

Catholic Blind Institute Christopher Grange Residential Care

Inspection report

Youens Way
East Prescot Road
Liverpool
Merseyside
L14 2EW

Tel: 01512202525

Date of inspection visit:
08 November 2016

Date of publication:
02 December 2016

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

This inspection visit took place on 08 November 2016 and was unannounced.

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. Car parking facilities are available within the grounds. At the time of the inspection 76 people lived at the home.

At the last inspection on 30 September 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the recruitment process for staff at Christopher Grange. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed an induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They were encouraged to attend courses to develop their skills and gain professional qualifications. We found staff had the skills, knowledge and experience required to support people who lived at the home. One staff member said, "Training opportunities here are very good."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when needed. Staff had received safeguarding training and they confirmed this when we spoke with them.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were deployed in the units to support people. This was confirmed by our observations and people we spoke with. However at times people we spoke with felt staff were 'very busy' in one of the units. The registered manager told us they monitored staffing levels and were aware of the issue in one unit. They were in the process of assessing staff in one unit to increase support during the day so that people felt safe and staff were able to provide support people required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People had access to healthcare professionals and their healthcare needs were met.

People we spoke with were happy with the quality and quantities of meals provided. They also told us there were choices at meal times. During the day we saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The staff confirmed at any time if people required refreshments it was available. One person who lived at the home said about the quality of food, "The food is good you cannot knock it."

Christopher Grange had its own chapel within the building. A pastoral team of religious sisters lived on the site. They provided support and company for people who wanted pastoral support. Mass was conducted daily and everybody was welcome as well as people from the local community from all religious denominations.

People told us they enjoyed activities and the entertainers organised by the service. Activity coordinators were employed and people who lived at the home were pleased with the regular trips out and entertainment provided. One person who lived at the home said, "You can join in or just feel free to go where you want to."

The registered manager had a complaints procedure which was made available to people on their admission to the home. People who lived at Christopher Grange and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

We observed staff supporting people with their care during the inspection visit. We found staff to be patient, kind and caring. This was confirmed by people we spoke with.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, audits, staff and resident meetings and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were deployed with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff

Good 

Good 

Good 

who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive

People's care needs were assessed and support was planned and delivered according to their individual care plan.

People participated in a range of activities which kept them entertained.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good 

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Christopher Grange Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 November 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 08 November 2016 we reviewed the information we held on the service. This included notifications we had received from the registered manager, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included 14 people who lived at the home, the registered manager, five relatives and 13 staff members. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of three people who lived at the home, recruitment records and records relating to the management of the home. We looked at staffing levels to make sure sufficient staff were on duty. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and secure. Comments included, "Great staff and a lot of people around which makes me feel secure and relaxed." Also, "Yes I do feel safe maybe it is because they make you feel that way. They are all wonderful". A relative said, "I leave here with no anxieties, I am sure [relative] is safe with the staff they have here."

We looked at two care records of people who lived at Christopher Grange to see how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found records contained instruction for staff to ensure risks were minimised. Individual risk assessments to suit each person had been assessed. We found they were reviewed monthly and as and when identified changes occurred.

The management team spent time talking with people who lived at the home to understand their experiences and support staff. One staff commented, "[Unit manager] is full on, always around and involved with supporting residents. They love her."

The registered manager was flexible on the staff rota and was responsible for all four units. There were unit managers, care and domestic staff on all units. We found the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home and in the units. However at times people we spoke with felt staff were 'very busy' in one of the units. The registered manager told us they monitored staffing levels and were in the process of assessing staff in one unit to increase support during the day. Comments from staff included, "I think we have enough staff around." Another said, "We have time especially in the afternoon to sit with residents."

We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and sensitive way so that people were kept safe. One relative said, "The place seems well staffed to me."

We had a walk around the building and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. We tested the system and found staff responded quickly.

Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "We have done safeguarding training and I know what to do if I felt something was not right."

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by the registered manager following events that had happened. If an accident occurred, a form would be completed and submitted to the registered manager. They analysed the information and completed any follow up action as required. Any serious incidents would be reported to the relevant authorities.

We had a walk around the home and all four units and found it was clean, tidy and maintained. One person who lived at the home said, "Very clean the staff do a fabulous job." We found records confirmed equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at staff recruitment files. We found required checks were in place. They included an application form that asked for a full employment history and references. Recruitment records also included evidence of qualifications and criminal record checks. We found the disclosure and barring check (DBS) was obtained prior to any staff commencing employment at the home. This demonstrated safe recruitment checks were carried out by the management team to ensure suitable staff were employed. Staff we spoke with confirmed this. One staff member said, "The whole process was thorough and I was given a lot of support in the beginning. The induction training helped me a lot."

We looked at how medicines were administered. Medicines had been ordered when required, given as prescribed and stored in a suitable locked facility. We looked at medication administration records for two people following the lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and on time.

