

# 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 |  |

### Overall summary

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, and to provide a rating for the service under the Care Act 2014. There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. This was an unannounced inspection.

Granby House provides short term intermediate care and accommodation for up to 30 people over the age of 18 who require short term re-ablement and rehabilitation. Re-ablement is when a person requires support to become more independent when following an injury or illness. In addition, a service can also be provided to people on their return to their own home for a short time if required. Both services delivered at Granby House support people to maintain living in their own home within the community. Access to the services of Granby

# Summary of findings

House is by referral from local acute hospitals and directly from community services. The service is provided by Liverpool City Council and funded by local health services.

Staff working at the service understood the needs of the people they supported and we saw that care and support was provided in a respectful caring manner. People who used the service and their relatives told us they were happy with the care delivered.

The service provided a safe, clean and pleasant environment for people to receive the re-ablement they required. Systems were in place to ensure that people's care and re-ablement support needs were assessed and monitored on a regular basis.

Regular visits from the local GP service and other healthcare professionals helped ensure that people's health and support needs were assessed and met in order for people to return to their own homes.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 31 May 2013.

We last inspected the service on 31 May 2013 and the service was compliant with the outcome we assessed at that time. No Deprivation of Liberty safeguards authorisation had been applied for by the service and no decisions under the Mental Capacity Act had been made for people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe. Staff we spoke with knew how to keep people who used the service safe. They were able to tell us the correct procedures they would follow if they suspected or thought someone was being abused.

People's needs in relation to their care and re-ablement were planned and delivered with the support of health care professionals who visited the service on a regular basis. Individual risks to people were considered and appropriate plans were put in place to minimise any risks from harm.

Staffing levels were based on the needs of people who used the service which enabled people to receive the support they required.

Procedures were in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards authorisations, however, none of these had been applied for or implemented on behalf of people who used the service.

Good



### Is the service effective?

The service was effective. We saw that people who used the service and their relatives were involved in the planning of care and re-ablement and were asked about their preferences and choices. People's needs and wishes in relation to their culture and religion were considered when planning their care which resulted in people receiving an effective service. This ensured their chosen lifestyle was uninterrupted whilst they used the service.

People received regular support from local health care professionals who provided specialist support in order for people to return to their own homes.

Good



### Is the service caring?

The service was caring. We saw that staff were kind and supportive to people who used the service and their relatives. Staff supported people with empathy and in a manner that respected their privacy and dignity.

We observed staff communicating with people in their preferred language and staff demonstrated an awareness of people's lifestyle choices and supported people to participate in activities within the service to promote their physical and psychological health.

Good



### Is the service responsive?

The service was responsive. There was a clear process for the service to manage referrals from the local hospital and community services which enabled people to access the service quickly.

Staff communicated with other health care professionals to ensure that people who used the service received the care and support they required both whilst using the service and on their return to their own home.

Good



# Summary of findings

Some refurbishment of the environment had taken place and further work as scheduled to further enhance the environment to meet the needs of people from the local community requiring the support from the service. This shows that the needs of the local community who would use the service were being considered in the development of the service for the future.

## Is the service well-led?

The service was well-led. An effective system was in place to ensure that sufficient staff were on duty at all times to meet the needs of the people who used the service. Staff told us that they felt well supported and that they had access at all times to the manager for advice and support.

Systems were in place to ensure that the environment and equipment within the service was safe for people who used the service, staff and visitors. Staff were fully aware of their role and the purpose of the services delivered from Granby Care Home. The views of people who used the service and their relatives were sought and when needed action was taken.

**Good**



# Granby Care Home

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' section sections of this report.

We inspected Granby House on 15 & 16 July 2014. This was an unannounced inspection which meant that the staff and provider did not know we would be visiting.

The inspection was lead by an adult social care inspector who was accompanied by an expert by experience. The expert by experience had experience in working with older and vulnerable people.

The provider sent us a pre-inspection information pack before the inspection which we used to prepare for 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 also considered all of the information we had regarding the service and what they had told us since we last inspected the service.

During our inspection we observed how staff interacted with people, their relatives and visiting healthcare professionals. We looked at how people were supported during their lunch and evening meal and we looked at what therapeutic activities people participated in. We also reviewed a range of records for the people who used the service and how the home was managed.

