Catholic Blind Institute

Christopher Grange Rhona House

Inspection report

Youens Way
East Prescot Road
Liverpool
Merseyside
L14 2EW

Tel: 01512202525

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13 October 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 October 2016 and was unannounced. We last inspected the home on 18 December 2013 and found the provider was meeting the regulations we inspected at that time.

The home is registered to provide nursing and personal care to up to 28 older people, some of whom are living with dementia. At the time of our inspection 25 people were living at the home.

The home had a registered manager. 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.

The provider had breached the regulations relating to good governance and person centred care. Care plan audits had lapsed and some training had not been completed. Staff one to one supervisions were also overdue. Care plans were not personalised or detailed enough to describe the care people needed. Some people did not always have a positive lunch time experience.

You can see what action we have asked the provider to take at the back of the full version of this report.

People and family members told us they felt the home was a safe place to receive care. Care workers told us they felt the care they provided was safe.

Care workers had a good understanding of safeguarding and the provider's whistle blowing procedure. They also knew how to raise concerns. Care workers did not have any concerns about people's safety.

People confirmed there were sufficient staff on duty. They said if they needed assistance this was provided quickly.

Medicines were managed appropriately. People only received their medicines from trained and competent nurses. Medicines records were accurate and medicines were stored securely in a locked treatment room.

Recruitment checks including requesting references and Disclosure and Barring Service (DBS) checks had been completed to ensure new care workers were suitable to work at the home.

Incidents and accidents were logged and investigated. Where required action had been taken to help prevent the incident from happening again.

Regular health and safety checks were carried out, such as checks of the fire safety systems, water temperature, gas and electrical safety. Risk assessments were in place to help minimise potential risks to people's safety.

Procedures and guidance to help care workers deal with emergency situations were available.

Staff confirmed they felt well supported by the registered manager and their colleagues.

The provider was following the Mental Capacity Act (MCA) 2005 and had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority. Care workers had a good understanding of how to support people with decision making.

People were accessing external health care services when required, such as GPs, community nurses and other specialist services.

People had been involved in assessing their needs. Care records contained some information about people's preferences including any allergies, likes and dislikes they had.

People knew how to complain but told us they did not have any concerns about their care. Previous complaints had been logged, investigated and resolved.

People said there was a good atmosphere in the home. They also told us the registered manager was approachable if they needed to speak with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Effective recruitment checks had been completed to ensure new care workers were suitable.

Medicines were managed safely.

Care workers showed a good understanding of safeguarding and whistle blowing. They knew how to report concerns.

Health and safety checks were completed to help keep the home safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always have a pleasant lunch time experience.

Care workers felt well supported. Some training was not up to date.

The provider was following the requirements of the Mental Capacity Act.

People had input from external health care professionals as needed.

Is the service caring?

Good

The service was caring.

People said they received good care from kind and caring staff.

People were treated with dignity and respect.

People were able to make choices in accordance with their preferences met.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not detailed or personalised.

People's needs had been assessed.

There were opportunities for people to give their views.

People did not have any complaints about their care.

Is the service well-led?

Requires Improvement

The service was not always well led.

A complete record of the care people required was not always maintained.

The quality assurance system required further development as some areas of quality monitoring had lapsed.

People told us the registered manager was approachable.

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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 was planned to check 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 13 October 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local commissioners for the home.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five of the 25 people who used the service and five relatives. We also spoke with the registered manager, a nurse and two care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included the care records for three people, medicines records for 25 people and recruitment records for five care workers.

Good

Is the service safe?

Our findings

People confirmed they felt safe living at the home. Family members and care workers also said they felt the home was a safe place for people to receive care. One family member said, "Yes, I do think [my relative] is safe." One care worker told us, "I do feel they are safe. The manager will show us how to do things and explain why it is done that way."

Care workers demonstrated a good knowledge of safeguarding. They were aware of the various types of abuse, as well as potential warning signs and how to report concerns. Care workers told us they would report concerns straightaway. One care worker said, "Any issues the manager is the first to safeguard it." Previous safeguarding concerns had been referred to the local authority in line with the agreed procedure. Detailed reports of the safeguarding investigations carried out were available to view during our inspection.