Medicines were safely kept they had a locked room for medicine storage. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were in agreement their medicines were managed for them. They confirmed they received their medicines when they needed them. One person who lived at the home said, "Always on time and done proper."

We observed a senior carer administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed us only trained staff administered medication and this was confirmed by training records we looked at.

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked. These demonstrated medicines were managed safely.

Is the service effective?

Our findings

People who lived in the home received effective care because they were supported by a staff team that were trained and had a good understanding of their needs and wishes. This was confirmed by talking with staff and other people such as relatives and those who lived at the home. One person who lived at the home said, "I need a lot of help and I am at ease knowing the staff know how to handle and look after me." Another said, "They are a good well trained bunch you can tell that."

We looked at the schedule for staff training. Each staff member had a training programme for attendance to their mandatory courses the service had developed. For example fire safety, moving and handling and safeguarding. Staff we spoke with confirmed access to training was good. Comments included, "You are joking we have that much training, there is no issues with access to training courses here." Also, The manager would always support you to attend courses."

To encourage staff to undertake a professional qualification the management team supported staff to develop their skills by attending courses, such as a National Vocational Qualification (NVQ). We found most staff had achieved this qualification to level two or three. One staff member said, "No issue with training. I have done my NVQ here all supported by the manager."

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. From our discussions it was clear she understood the processes in place. Applications had been requested from the local authority and they were waiting for a response. The registered manager told us they were aware of the processes in place and would ensure these were followed effectively every time. We did not see any restrictive practices during our inspection visit and observed people moved around the home freely.

Christopher Grange kitchen had been awarded a five-star rating following their last inspection by the 'Food

Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The menus operated on a four week cycle. In all the units a choice of menu was offered. We saw the unit manager go to every person and go through the menu with them to identify their choices. One person who lived at the home said, "It doesn't matter if you don't like anything on the menu the cook will always make you something. Other comments about the food included, "The food is good you cannot knock it." Also, "I like the way they bake homemade cakes."

We found staff were aware of the dietary needs of people who lived at the home. For example one of the units had pureed meals for two people. Each ingredient had been blended separately so that the meal looked appetising on the plate. The cook said, "Always make sure the meals look appetising."

At lunch time we carried out our observations in the dining rooms of all the units. We found lunch was a relaxed social event with people talking amongst each other and with staff whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. Most people were able to eat independently and required no help from staff with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. During the day we observed regular drinks and snacks being given to people. One person who lived at the home said, "You can have a drink at any time of the day or night."

Nutritional risk assessments had been completed and people's weight had been monitored. This was to ensure any issues or concerns would be highlighted and action taken to ensure peoples health was maintained.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals such as dentists had been recorded. The records had documented the reason for the visit and what outcomes had been reached. This confirmed good communication links were in place for people to receive continuity with their healthcare requirements.

Is the service caring?

Our findings

We spoke with people who lived at the home and relatives/ visitors about how caring they thought the staff and management team were. Comments we received from people included, "The best place I have been and I have lived here for years. The sisters are lovely, the staff are kind and thoughtful and the management are caring people." Also, "Yes very kind staff the girls are so nice and caring." A relative said, "They look after [relative] with a passion. They are all kind and patient with everybody"

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They told us care plans gave them information about people who lived at the home, and they had got to know people well and develop relationships. For example the registered manager operated a 'keyworker' system. This system allocated staff for certain individuals who lived at the home and became more responsible for their needs and support. One staff member said, "Without a doubt the keyworker way helps build bridges and develop relationships." This meant staff knew the people they were caring for and had the knowledge and understanding of the support people needed and wished for.

The building was split into four units. We observed routines within the units were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounges. We observed the unit manager and staff members enquired about people's needs and welfare throughout the day of the inspection visit. We saw they responded promptly, for example, if people required any assistance or a drink when they asked for one. One person who lived at the home said, "The staff will do anything to help you, you only have to ask and they will get you a drink or something to eat. In my case help me to the loo."

We observed examples staff caring towards people during the day. For example one person was not feeling quite well. We witnessed a staff member sit and chat with their arm around them comforting them and asked if there was anything they wanted. The staff member stayed a few minutes with the person to ensure they were comfortable. We also noted the staff member repeatedly went back to check the person was alright.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. One person who lived at the home said, "They are respectful you have to say that." Another person said, "They do treat you like a person not an object. For me they are kind and respectful towards me."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

A feature of living at Christopher Grange was the importance of spiritual wellbeing of the people who lived there. A chapel was available within the building and people of all faiths and beliefs were invited to join in. One person said, "It is not just for Catholics we welcome everybody." A staff member said, "We have had

people from the Sikh religion join us for prayers and hymns."