We spoke with 16 people and the relatives of two people who were using or had recently used the service. In addition, we spoke with four people and the relative of one person who had recently stayed at the home for a period of rehabilitation. We also spoke with seven members of staff on duty, a visiting GP, a physiotherapist and community based consultant for older people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection no DoLS had been applied for or were in place for the people using the service. The manager demonstrated a good awareness of the Mental Capacity Act and staff were aware of working within people's best interest.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. Their comments included “I feel safe”, “Always someone to talk to. You could confide in any of them’ and “I feel safe and well looked after.” A healthcare professional involved with the service told us that they felt people were safe at the home. Another healthcare professional told us the service was “Very safe” and “I have no concerns, they understand their role and are clear what support they can offer.” They told us that the service was “Quick at picking up issues and problems are dealt with.”

Risks to people who used the service were appropriately assessed and planned for. For example, prior to a person being admitted from hospital for re-ablement the hospital completed a summary of the person’s nursing needs, risk of falls, skin care and mental health. Care planning documents demonstrated that once a person was admitted to the home a generic risk assessment was completed. This document gave staff the opportunity to identify and minimise risk to people in relation to manual handling, skin integrity and people managing their own medication. In addition, we saw that if required additional risk assessments had been completed when a specific risk to a person had been identified. For example, people’s care planning documentation demonstrated that risk assessments had been completed in relation to diet and fluid intake and smoking.

We spoke with the registered manager about how they decided on the number of staff that needed to be on duty to support people. The registered manager demonstrated a clear approach to the number of staff on duty within the home and the number of staff supporting people within their own home in the community. Staffing levels were based on the needs of the people being supported and therefore there was flexibility in relation to what area of the service they worked in. The numbers of staff required changed on a day to day basis. Within the past 12 months they had admitted 420 people for short term re-ablement and rehabilitation. All of the people who used or had used the service that we spoke with told us that there were always sufficient staff on duty to meet their needs. During our visit we observed the call bell systems ringing for short periods of time only. People told us that they never had to wait very long for staff to respond to their requests.

The provider, Liverpool City Council had a clear policy and procedure in relation to safeguarding vulnerable people. We saw that a copy of this procedure was available within the home. We spoke with seven staff and the manager of the service. Staff supporting people with their personal care and support needs demonstrated a good awareness of what actions and practices would constitute abuse and what they would do if they felt that a person was at risk from harm.

No new staff had been recruited for the service since we last visited. In the event of recruitment taking place a clear procedure was available to ensure that staff were recruited safely. For example, all potential staff were required to completed an application form, attend a formal interview, references and a disclosure and barring service check would be undertaken to confirm the applicant was suitable to work with vulnerable people. Staff spoken with confirmed that checks on their fitness for their role had been carried out when they had began their employment.

The home was on ground level, spacious with all bedrooms having en-suite facilities. Equipment was available to support people’s mobility. For example, hoists were situated in people’s bedrooms and bathrooms, practice walking bars and practice stairs were available for people to improve their mobility. We observed that equipment in use was clean and that regular monitoring of the equipment took place. Staff told us that all equipment is thoroughly cleaned to ensure that it was safe for use. A designated maintenance person was available from Liverpool City Council to assess and carry out any repairs required around the building.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection no DoLS had been applied for or were in place for the people using the service as applications had not been required. The registered manager demonstrated a good awareness of the Mental Capacity Act and staff were aware of working within people’s best interest.

Staff told us that they were confident that the management of the service would listen to any concerns they may have and appropriate action would be taken to protect people from harm. We looked at training information that

## Is the service safe?

demonstrated that all staff had completed safeguarding vulnerable adults training several years ago. The registered manager told us that they were in the process of arranging further updated safeguarding training for the staff.

# Is the service effective?

## Our findings

People's care and support needs were reviewed on a regular basis to ensure that any changes to people's needs and wishes were planned for during their time at the home and when being supported in their own home.

The service ensures that people's needs and wishes were sought when they were admitted to the home which helped ensure that people received the support they required during their stay. For example, people's life choices in relation to their first language, preferred name, ethnicity, religion and culture were sought to ensure that people's chosen lifestyle was supported by the staff team.

