

Catholic Blind Institute

# Christopher Grange Residential Care

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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: Christopher Grange Residential Care Home provides accommodation and personal care for up to 78 people. It is part of a range of services provided in Liverpool by the Catholic Blind Institute. The home consisted of four units named Vincent, Marillic, Andrew and Greenside. At the time of inspection 70 people were living in the home.

People's experience of using this service:

There had recently been an external audit carried out by the local authority medicines management who had identified issues. We looked at the medicines management within the home and found additional problems. The registered manager was implementing the action plan from the findings and implemented a change to the auditing systems following the feedback received from inspectors during inspection.

We identified that although the care and support being provided to people living in the home was person centred and staff knew the people well, the care plan documentation had not always been completed. This was immediately actioned following the inspection showing the registered manager was responsive and that the quality of the service was a priority.

Feedback from people living in the home and visitors indicated that staffing was not sufficient, however the registered manager was fully aware of this and was in the process of recruiting additional staff.

Staff were recruited safely and received regular training, supervisions, attended staff meetings and had regular practice checks.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely and referrals were made to other professionals in a timely when people living in the home were in need.

People we spoke with told us they liked the staff and that they felt comfortable in their home. Feedback received during the two days of inspection was all positive from people using the service, relatives and staff. This was supported in observations during the inspection.

Staff, people living in the home and visitors told us the registered manager was approachable and that they would feel comfortable raising any concerns. Systems were in place to gather feedback from people, including meetings or surveys.

Measures were in place to reduce the risks associated with the spread of infection. We found the home to be clean and well maintained. Environmental risks were assessed and well managed to prevent any harm to people.

Consent to care and treatment was sought in line with the principles of the Mental Capacity Act 2005.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them and were able to choose alternative meals if they did not like what was on the menu.

People were able to access enjoyable and fulfilling activities.

Rating at last inspection: At the last inspection the service was rated Good (published 2 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below.

Requires Improvement 

### 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 

# Christopher Grange Residential Care

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection took place on 23 and 24 May 2019 and was unannounced on the first day. The provider knew we were coming on the second day. The team consisted of one adult social care inspector, one assistant inspector and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Christopher Grange Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that 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:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service

from the local authority and other professionals involved with the service.

During our inspection, we observed the support provided throughout the service. We spoke with five people living in the home, five relatives, eight staff including, the registered manager, maintenance worker, the chef and the facilities manager. We looked at records in relation to people who used the service including five care plans and four medication records. We also looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

We asked the registered manager to forward us information following the inspection. This was done in a timely manner.

Details are in the Key Questions below.

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

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Using medicines safely

- An audit had been carried out by an external body (local authority medicines management) and during the inspection we identified issues that need addressing. Allergies were on the medicines administration record but not on the printed sheet with the persons photograph. Remaining totals for medicines given 'as and when' needed did not always add up and we identified an instance of medication being signed as given and not being administered. This was discussed with the registered manager and the action plan they had developed following the findings of medicines management was due to come into effect as the external audit was only recently done. We also discussed the importance of regularly auditing their own medicines management.
- Medications were stored securely, and medication was only administered by staff who had the correct training to do so.

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

- People told us that they felt safe in the home. One person said, "I feel safe because I can move about freely but feel I am being watched in case I have fall." Another said, "I feel safe here because the staff are always about and being blind makes me feel more vulnerable."
- People were protected from the risk of abuse. There was a policy in place to ensure that people were protected from the risk of harm and abuse referrals had been made to the local authority safeguarding team when abuse had been suspected.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused. Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

### Assessing risk, safety monitoring and management

- There were risk assessments in place to ensure staff were safe when working alone and each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- We identified that some documentation had not been fully completed. There were some documents that were not dated and some parts of the care file had not been completed. We discussed this with the registered manager who informed us that this would be actioned immediately.
- Risks to the environment had also been assessed to help ensure people were safe. The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.

### Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Disciplinary processes were in place and were followed appropriately.
- Feedback received from staff, people living in the home and relatives indicated that staffing was not always sufficient, one person told us "There are not enough carers on duty and they have far too much to do", however the registered manager was in the process of recruiting staff.

### Preventing and controlling infection

- The home was clean and well maintained. People we spoke with said the home was clean and tidy and their rooms were cleaned every day. One person told us "The home is spotless, and my bedding is always fresh and clean." Another said, "Yes the home is very clean and there are no nasty smells."
- All the visitors we spoke with felt that the home was spotlessly clean. Comments included "The home is always clean but its tired", "The home is always clean and my relatives' room is always lovely" and "Its immaculate every time I visit. [Persons] bedding is changed on a regular basis."
- We saw staff wearing appropriate personal protective equipment such as aprons and gloves. Hand washing signs were also visible throughout the home.

### Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and concluded that they were.

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

- People were able to consent to care and had demonstrated this by signing their care plans. There was documentation available should an assessment of capacity be needed.
- We saw the provider held evidence of those who held legal responsibilities for making choices for people.

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

- People were supported by staff who knew them well and supported them in a way they wanted.
- People's needs were assessed before admission to service. The provider used 'trusted assessors'. 'Trusted Assessor' schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. It is based on providers adopting assessments carried out by suitably qualified 'Trusted Assessors' working under a formal, written agreement.

