Liverpool City Council

Granby Care Home

Inspection report

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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 unannounced inspection of Granby Care Home took place on 6 November 2017.

Granby Care Home is owned and managed by Liverpool City Council and it is situated in the Toxteth area of Liverpool. The service currently provides up to 30 places for people who are in need of short term care and support. This is often referred to as re-ablement support. There is also an office on site which is registered to provide 'personal care' to people once they are discharged from Granby into their own homes for a temporary time period. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were 13 people staying at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

There were systems and processes in place to ensure people were protected from abuse. This included ongoing training for the staff and information displayed around the home directing people to the appropriate agencies to report actual or potential abuse. Our examination of previous safeguarding records indicated that concerns were investigated and recommendations were adapted into the service to ensure improvements were made. Risk assessments were informative and updated regularly with input from the Occupational Therapists who were based in the home.
Suitable numbers of staff were on duty to support people with their individual requirements. Staff were recruited safely. Medication was stored safely and only administered by staff who had been trained to undertake this task. The home was clean and odour free, and there were provisions for hand sanitizer on the walls.

Staff had the correct training to enable them to support people safely. Staff engaged in regular supervision with their line managers, and had annual appraisals. The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought in line with people's best interests. People's mental health needs were assessed appropriately, and people were treated with equality and diversity which was evidenced in the outcomes of their support.
Food was to cooked and served to a good standard, people commented positively regarding the food.

There was evidence of partnership working which took place during 'huddles' when people's individual needs were discussed with input from social workers, Occupational Therapists and community outreach teams.

People were treated with respect and kindness and spoke positively about the caring nature of the staff.

People were encouraged to express their views about Granby by completing 'exit surveys' and being involved with their care and support plan. The main objective of the service provided at Granby was to help people to gain independence to enable them to move back to their own homes after a period of support. People confirmed they were supported by staff to become more independent.

Each person's care plan was individualised to take into account what support they needed to become more independent. There was no specific criteria for this, and we saw it largely depended on the needs and wishes of the person themselves.

There was a complaints process in place which we were able to view as part of our inspection. There were no on-going complaints and there had been no complaints since our last inspection.

Staff undertook training to enable them to respectfully care for someone who was at the end of their life, however most people who were admitted to Granby were hospital discharges who required some intermediate support before being discharged home. The registered manager informed us that if someone's health did decline during their admission their wishes would be respected and provisions would be made to support them.

The registered manager was clearly well known amongst the staff and was a part of the daily meetings (huddles). Achieving good outcomes, person centred care and increasing independence was at the forefront of service provision. The registered manager regularly delegated tasks to the team, and each member of staff knew what was expected of them. People were asked their opinions of the service provided at Granby and this information was used to address any concerns or to make positive changes. The registered manager was aware of their roles and responsibilities.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Granby Care Home

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.

The inspection took place on 6 November 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has expertise in a particular area.

Before our inspection visit, we reviewed the information we held about Granby Care Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. Due to technical problems, on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke to eight people living at the home, and one visitor. We also spoke to the registered manager of the home, five staff and the chef. We looked at the care plans for three people and the recruitment files for three staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

We received positive comments about the home and people said they felt safe. Comments included, "I was frightened of falling but I have a frame walker to help me and the staff are always watching to see that I am okay", "I've been here four weeks my foot is in plaster and I couldn't put my foot down and I am on my own at home so they are looking after me". "The staff are marvellous and the place is kept well clean it's spotless", "I use the buzzer to go to the toilet or to come and go from my room and they respond pretty quickly day or night." "They (staff) do help me with my medicine and I always get it on time" and "If I need to press the buzzer they come in good time that's not a problem"

People had risk assessments in place which identified how much support they needed to remain safe while they were staying at the home. We saw how the registered manager used the information provided from the hospitals, before the person came to stay at the home (the pre admission assessment stage). For example, we saw a risk assessment for a person who had fallen at home, sustained an injury and required equipment to safely mobilise. We saw risk assessments had been completed on the type of equipment needed, and this was completed in conjunction with the on-site Occupational Therapist.