Information was readily available about the services provided by Granby House. The statement of purpose for the service clearly stated the purpose of the services provided. Effective systems were in place to ensure that people's admittance into the service was swift and timely to ensure that their plan of care and re-ablement commenced as soon as possible.

One person who had stayed at the home for a number of weeks and then received care from the service in their own home told us "When they came they respected me and I couldn't fault them, giving personal care they informed me what they were doing." They told us that they had good care and cannot fault them at all.

The service was effective in how it met people's dietary needs and wishes. Assessments and arrangements were in place in the event of a person requiring specific help with their dietary needs. People's weight was monitored on a regular basis to ensure that any changes could be made to their dietary intake and medical assistance sought if required. In the event of a person requiring a dietary assessment or advice the home has the facility of requesting an appointment with the relevant health care professional directly.

During mealtimes we observed that a sufficient number of staff were available to support people to eat their meals. We saw staff sitting with people enabling and offering encouragement for people to eat their meal. The number of staff available to support people meant that people were not rushed during their meal.

People who used the service told us that the food was very good and they got a choice of what to eat at mealtimes.

We observed people receiving different meals of their choice. We saw that one person had chosen a vegetarian meal and the cook had prepared a Cantonese meal for another person. We spoke with the cook on duty who demonstrated a good awareness of the needs of the people they were cooking for. They told us that they speak to all of the people to find out what they like and that vegetarian, diabetic and gluten free meals were always available to people. In order to support people's cultures halal meat was purchased from the local butcher and kosher meals were purchased locally to ensure that people received the diet of their choice.

One person who had recently used the service told us "The food is very good but they offered me too much to eat at times" and "The staff always cut up my food, I never had to wait." We sat with people during their lunchtime meal. We observed that staff were attentive to people and ensured that people had the appropriate utensils for them to enjoy their meal. For example, we saw one member of staff sat supporting a person who used the service in identifying the most comfortable fork and spoon to use with their meal. This demonstrated that the service was effective in enabling people with their independence. The relative of one person who had recently used the service told us that during the initial assessment their relative had told staff that they liked to eat a specific food for breakfast. As a result, staff always ensured that this food was available.

People had daily access to physiotherapists and occupational therapists as part of their re-ablement programme. We saw that people's care planning documentation detailed what support the person required following assessment by healthcare professionals. As part of people re-ablement staff carried out individualised planned activities, for example, walking practice and practising using the stairs. We observed both staff and physiotherapists working with people to improve their confidence in mobilising independently around the home. Multi-agency meetings took place on a weekly basis to review the care and support people required. These meetings enabled staff from their home, physiotherapists, district nurses, social workers, GP and other healthcare professionals to share their knowledge and plan people's discharge back to their own home within the community. One healthcare professional told us that these meetings "Run very well."



## Is the service effective?

In addition to people carrying out their support plans with staff an exercise session took place every morning in a communal lounge. We saw that people enjoyed this session and people told us, “The exercises are great fun, at first I didn’t want to get involved but the staff helped me, I love it now.” Two people who had recently used the service told us “We had a great time doing the exercises” and “It helps you get fit.” Following the daily exercise session a quiz often took place. Craft and dancing sessions took place in the afternoons which were led by the staff team.

The home had access to the services of a local GP surgery. A GP visited the surgery three days a week. In order to support people’s choices whenever possible the GP visits included both male and female GP’s during the week. People who use the service told us that they could always ask to see a doctor if they felt unwell and the staff would arrange an appointment. One person who had recently used the service told us “I saw a doctor weekly and they got the doctor in immediately when I needed one, no hold up at all.”

We spoke with visiting healthcare professionals involved with the service. All stated that they felt the service was effective in enabling people to return to their homes to live independently. One healthcare professional told us “Staff

know what the re-ablement role is and they go above and beyond.” They told us “It works well. Less than 15% of people who use the service are readmitted to hospital, this is well above the national average.”

Information supplied by the provider prior to our visit demonstrated that all staff had completed a National Vocational Qualification level two or above in relation to their role. Staff told us that they thought they had the skills and support to carry out their role. Training information identified that not all staff had received regular training for their role. For example, under 50% of staff were recorded as having received health and safety training. In addition, we saw that some of the recorded training had taken place sometime ago. For example, several members of staff had last received fire awareness training in 2009. We saw no evidence that a lack of up to date training had a negative impact on the service that was being provided to people, however, up to date training for staff helps ensure that people are supported by a staff team that are aware of current safe and best practice. The registered manager told us that they were in the process of arranging further training for the staff.