Care workers told us the provider had a whistle blowing procedure. They went on to tell us they hadn't needed to use the procedure whilst working at the home. Care workers told us the registered manager encouraged feedback from staff. One care worker commented, "If you see something you go and discuss it with the manager. She would definitely get to the bottom of it straightaway." Another care worker said, "I have not used it [whistle blowing procedure]. They went on to say the registered manager would investigate any concerns. A third care worker told us, "[Registered manager] would be upset if we didn't raise anything."

Medicines records supported the safe administration of medicines. Only qualified nurses administered people's medicines. Records confirmed nurses had completed relevant training and their competency had been assessed as meeting the expected standards. Medicines administration records (MARs) were accurate to account for the medicines people had been given. Where medicines hadn't been given codes were used to confirm the reason, such as a person refusing or medicines not required. Medicines were stored securely in a locked treatment room. Additional checks and controls were maintained in respect of drugs liable to misuse (controlled drugs or CDs). Accurate records were kept to ensure medicines were stored at the correct temperature and for the receipt and return of unused medicines. One person said, "They are very good at giving you tablets. They give you tablets at the right time of day." We observed one nurse supporting one person to take their medicines. Although this took a long time, we saw the person was never rushed but patiently given the time they needed to have the medicines they required.

Where potential risks had been identified, a corresponding risk assessment was in place. Risk assessments had been done in relation to the environment and health and safety, as well as any personal risks to people. These had been reviewed to keep them up to date. One care worker told us, "We do risk assessments all of the time."

People told us there were sufficient care workers to meet their needs in a timely manner. They said staff responded to call for assistance quickly. One person said, "I just press my buzzer and they are there to help me out." Another person told us, "I have found them very quick. I have never found myself waiting [for assistance]." Care workers also confirmed there were usually enough staff. One care worker told us, "They

[staffing levels] are quite good."

Pre-employment checks had been completed to confirm new care workers were suitable to work with people using the service. These included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

There was an electronic system in place to log and investigate incidents and accidents. The system generated reports to allow any potential trends and patterns to be identified. We looked at the most recent report covering 2016. There had been no particular trends, with most being isolated incidences. The report showed there had been no significant injuries sustained to people using the service.

Regular health and safety checks of the home were carried out. For example, checks of the fire safety systems, water temperature and gas safety. These were up to date when we inspected the home. A range of risk assessments had been carried out, including a fire risk assessment and legionella risk assessment. Procedures were in place to ensure people were evacuated safely in an emergency situation.

Requires Improvement

Is the service effective?

Our findings

Prior to our inspection we received anonymous concerns relating to the care provided at the home. In particular concerns were highlighted in relation to people not having drinks available to them and a person losing weight. We observed people's care throughout the day of our inspection and carried out a specific lunch time observation. We found people did not always have the attention they needed to meet their personalised care needs. Some people who were independent with eating and drinking had to wait a long time before receiving something to eat. For example, one person waited for approximately 45 minutes whilst another person waited for over one hour.

People who required a blended diet did not receive a choice of meal on a lunch time. We saw people were not routinely told what their blended meal was. We also saw that when people asked what they were having care workers did not know. The menu on display stated the blended meal was sausage casserole but care workers told people they thought the meal looked more like chicken or pork. We overheard one person asking a care worker what they were having. The care worker replied, "It might be chicken or pork. What does it taste like?" When they checked with the kitchen later care workers found out the meal had in fact been chicken. One family member we spoke with later in the day commented, "We are not told what the blended food is."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the meals provided at the home. One person described them as "quite delicious". They went on to tell us, "You get a menu to choose from." Another person said, "The feed you reasonably well." A third person commented, "The food is great."

Where people required support with eating and drinking this was provided without any interruptions. People who were at risk of losing weight were monitored to ensure they had enough to eat and to check their weight was stable. Food and fluid monitoring charts we checked were accurate and up to date.

Care workers gave positive feedback about the support they received. One care worker commented, "If I have any concerns [registered manager] is always there to show us and help. If we are not doing it right she will explain to us how to do it right. I have never had a problem with support." Another care worker told us, "If I have a problem I go to the nurse or manager. Staff support is quite good. We have regular one to ones." A third care worker said, "We have a really good team of girls. I do feel supported. The manager is very good if I have a problem, even personal problems. I can approach her."

Care workers were supported to complete the essential training they needed for their role. We viewed training records which confirmed they had completed the training the provider had deemed as essential training, such as safeguarding, infection control and moving and assisting. New staff had completed an in-depth induction programme when they started their employment. One care worker said, "We do our training on a regular basis." Another care worker told us, "If I need any training it would be arranged."