Staff told us there was always enough of them on shift to be able to help people when they needed it and they were never rushed or under pressure. People who were staying at the home told us there was always staff available when they needed something.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to. We saw that the recruitment and selection of staff remained safe, as there had been no new staff appointed since our last inspection, and Disclose and Baring Service [DBS] checks continued to completed on all staff who worked at the home. This information was sent to us after our inspection, as we found some potential DBS certificates during our visit to the home which had not been renewed in accordance with the services procedures. However, this was an oversight and all DBS checks had been undertaken as required.

We saw from past safeguarding outcomes which had been investigated by the provider that recommendations from these investigations were implemented to improve the service provided to people. For example, we saw additional training had been identified for the staff team and arranged.

Medication was well managed. Medication was only administered by senior staff who had undergone specific training which included annual assessments of their competency. We spent time with the senior member of staff and checked the medication. We saw that the medication was stored in a temperature controlled trolley. The temperature of this trolley was recorded twice daily to ensure temperatures were within the correct range. Storing medications at inappropriate temperatures could affect their ability to work. We viewed some of the MAR (Medication Administration Records) charts for people and saw that they were filled out correctly. We spot checked the medications for two people and saw that the balances of the stock corresponded to what was recorded on the MAR chart.

We checked the procedure for controlled drugs, (CD's). These are medications with additional safeguards placed on them. We saw the procedure for administered controlled drugs was in line with the provider's policy and national guidance.

The home was clean and odour free and there were provisions for hand sanitizer on the walls. Sluice rooms were kept locked when not in use, and staff wore personal protective equipment (PPE) when supporting people with personal care.

Good

Is the service effective?

Our findings

People told us that they were surrounded by suitably trained staff. One person told us, "I think they are trained they know how to use the equipment and there are Physios, Occupational Therapists , Nurses and Doctors all on site if I need them."

Records showed that staff were up to date with the providers training programme. Staff were trained in a range of topics including safeguarding, first aid, moving and handling, MCA, and medication administration for senior staff. Our discussions with staff indicated that they were regularly required to attend training refreshers. Staff told us, and records showed that supervisions took place regularly, and staff received an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood the need for DoLS to be in place and when an application should be made and how to submit one. There were no DoLS currently in place at the home. We saw that consent was sought from each person in accordance with the principles of the MCA and this was documented in their care plans.

Each person's individual needs were assessed at the time they were admitted into the home. This involved ensuring that each person's discharges from Granby to their own homes in the community were planned carefully stage by stage. We saw this was a seamless process, which involved the Occupational Therapists, social workers and staff at Granby communicating daily to discuss each person's progress with daily living skills. There was also discussions around which equipment people would need when they were at home, we saw that equipment was ordered and dealt with for the person before they returned home to make the transition as smooth as possible.

People told us they had access to healthcare when they required it. One person said, "All the medical staff are based here and I get a lift to the hospital and when I come back I get all the attention I need."

People spoke positively regarding the food. We ate lunch with people and found the food was appetising and well presented. People confirmed they had a choice of what food they would like. Our discussions with the chef showed that different cultural diets were catered for.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and they treated them with kindness. Comments included, "They are very good and kind." "They treat me very well, I boss them about but they look after me and I have no grounds for complaint." "I like it here." Also, "The staff are very kind."

People told us that their privacy and dignity was respected. One person said, "They encourage me to walk and I try to wash and dress myself as best I can but they are there to help if needed." Someone else said, "I am not embarrassed or worried. They all help me." Also "They are very good when they are helping and show me respect and ask before they do anything."

People told us that the staff spoke to them about their individual needs and what they wanted from their support. One person said, "They always ask what I need help with." We saw from looking at people's care plans that they were fully involved in their own 'recovery' process, and each person was consulted with daily with regards to the progress they had made, and what further support they still required.

Staff we spoke with told us how they ensured they protected people's dignity and choices. One member of staff said, "It's important to remember why we are here. It is to support people so they can gain their independence back." Another staff member said, "I always make sure I close the blinds and curtains just in case there is anyone walking past the window."

Our conversations with people indicated that visitors were free to come to the home and see their family member when they wanted, and there was space in the home for people to visit in comfort either in the person's room, or in the communal areas.

There was advocacy information available for people who wished to make use of this facility. This information was displayed in communal areas where it was easily accessible for people.