We found documentation in care records contained information about people's daily routines and any health or social care appointments for the day. These records were up to date and contained information about the persons daily life support needs. For example they described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence people's care plans had been reviewed with them or their family. For example care plans we looked at were signed by the person or their representative.

Relatives visited the home during the day of our visit. The relatives/visitors we spoke with informed us they were welcomed any time of the day and were offered with a small fee refreshments from the local 'volunteer shop' within the building. Comments included, "They make us feel so welcome when we come and visit [relative]."

The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included 'healthwatch' who had recently visited the service. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs and treated people as individuals. For example one person who lived at the home said, "We do have four units with different staff, but if anything happens they sort it out right away. This is when you need a doctor or anyone else."

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each individual and family when required, identifying what support they needed. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them.

Care records we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans were person centred and developed around the individual who lived at the home.

We talked with people who lived at the home about social events and activities that went on at Christopher Grange. People who lived at the home told us they were encouraged to participate in a range of activities that were organised. Activities coordinators had been employed at the home. They had introduced a planned activity programme that was available for all the units. Everybody we spoke with were complimentary about the entertainment and activities provided. They all spoke highly of the activity coordinators. Comments included, "They work so hard to please people." Also, "There is a lot going on around the place to keep us entertained."

On the day of our visit a trip to a local village and pub had been arranged. They had a minibus available for trips so people could go out in the community. We spoke with one person who had returned from the excursion who said, "Great lovely to get out in the fresh air."

An activity programme had been developed and was displayed on the notice boards around the building every week. Events like a reading club, board games and bingo was arranged. One staff member said, "We don't always stick to it whatever the resident wants to do we try and accommodate."

Christopher Grange had its own Chapel within the building. A pastoral team of religious sisters lived on the site. They provided support and company for people who wanted pastoral support. Mass was conducted daily and everybody was welcome as well as people in the community. One staff member said, "Any person was welcome to the chapel."

Also for the use of people who lived at the home and visitors there was one area along the main corridor that was designated a 'market place'. Along here they had created a 'coffee shop' run by volunteers and enjoyed by everyone. During the day we observed families and people who lived at the home sitting in the café area having drinks and snacks. The volunteers told us people loved to come and have a drink and sit and talk with each other. A staff member said, "It is a great idea and the residents love the café." A person who lived

at the home said, "When my family visit we come and sit in the coffee shop and have a drink together. What a great idea this place is." In addition, there was an onsite beauty salon for hairdressing and on the day of the visit people were wondering in and out for a hair appointment. One person who lived at the home said, "It is a good place to come and meet people."

We found there was a complaints procedure on display in the reception area and in documentation given to people when they were admitted to Christopher Grange. The documentation described the investigation process and responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We spoke with people who lived at the home and relatives about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues. One person said, "I know the procedure and would speak with the management."

Is the service well-led?

Our findings

We found Christopher Grange was well led by the registered manager. This was evidenced by different people we spoke with. They included people who lived at the home, staff and relatives. One relative said, "A very good manager that is how I would describe her." A person who lived at the home said, "[Registered manager] is lovely and always makes time to chat with me."

We spoke with relatives about their experiences of the service and how the management team kept them informed of their relatives care. They told us staff and registered manager were good at providing any information and updates of their relative's care. One relative, "Always keeps us informed that is the way we like it."

The registered manager had a number of ways to seek the views of people who lived at the home, staff and relatives. For example managers and senior staff meetings were held on a regular basis. These meetings discussed the running of the home and any issues people may have. Following one meeting it was identified senior staff should ensure all care records were signed where possible by the individual who lived at the home or their relative. We found documented evidence this had been done at the meeting in November 2016. This showed any identified issues that were discussed had been addressed.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. One staff member said, "A very good manager who has the place organised."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. For example relatives had sent 'compliment' cards to each unit and they were displayed on the appropriate notice board. Comments included 'The organisation at Christopher Grange is excellent.' Also, 'The management and staff have looked after [relative] so well in such a well-run place.'

We spoke with relatives about their experiences of the management team. They told us they kept them informed of their relatives care. They told us staff and registered manager were good at providing any information and keeping them up to date with their relative's health needs.

The staff had daily handover meetings to discuss what had happened during the day and any issues oncoming staff should be aware of. One staff member said, "We need to know what has happened during the day. Or if there is anything for us to look out for. They are very useful."

Resident meetings had been held and at times the chef had joined them. As a result of these meetings menus had been changed at people's requests. One person who lived at the home said, "They are useful and the cooks have listened to us and changed things which makes everyone happy."

The registered manager had auditing systems to assess quality assurance and the maintenance of people's

wellbeing. We found regular audits had been completed by the registered manager. These included medication, care records and training. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. An example occurred when an audit of care plans identified not all had been assessed for moving and handling. The registered manager ensured this had been completed to ensure all people had an assessment to inform staff.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.