

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

Christopher Grange Rhona House

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

Tel: 01512202525

Date of Inspection: 18 December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Catholic Blind Institute
Registered Manager	Mrs. Anne Lloyd
Overview of the service	<p>Christopher Grange (Rhona House) is a Nursing Home providing accommodation for up to 28 persons who have nursing needs.</p> <p>The service is situated close to East Prescot Road and is a large property with gardens and paved areas surrounding the building.</p> <p>Accommodation is situated at ground floor level and includes lounges and a dining area. All bedrooms have an en-suite facilities.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 18 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection, we observed the provider had procedures in place to both gain and review consent from people who use services and act upon them. Where the person lacked capacity, the provider acted within legal requirements. All care plans were present at Christopher Grange Nursing Home which included thorough risk assessments which were all reviewed on a monthly basis. We observed good interaction between staff and people using services at all times of the day. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Medicines were safely administered and were disposed of appropriately.

There were effective recruitment and selection processes in place which meant people were cared for, or supported by, suitably qualified, skilled and experienced staff. There was a complaints system in place at Christopher Grange which aimed to listen to and respond effectively, within a stated time-scale, to any complaints that had been received. In this report, the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of this inspection. Their name appears because they were still a registered manager on our register at the time.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people using services at Christopher Grange Nursing Home received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. For example, we heard a staff member asking a person using services "do you need some help getting washed and dressed" and the person replied "can i have a shower this morning please". The staff member replied "of course, if that`s what you want yes". Another person was asked, "do you want some lunch now" but they replied, "no, I don`t feel like any, can I just have a piece of apple pie" and again their choice was respected. Within care plans, we observed consent forms for photos, `night-check` agreement forms and monthly reviews of care and treatment which were all signed by the person using services or their representative. Additionally, within care plans and daily report sheets we observed evidence of people and family members being involved in, and consenting to, the proposed care and treatment.

In all areas of the home, we observed caring and sensitive interaction between people and staff members who offered assistance where they thought people might need help but gained consent before helping. This included helping several wheelchair users who asked to attend a carol service being performed by a local school on the opposite side of the care home. Staff assisted them after receiving consent which showed respect for the person`s wishes. At lunch time, staff offered help where they thought some people may need it to eat their meal, but again they asked first before helping. We sat with a person using services during lunch and we were told, "the staff are lovely here - they would not do anything without asking you first". Several staff members told us they had completed training related to the Mental Capacity Act (2005) and consequently, if they suspected any person lacked capacity to make a decision, they would "tell the manager straight away so a best interest meeting could be arranged".

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We observed all care plans to be present at Christopher Grange Nursing Home and the provider informed us they were reviewed every month. Risk assessments focused on medication, falls and capacity and were part of the reviews and included within the care plans. Also included were files related to `hospital information` which was particularly useful when attending hospital or GP appointments. There was evidence of multi-disciplinary involvement and all `significant` conversations were recorded. There had been two external audits conducted the previous week - one by Liverpool City Council and the other by the local Fire Service. The provider had not received the written reports at the time of our visit but commented "both inspections went well and there were no stated concerns". We did see evidence of `family meetings` which were held every three months and provided the opportunity for people using services to have their `voices` heard. The provider told us they had a 98% attendance at the meeting based on the number of people who had been invited.

We spoke to several family visitors and people using services at Christopher Grange on the day of our visit. We received several comments which included, "Everything is absolutely A1 here, the staff are brilliant". Another said, "This is the best place in Liverpool, we are always made welcome, you would not find anywhere better". One person using services commented, "I am very happy here, well looked after - I am really looking forward to Christmas". One family member said, "the staff in particular are exceptional". A nutritionist who visited earlier in the month left a comment on a complimentary sheet and stated `staff are very aware of the needs of all people they care for`. We sat in on a staff handover which we observed to be very thorough and comprehensive. Each person using services were referred to in turn and staff coming on duty made notes which ensured a `continuity of care`.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place in relation to the recording of medicine which meant they were handled safely and so ensured the welfare of all people using services.

