Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Christopher Grange Residential Care

Youens Way, East Prescot Road, Liverpool, L14 2EW

Tel: 01512202525

Date of Inspection: 30 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Catholic Blind Institute
Registered Manager	Ms. Julie Ann Greene
Overview of 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People who lived at the home told us: "It is calm with no fuss, everyone is straight-forward."; "We can have drinks whenever we want them."; "Everything's fine here."; "The staff always do their best." A member of staff who was fairly new to the home said "I love it here and I'm proud to say that I work at Christopher Grange."

We looked at a sample of care files for people who lived at the home. The care plans provided staff with information about the care and support people needed in daily living including mobility, personal care, eating and drinking, accessing the community, social interests and communication.

All parts of the home that we visited were clean and well-maintained.

Staff received training in subjects relevant to their work including safeguarding, moving and handling, first aid, fire awareness, health and safety, food hygiene, and infection control. Some staff had also received training about end of life care, dementia awareness, medication, mental capacity, person centred planning and dignity awareness.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People who lived at Christopher Grange told us: "It is calm with no fuss, everyone is straight-forward."; "We can have drinks whenever we want them."; "Everything's fine here."; "The staff always do their best." A member of staff who was fairly new to the home said "I love it here and I'm proud to say that I work at Christopher Grange."

We looked at a sample of care files for people who lived at the home. The care plans provided staff with information about the care and support people needed in daily living including mobility, personal care, eating and drinking, accessing the community, social interests and communication. Risk assessments were in place for people who were at risk of falls, weight loss and developing pressure areas. They instructed staff how to minimise the risk of harm and enable people to exercise independence safely. A copy of the person's moving and handling plan was kept in their room for staff to refer to.

Care plans and associated records had been reviewed regularly and, where required, updated to ensure that staff had information about any changes to the person's needs. In one of the plans we looked at we saw a 'resident discussion record' which demonstrated the person's involvement in planning and reviewing their care and support and had been signed by the person and their key worker. The manager had initiated an annual review of people's care and support which included the person and their family.

People were able to have visits from their doctor and from other health and social care professionals as required. We saw records of visits by district nurses, continence service, optician, and dietician.

The home was part of a range of services provided by a religious organisation. There was a chapel in the building and a service that people who lived at the home could attend, was held every day. Sisters were available on site to provide pastoral support for the people who lived at the home, their families, and staff. This meant that people's spiritual needs were met.

We saw a weekly activities programme displayed around the home and were able to observe a meeting of the reading group which was led by one of the home's activities organisers. People were gently encouraged to join in the discussion and it was evident that they were enjoying this event. Transport was available to take people on trips out and one person told us that they had enjoyed a recent visit to a museum.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Christopher Grange Residential occupied part of a large site which accommodated the services of the Catholic Blind Institute in Liverpool. A security company was employed to keep the site safe during the evening and night. Contract gardeners maintained pleasant gardens that people who lived at the home could use.

During our visit we looked at shared areas of the building and one of the residential units. A communal space known as the market place was used for activities and for people to receive visitors. This contained a coffee shop that was staffed by volunteers. There was a smoke room for people who lived at the home, a telephone that people could use in private, and a computer room for people to use. The main kitchen was close to this area and had received a five star rating from environmental health. There was also a spacious training/function room.

The home was divided into four living areas. The smaller Greenside unit accommodated people who were semi-independent and required input from staff during the day and monitoring from night staff during the night. The other three units were on two floors with their communal areas on the ground floor and bedrooms and bathrooms on the first floor.

The unit we visited was clean and tidy throughout. It offered a choice of sitting areas, one of which did not have a television. There was a separate dining room which was light and bright and was big enough to accommodate all of the people who lived there. Privacy curtains had been fitted in the toilets on the ground floor. There was a fully equipped kitchen where drinks and snacks could be made.

Bedrooms all had en-suite toilet and wash basin. On the first floor there was a wet room and assisted bathroom. Adjustable beds and pressure mattresses were in place for people who needed them. The manager told us that people could request a safe to keep valuables in their room and a television could be put on the wall by request. Personal clothing was laundered on the units and there was a central laundry for bedding, towels etc.

The manager provided records to show that services and equipment were inspected, tested and serviced regularly. The service employed two maintenance staff to attend to

day to day repairs. Health and safety meetings were held monthly.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home had a registered manager who was supernumerary to the staff rota and who had a management qualification and considerable previous experience. Other senior staff were three unit managers, six senior care assistants, and a healthcare coordinator who managed medicines and liaison with health services. The manager wrote the rotas for the senior staff to ensure that there was always a manager on duty between 8am and 9pm.

The unit managers completed the rotas for their staff. Each unit had five care staff on duty in the morning and four in the afternoon and evening. There was also between one and three housekeeping staff on each unit during the day. Greenside had one care worker and a housekeeper throughout the day.

At night there were three care workers and a senior on duty. We asked the manager whether this was an adequate number of staff to keep people safe and ensure their needs were met. The manager told us that some of the day staff worked until 9pm to support people going to bed. She considered that this was adequate to meet the needs of the people living at the home at that time (there were ten vacancies), however she would go to the management committee to request an increase in staffing if she considered this was needed.

Other staff were shared with the separately registered Christopher Grange Rhona House and included two activities organisers, two maintenance staff, reception and administration staff, laundry assistants and catering staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Records showed that staff received training in subjects relevant to their work. A training matrix recorded that subjects completed by staff in the past year included safeguarding, moving and handling, first aid, fire awareness, health and safety, food hygiene, and infection control. Some staff had also received training about end of life care, dementia awareness, medication, mental capacity, person centred planning and dignity awareness. The manager told us about a nutrition and hydration event that had been held at the home recently. Records showed that a number of staff had achieved national vocational qualifications at various levels, however the exact number was unclear as the manager said that the records may not be fully up to date.

All staff had a formal supervision meeting with their manager every two months and the records of these meetings were kept confidentially in sealed envelopes. Team meetings were held on the units and staff meetings were arranged by the manager.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service's policies and procedures were reviewed on a regular basis to ensure that they remained relevant and up to date. During our visit we were able to attend a management meeting where copies of a new statement of purpose, service user guide, and moving and handling policy were provided for all heads of department and the previous editions were collected in. We were informed that medication and infection control policies were being reviewed over the next two months. The managers were responsible for ensuring that their staff had read any new policies and that they signed to confirm this.

Questionnaires were available for all visitors to the home to complete. We saw one questionnaire that had been returned by a family member the week before our visit. They had written "All the staff are lovely, couldn't be more helpful, the whole place is lovely."

Key workers were required to review people's care plans monthly and update them as needed. We saw evidence that the unit managers and the home manager audited the care plans to ensure that they had been kept up to date. The healthcare coordinator recorded a monthly medicines audit. The two activities organisers submitted a monthly report on what they had done and what events had been held.

Monthly management meetings and bi-monthly health and safety meetings were held and we were informed of a forthcoming annual general meeting which some of the people who lived in the Greenside unit would be attending. Monthly visits were carried out by trustees of the organisation and monitoring visits were made by staff from Liverpool Council twice a year and Knowsley Council once a year.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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