without delay.
- Managers maintained oversight of the quality and safety of the service through effective use of the providers quality assurance framework. The registered manager, deputy manager and other senior staff carried out checks and completed audits at the required frequencies or sooner when needed.
- Records were maintained and kept up to date in respect of each person. Daily records and monitoring records were maintained and used effectively to monitor people's progress and keep a track of their current and changing needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, family members, staff and other professionals were engaged and involved in the running of the service. They were consulted on their views about the service through regular meetings, care reviews and surveys. Feedback provided was used to implement positive change.
- Surveys were routinely sent out to people, family members and staff inviting them to rate and comment on the quality of the service. Outcomes of surveys were shared along with actions taken in response to any suggestions or ideas suggested for improvement.
- Staff provided examples of how the registered manager had supported them both on a professional and personal level. One staff member told us they could not have continued with their job if it wasn't for the support they got from the registered manager.

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 provider and registered manager acted on their duty of candour by being open and honest with people when things went wrong.
- All accidents and incidents which occurred at the service were reported and shared with relevant others without delay.
- Family members told us they were informed about any incidents involving their relative. Their comments included, "They let me know about everything" and "They keep nothing from us."