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity the provider was following the requirements of the MCA. Not all DoLS authorisations had been approved due to a local delay in processing applications. However, this was outside of the provider's control.

Staff explained to us how they supported people who lacked capacity with decision making. They told us about various strategies they used to help people make as many of their own choices and decisions. One staff member said, "For lunch we decide what would suit them." They told us they had access to information about people's likes, dislikes and allergies to help them make these decisions. Another care worker described how one person liked to feel their clothes before making a choice of what to wear.

Staff understood the importance of obtaining consent before providing care. They confirmed they always asked people first and respected their decisions. One care worker told us, "We say would you like a little help today? If they say no we come back later."

People were supported to access health care in line with their needs. One family member said, "They usually say if the doctor has been or if [my relative] needs medication. We are kept informed about most things." Care records confirmed people had regular input from a range of health professionals, such as GPs, district nurses, dietitians and podiatrists.

Good

Is the service caring?

Our findings

Prior to our inspection we received anonymous concerns relating to the care provided at the home. In particular concerns were highlighted in relation to poor care, a lack of equipment for personal care, people's personal care needs not being met and rude nursing staff. We spoke with people and family members during our inspection and received only good feedback about the care provided at the home.

People had positive views about the care provided at the home. One person commented, "It is brilliant, it's well done. It's great." Another person said their care was "99% good." They then said. "I am perfectly alright. I can't think of anything that is wrong." A third person told us, "I think this place is reasonably good." A fourth person said, "It is wonderful, I love it here. They always make you feel better." One relative described the home as "spot on". Another family member said, "I am quite happy with how [my relative] is looked after." A third family member described the care as "excellent".

People and family members said care workers were kind and caring. One person said, "All the staff are very nice." Another person told us, "They are a good lot of carers." A third person commented, "The staff are pleasant." A fourth person told us, "They are all nice in this place. They are very helpful." One family member said, "The staff seem good, they do well. I think they are marvellous." We observed throughout our visit care workers were considerate and caring towards people at all times. When people were being supported this was done professionally with staff explaining what they were doing and giving people the time they needed without trying to rush them.

People were treated with dignity and respect. One person told us, "I have been treated great. [Care workers] knock on my door." Another person commented, "We all get on. I miss them when they are not there. They are very good with me." Care workers gave us examples of how they aimed to promote people's dignity and respect when providing care. These included keeping people covered, explaining what was happening and getting consent.

People were supported to be in control and make their own choices. One person told us, "They do everything I ask them to." Another person said, "I watch DVDs, I like to read and watch TV." One care worker told us, "People have choice in what to do, it is their choice." Care records contained a detailed 'life history' for each person.

Care workers aimed to promote people's independence as much as possible. One care worker commented, "We have to promote independence not take it away from them. If someone can wash their own face, let them do it." Another care worker told us, "I give [person] a facecloth so they can wash their own face."

Five beds in the home were designated as specifically for people receiving palliative care. People receiving palliative care had specific weekly input from a designated GP who visited twice a week to check on their care and advise on symptom control. Care records showed people, and where appropriate, family members had been involved is discussing future care needs and preferences.

Requires Improvement

Is the service responsive?

Our findings

Care plans were not always detailed enough to reflect people's current needs or describe the personalised care they needed. For example, medicines care plans were identical for each person regardless of what their actual needs were. The care plan consisted of a number of pre-printed general statements with a space to hand write the person's name onto the plan. Some care plans were specific to the person but tended to consist of brief statements. For instance, one person's care plan about maintaining their safety stated 'staff to anticipate my needs and act accordingly to maintain my safety'. The plan did not go on to describe the input required from care workers to keep the person safe. This meant there was a risk people may receive inappropriate care as care plans lacked sufficient information to guide staff about the personalised care people needed.