Good

Is the service responsive?

Our findings

People told us they received a personalised service at Granby Care Home which fully took their needs and wishes into consideration. One person said, "They keep me informed all the time. The doctor has told me I will only leave here when I can walk properly and when I go home they are organising two carers to help me." Someone else said, "They [staff] encourage me to walk."

Care plans we viewed were basic in their presentation, due to the service not being a long term placement for most people. However, despite this, we saw there was a reasonable amount of information documented about each person, their likes, dislikes and routines. Mostly, we saw that care plans had been drawn up with involvement from Occupational Therapists, social workers and District Nurses. Care plans reflected how to support the person to achieve independence before being discharged to live at home. We saw one person's care plan had a moving and handling assessment in place, due to the person being at high risk of falls. The outcome of the assessment was to 'ensure person feels confident when transferring to limit risk of falls when at home.' There was a clear process in place for the staff to follow with regards to this, such as constantly reassuring the person, and asking them how they felt after each transfer to help them build their confidence.

We saw that people had access to a kitchen and were regularly encouraged by staff to make their own meals and snacks. This was encouraged daily for each person who wanted to return home to enable the service to access what people could do for themselves and what tasks they required support with.

People told us there were activities they could get involved with, such as games and films; however most people engaged in the daily exercise programmes to help aid their recovery. One person said, "I like to read, watch TV, put a DVD on and I'm keen on doing Sudoku it keeps my brain active." Also, "I enjoy the exercise they do to music with us in a morning." "They have a film on the big TV sometimes and there is Bingo now and again not much else but I'm happy here."

There was a process in place to respond and deal with complaints. This was displayed in the communal areas of the home. People we spoke with told us the process they would follow if they wished to make a complaint. We saw that there had been no complaints raised since our last inspection. The complaints policy contained details of who people should contact if they wished to complain, including the Local Authority and the Local Government Ombudsman.

We saw that even though there had been no complaints raised, there was still evidence that the service was listening to feedback and making positive changes in service provision. For example, we saw that exit surveys were issued to people when they were discharged from Granby, and they were asked for their suggestions to further improve the service. Some of these suggestions had been acted on.

Granby is designed as a step down service for people who were ready to be discharged from hospital, but not ready to return to their home address. Therefore, the amount of expected deaths in Granby was low. We did see however, that staff were trained in 'dignity and dying' and the registered manager explained that on

occasion people had not been well enough to return home and had chosen to stay at Granby. The decision was respected and the person was supported with input from District Nurses and the wider staff team.

Good

Is the service well-led?

Our findings

There was registered manager in post. 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 culture of the home was friendly and relaxed, and people commented positively about the service, some comments received included, "I can't complain about my stay here they are very good indeed it is much better than a care home. I've had no problems whilst I've been here." The staff we spoke with all agreed that the atmosphere was relaxed and person centred. One staff member said, "You feel like you are making a difference, and there is always something to work towards, because ultimately, people want to go to their own homes."

Staff told us they felt listened to, part of the team and important. They also said the registered manager was fair and approachable if they felt they needed to raise any concerns.

Due to the service providing a step down support system for people who had been discharged from hospital, we were able to see evidence of the service working in conjunction with different service providers. For example, if someone had a care package from a different care agency the service would contact the agency to inform them the person would be going home and what would need to be there. We saw a daily 'huddle' took place. This was where the senior support staff, Occupational Therapists and social workers all met to talk about each person's progression and what still needed to be in place before they could be safely discharged.

The home had policies and guidance for staff regarding safeguarding and whistle blowing, there was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their responsibilities in relation to them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

The 'exit surveys' captured people's feedback about the care they received while they were staying at Granby Care Home. All of the feedback we viewed from 2016/2017 was mostly positive.

The registered manager was able to evidence a series of quality assurance processes and audits carried out internally. For example we saw a health and safety audit of the building and medication audits. We saw that action plans were formulated and assigned to senior staff for completion. We looked at how accidents and incidents were recorded, and could see they were documented clearly and had been analysed in depth for any emerging patterns or trends. This demonstrated how the registered manager understood the

importance of quality assurance systems as a way of performance monitoring and to drive continuous improvement.

The ratings were displayed from the last inspection as required by law.