Staff were keen to share the outcomes of their work with people and were proud of the role they did. One member of staff told us “when you see results for people you know you’ve done your job properly.”

# Is the service caring?

## Our findings

People who used the service told us that they were happy with the care they had received. People's comments included "They are awful helpful, night and day"; "My family were very happy with the service I received"; "Very good and caring, they always made sure my feet were raised"; "The service is absolutely perfect, we are safe, respected and very much happy" and "Staff are excellent. You only need to ask once, staff are caring, you can see yourself."

A relative of a person using the service told us "The service is absolutely first class, and they are every time they are required. Not only myself but guests are offered tea, can't praise the service enough. My wife gets what service she wants such as bathing or showering. Her privacy and dignity are maintained and both of us feel safe."

Staff supported the people who used the service in a caring manner. For example, we observed people being supported to mobilise around the building in an unrushed manner with staff giving assurances when people needed it. Staff were able to tell us about how they cared for people and demonstrated a good awareness of people's likes and dislikes. It was evident from conversations heard and observations that positive relationships had been formed between people who used the service and the staff team.

Two staff were observed communicating with a person in their preferred language to ensure that their care needs were being met.

We observed staff treating people who used the service and their relatives with dignity and respect. For example, we saw staff speaking to people in a respectful manner and ensured that when delivering personal care, bedroom and bathroom doors remained closed. We saw staff knocking on people's bedroom doors and wait for a response prior to opening the door. Staff were clear that their role included ensuring that people's dignity was maintained. For example, one staff member told us that they always ensured that people's personal hygiene needs were met and that they "Make sure people are dressed nicely and their hair is how they want it."

Staff told us that they were proud of the support they offered to people who use the service. They gave us some examples of the support they had offered to the people they were caring for. For example, they told us of one person whose house required attention prior to them moving back home. Staff arranged with the council for work to be carried out to ensure the house was suitable for the person to move back into.

Visitors told us that they were able to visit throughout the day with the exception of visiting at mealtimes. The service had introduced protected mealtimes to enable people to eat their meals without interruption and to enable people to receive support and encouragement from the staff team. We observed that most of the time staff were engaged with supporting and conversing with people who used the service. Staff were seen to be busy but willingly went to help and reassure them with a smile.

# Is the service responsive?

## Our findings

The home had a clear process for responding to referrals from hospitals and community services regarding for people who required short term re-ablement care and support. We observed staff arranging for people to be admitted to the service. Staff explained that when a referral was received they worked to establish the person's assessed needs and a decision is made within a two hour timeframe as to whether the service would be able to meet the person's needs. Once a decision has been made that the service is able to meet the person's needs, transport is arranged. People are not admitted to the service after 9pm in the evening to ensure that sufficient time is available to ensure people are able to be admitted in an unrushed manner. One person who used the service told us that they had found it initially difficult to settle due to anxiety, but with the support of staff they felt more comfortable.

Care records contained up to date care plans that were personal to each individual. The plans contained information in relation to people's likes, dislikes and lifestyle preferences. People who used the service told us that the service met their needs. Their comments included "You always have a choice, staff are excellent, you only need to ask once" and "You can ask for anything, they really are getting me better."

New care planning documentation was being introduced into the service. The introduction of the new documentation was to ensure that all appropriate information and recording tools were in place. This demonstrated that the provider had recognised that some changes were needed in what information was recorded and how they recorded it to help ensure that people received the care and support they required at all times.

People who use the service told us that staff spent time with them when they were admitted to the home to gather information about their likes and dislikes, preferences for personal care and support.

Opportunities were available to safely maintain their chosen faith and religion. The home had a multi-cultural prayer room that was available for people to use at any time. Situated in a multi-cultural area of the city the manager explained that relationships had been forged

within the local community which enabled people to safely maintain their faith during their stay at the home. An example of this was that people of the Muslim faith were supported by people from the local mosque to attend services and prayers when they wished.