The registered manager told us they were aware care plans required further development. They went on to tell us this work had commenced and approximately seven care plans had been completed. We viewed an updated care plan which did contain more guidance for staff. However, it still required further development to include information about people's care preferences. For example, the care plan stated 'staff to initiate conversation with me.' The care plan did not provide any prompts for staff about the person interests so that they could be engaged in meaningful conversation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed both before and shortly after they were admitted to the home. The assessment covered a range of areas, such as eating, drinking and mobility. Care records included information about people's preferences. For instance, each person had a document called 'This is me'. This gave information about people's life histories such as their preferred name, details of people who knew them best, their interests and preferred routines. For example, whether they preferred to have a bath and how often and the time they preferred to go to bed. Care workers said people were involved in the assessment of their needs. One care worker told us, "We work alongside patients and families. We ask families to complete 'This is me'. We ask families about likes and dislikes

People had opportunities to take part in activities. One person said, "They have two activity staff. I visit [another unit in the home] to do crosswords. There is a social once a month." Care workers confirmed people were able to take part in activities, such as sing songs and games.

There were regular opportunities for people to discuss their care. Monthly meetings took place between people and care workers. Records were kept of these discussions which showed people had discussed areas such as the home's complaints procedure, activities, health and to check whether they were treated with dignity. Records we viewed showed people had confirmed to care workers they felt they were treated with dignity.

People and family members were consulted about the care provided at the home. We viewed the feedback

from 26 people and family members received during the most recent consultation. The vast majority of the feedback was positive. Specific comments made about the care provided included: 'skilled professional care'; I am very satisfied with the level of care and courtesy shown to ma at all times; and, 'I can only praise all members of staff'. Where minor niggles were identified these were usually related to the laundry provision, meals or activities. Four health professionals had also completed questionnaires and gave good feedback about the level of care provided.

People told us they did not have any complaints or concerns about their care. They also knew how to report any concerns they had. One person said, "I have no complaints. If there was something I couldn't deal with I would report it." Another person told us, "I have nothing to complain about. It is marvellous. I haven't got a fault at all." Records were available to confirm previous complaints had been investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

We found some areas we checked during the inspection were not up to date. Although staff felt really well supported and could approach their line manager anytime, the supervision matrix for the home showed formal one to one supervision had lapsed. We also found meetings for care staff had lapsed recently.

The provider had not been proactive in ensuring care workers had completed some training pertinent to the needs of people using the service. For example, a significant number of people were living with dementia. However, training records showed that none of the six nurses and only five out of 19 care workers had completed dementia awareness training. Five beds in the home were used for people receiving palliative care. Training records showed only one nurse and five care workers had completed training in end of life care.

Care records did not accurately reflect the care people needed from care workers. The registered manager acknowledged during the inspection that the home had been through a difficult time with staff retention recently. There had been a reliance on regular agency staff to complete some people's care plans. There was now an established staff team in place which meant progress was being made to improve the quality of care planning. The registered manager told us work to improve the quality of care plans was being prioritised first. Care plan audits were overdue and had not completed since July.

This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some regular quality checks in place, such as an equipment audit, checks of specialist beds and equipment and a medicines audit. These were up to date when we inspected and had been successful in identifying and rectifying some issues. For example, minor gaps in signatures on MARs'. Monthly provider visits had not been carried out since 2014. However, the registered manager submitted monthly checklist to the Director of Services was also based within Christopher Grange and available on a day to day basis. There were also monthly meetings with the Director of Services and the registered manager to discuss a range of quality issues.

Prior to our inspection we received anonymous general concerns relating to the care provided at the home. In particular concerns were highlighted that the manager was too busy and unsympathetic. We spoke with people and family members about leadership within the home and the approach the registered manager adopted. We received only positive feedback about the registered manager. One person told us, "[Registered manager] is very nice." Another person commented, "[Registered manager] is nice. She comes around." One family member said, "We see [registered manager] a lot. She is very approachable."

Care workers also confirmed the registered manager was approachable. One care worker commented, "It is really well run. [Registered manager] does a good job." Another care worker told us, "I have always found [registered manager] very obliging and helpful. I can just knock on her door. She is always round checking, she knows everything that is going on." The registered manager had submitted statutory notifications when

required.

Care workers told us there was a good atmosphere in the home. One care worker told us, "The atmosphere is good, we all have a good laugh." Another care worker said the atmosphere was "quite good".

Staff had opportunities to give their views about the home. One care worker commented, "We have good attendance at team meetings. If we have a concern we will voice it." Another care worker told us, "Suggestions get taken on board."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not always designed in such a way as to meet their needs and reflect their preferences. Regulation 9(1) and 9(3)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to assess, monitor and improve the quality of the services required further development to ensure they were consistently effective. Regulation 17(2)(a)