Reasons for our judgement

All the care plans we observed contained a `medical alert` which related to any `change of medication` for the person using services and any `allergies or infections` which protected the safety and welfare of people using services. The care plans also contained a comprehensive list of all medications that had been prescribed and the provider showed us a detailed medication manual which provided important information related to medication administration and disposal. We observed prescribed medication was kept in a secure cabinet in a locked room which only senior trained staff were allowed to hold keys for. We saw controlled drugs were kept safe within a locked wall cabinet and they were within appropriate temperature scales and the medication we examined were all within specified `use by dates`. We observed a pharmacist audit in October 2013 and although several comments were noted, mainly related to procedures, the provider assured us they were being `addressed immediately`. The provider also told us they had contact details for the pharmacist and the community matron, who they could `contact at any time for advice`.

We accompanied a senior staff member on the afternoon medication round and saw that each time the medication cabinet was left unattended, it was locked which maintained the safety of all people. Two members of staff at Christopher Grange had been nominated as `dignity champions` and we noticed that each time staff administered medication in people`s rooms, they knocked on doors before entering which reflected a dignified approach by showing respect for the privacy of the person using services. The staff member always asked the person `are you ready for your medication` and gained consent before continuing whereupon water was offered to assist the person take the medication. All training records were checked for people we observed handling medication which confirmed they had received all the necessary training. We noted that one person was asleep when we got to the room and the staff was unable to wake them, and immediately the staff member disposed of the medication and filled in the medication administration records (MARs) appropriately. We noted this particular episode was also referred to during the staff handover which ensured all staff were aware of what had happened.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work at Christopher Grange which ensured they had the right skills and knowledge to provide good quality care to all people using services.

Reasons for our judgement

During our visit, we found recruitment processes were robust and all pre-employment checks were carried out in line with legal requirements. Applications were sent out which included detailed job descriptions. Applicants who got through the first phase were invited to interview, which we were told was `really rigorous`, and those who were successful were required to provide an enhanced CRB check and two references. This approach ensured those people who were successful were both qualified and fit to provide care and treatment to all those people using services. We were told that people were required to hold, or work towards an NVQ Level 2 qualification in health and social care but one senior staff commented, `to be honest, it's more about the person, are they caring and thoughtful, we need to be sure of that as well`. Another staff member told us, `there are always enough staff on each shift and that always includes senior staff`.

New staff members underwent a thorough induction which lasted `for up to six months depending on experience` but always included time spent `shadowing` senior staff until it was felt they could work independently. At the end of the six month period, the staff member attended a review which provided the opportunity to exchange views with the provider related to their duties. The provider told us this ensured the staff member was committed` to the job - "we need staff on board who can empathise with the people they are caring for". All staff attended supervisions every other month and had full appraisals annually. This approach to recruitment by Christopher Grange ensured people using services were safe and their health and welfare needs were being met by staff who were fit, appropriately qualified and physically and mentally able to do the job.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People were made aware of the complaints system which was provided in a format that met their needs which ensured any complaints were fully investigated and resolved, where possible, to their satisfaction.

Reasons for our judgement

People we spoke to, except one family visitor, said they were aware of the complaints process. One commented, `we would just go and see one of the nurses or the manager, we have never had to, but that`s what we would do`. The provider told us that if necessary, people would be given `support by ourselves` to make a comment or complaint if they needed assistance. One person using services told us, "I`ve been here a while now but never had any problems, but if I did I would sit down with someone and tell them". We observed the complaints procedure within the company policies and procedures handbook, and the statement of purpose. There was also a `new` compliments and comments box which was being put in the reception area where people would be free to make any `comments or otherwise`.

The new manager at Christopher Grange said there would be regular meetings arranged for both people using services and family members - one of which had recently been held. There were also plans to send out surveys and questionnaires to all people and their representatives which would provide the opportunity to raise any concerns. We did observe the complaints log and although comments and complaints had been logged, there lacked consistency with the stated procedure within the company files. Some complaints were dated, some were not, so it was not possible to confirm if complaints were resolved within the time-scales required by the provider. However, the manager assured us that the complaints procedure was one area that would be comprehensively reviewed. We were told, `the whole procedure would be rigorously reviewed` and would include time-scales that would be adhered to in line with requirements and also, contact details for the Care Quality Commission for example, if people were not satisfied with the outcome of their complaint.

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.

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