Staff support: induction, training, skills and experience

- New staff were supported to complete an induction process. We looked at the induction booklet in depth and saw that it covered essential value-based materials that supported the introduction to the home.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.
- The provider was in the process of reviewing the training being provided to staff. Training was to include Mental Capacity training.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.

- Where needed, people were supported with specific diets associated with their individual needs. For example, food which was soft in consistency.
- People told us they had enough to eat and drink and had a good choice of food. One person told us "We have a choice of meals; we chose the day before what we want for lunch and dinner the next day. I can always say if I don't like something and the chef would give me something else." All five visitors we spoke with said the food was good and their relative did not have any complaints. One visitor said "My relative is eating better since coming into the home. She sits at the table with a group of other ladies and its very sociable." Another said "My relatives put weight on since they came in here, they have put on 3 and a half stone; they look far better."
- When it was appropriate, if necessary, referrals were made to the GP or dietician for advice.

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

- Equipment was in use to support people to move around the home independently.
- We saw that there were sufficient communal bathing facilities that was accessible for those living in the home.
- People were able to personalise their rooms and this was supported in discussion with people and their relatives.

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

- The home was using the 'Red Bag' scheme which was a national initiative to improve communication between care providers. The appropriate documents were completed in case anyone needed to be admitted to hospital at short notice. This meant that information to keep people safe was communicated when necessary.
- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

# 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

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

- All visitors we spoke with said that their relatives liked the staff who support them. Comments included "Yes they like the carers and they are very kind and patient with them even though they can be difficult", "Yes, the staff are lovely, my relative responds to them as soon as they see the carers" and "My relative loves the staff, they are first class, could not be kinder."
- Each person we spoke with said they like the staff who look after them and they are caring and respectful. One said, "I like the staff who look after me, they are always kind and respectful."
- Staff were aware of and respectful of people's religious and cultural needs. The home had a large chapel available that held daily services and the home had clergy from different faiths visiting the home for the benefit of the people living there.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- Each visitor we spoke with said that they had never heard staff discussing any other person in front of them or anyone else. One relative said, "You never hear staff speaking about anyone in front of you."

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

- All visitors we spoke with said they were kept informed at all times if their relative had required a doctor or had had a fall. They all said communication was excellent and each person we spoke with said they can have visitors anytime.
- Each person we spoke with was able to tell us how they made their decisions on a daily basis. Examples included how a person loved to watch a specific religious programme regardless of the time of day or night and choosing when they wanted to get out of or go to bed. One care plan said how a person was an early riser and that this was facilitated by staff.
- The unit managers had held 'resident's meetings' where people were given the opportunity to put their opinions forward on aspects of the home.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Respecting and promoting people's privacy, dignity and independence

- Each person we spoke with felt their privacy and dignity was respected at all times. One said "They are always respectful and knock before they enter my room."
- People living in the home who we spoke with told us that they were encouraged to do what they could for themselves. People were encouraged to retain their independence by staff and others were supported to do as much as they could.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included one person who needed to wear their hearing aids and bifocal glasses and another person who needed background noise to be kept to a minimum to be able to communicate effectively.
- The home had a large communal area that had a coffee shop that was open each day and we observed how this was a busy area that was widely used people living in the home and visitors. The area also had a hairdressers that was open four days a week and was regularly used by people living in the home. We also saw a piano that was located in the communal area and we observed this being used by a person living in the home.
- Peoples different faiths were identified in their care plans and catered for.
- There was a computer in the communal lounge area for people to use.
- Two activity co-ordinators were employed by the provider and there were a range of activities available to people to access. We were told by people living in the home "I take part in activities I want to take part in" and "I chose what I take part in, I like the quizzes." Relatives told us "Activities are available and my relative dips in and out. They are going out on the mini bus this week." Another visitor said, "My relative takes part in lots of the activities, they like the poetry sessions, massages and armchair exercises." Another said "My relative takes part in anything that's going on. They like bingo, quizzes, armchair exercises etc. They also like attending the Anglican Mass in the Chapel once a month."
- There is a knitting club and those who could not knit because of poor vision came along to just have a chat. There is a book club where the activity co-ordinator read a short story then they had a discussion about this. There was a session taking place on the day of inspection with five people present who were all very animated in their discussions.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home.
- People told us they knew how to make a complaint should they need to, and relatives agreed. People and their relatives were able to name the manager and said they felt comfortable approaching both the staff and the registered manager with any comments.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately. The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- We saw discussions surrounding people's decisions and choices about their end of life was documented.

- Our conversations with the registered manager evidenced that people's wishes would be supported, and their care package would be reviewed if there needs ever changed.
- The registered manager and staff held a yearly memorial that remembered those who had passed away in the previous three years. This was for the benefit and comfort of people and their families.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was clear with regards to what needed to be reported to the Care Quality Commission.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.

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

- Staff and people living at the service told us that the new manager was approachable and listened if there were any concerns.
- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
- People had the opportunity to give feedback regarding their care through meetings and quality questionnaires. The outcome from the questionnaires were published in the service user guide for people to access.

Continuous learning and improving care

- The registered manager also used external audits to improve the service such as infection control.
- We feedback during the inspection to the registered manager regarding our findings. The registered manager was able to forward us evidence that they had implemented immediate improvements to the service and the actions that were planned.

Working in partnership with others

- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.

- When referrals to other services were needed, we saw that these referrals were made in a timely way.