People were encouraged by staff to participate in activities within the service to promote their physical and psychological health. People who used the service told us that the daily exercise class and quiz helped them regain their confidence following their time spent in hospital.

We saw that people were offered choices throughout the day. For example, we saw people being offered a choice of when they wished to carry out their exercise plan, whether they wished to sit in one of the communal lounges or in one of the outside seating areas and choices around meals.

People's healthcare needs were monitored by regular visits from the GP service. When a need for a referral was identified for specific health needs the service was able to make direct referrals to community healthcare practitioners, for example, if a person required the services of a district nurse staff were able to liaise directly with the district nursing team. This meant that people received services promptly which promoted their recovery.

A complaints procedure was readily available around the service. We saw that the manager was dealing with one complaint. We saw that the manager was dealing with the complaint in line with Liverpool City Council's complaints procedure. People told us that if they needed to make a complaint they would approach any member of staff and they felt they would be listened to. People who we spoke to told us that they had never needed to make a complaint about the service.

Some refurbishment of the building had taken place. Further refurbishment was planned to meet the changing needs of people living locally to the service who may require enablement services in the future. Plans were in place for six bedrooms and en-suite facilities were scheduled to be made larger to ensure that they could accommodate wheelchairs of any size and provide bariatric care to people if required. This showed that the needs of the local community who would use the service had been considered in the development of the service for the future.

# Is the service well-led?

## Our findings

There was a registered manager in post. There was a clear management structure at the service which involved the registered manager, coordinators and senior day and night staff. At all times throughout the day and night senior staff were on duty and a member of the senior management team was on-call to staff if required.

Staff spoken with were fully aware of their role and the purpose of the services delivered at Granby House. One member of staff told us “we are aware of what care and comfort means and we uphold the values to give [people] the best memories they take from here.” The service’s Statement of Purpose described the purpose of the service and what facilities people who used the service should expect to be provided.

Our observations of how the registered manager of the home interacted with people who used the service, their relatives and healthcare professionals spoken with after our visit showed us that leadership within the home was good.

People who used the service told us “The manager is smashing. Everyone is great from top to bottom. Staff also spoke positively about the management of the service they told us that they could approach the registered manager at any time and they were always available to offer advice and support. Staff comments included “There is a team approach the manager is accessible and gives supervision as well” and “I have gone through different stages in management and this is the finest management I am experiencing”: “It is properly managed and we are kept informed of all necessary that we need to know.”

We saw that systems were in place to monitor and maintain equipment and the environment. For example, records demonstrated that regular checks and maintenance of the building, equipment in use and the fire detection system took place.

Accidents and incidents were recorded and any identified risks to people who used the service were discussed and planned for during the multidisciplinary professionals meetings that took place weekly. These meeting gave the

opportunity for healthcare professionals involved in people’s re-ablement programmes to consider any identified risks to individuals and plan their care accordingly.

People were asked to complete a questionnaire at the end of their stay to give their opinions on the service they had received. These questionnaires were audited by the registered manager of the service and when necessary acted upon. At the time of our visit the registered manager was in the process of dealing with a questionnaire that had been completed by a relative of a person who used the service and had raised the information under the provider’s formal complaints procedures. The actions taken demonstrated that comments received from people who use the service and their relatives were listened to and acted upon. The service had received 100 compliments about the care and support people had received within the past 12 months.

An effective system was in place to ensure that sufficient staff were available to meet the needs of people who used the service both for a period of residential support and enablement within their own homes. The registered manager demonstrated that staffing numbers were decided on the needs of the people requiring residential support. Once the needs of these people were accommodated, resources to support people with short term re-ablement within their own home were decided. This process demonstrated that the set amount of staffing hours available within the service as a whole were distributed to ensure that people received the care and support they required. One healthcare professional involved with the service told us “I have no concerns; they understand their role and are clear what support they can offer.”

The provider had a Performance, Review and Development (PRD) plan for staff and the service. This involved the service to set objectives within the service’s role and for achievements and recognition for work over the previous year to be recognised. The PRD document also recorded the business objectives of the organisation and the focus of people who use the service incorporating equality and diversity. This demonstrated that people who use the service were delivered consistent care and re-ablement from the staff team to an acceptable standard.