

Liverpool City Council

# Granby Care Home

## Inspection report

50 Selbourne Street  
Liverpool  
Merseyside  
L8 1YQ

Tel: 01512338631

Date of inspection visit:  
14 March 2022  
23 March 2022  
05 April 2022

Date of publication:  
31 May 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Granby Care Home provides accommodation and personal care to up to 30 people who are in need of short-term care and support. This is often referred to as reablement support. At the time of our inspection 18 people were living in the care home.

There is also an office on site which is registered to provide 'personal care' to people for a short-term period once they are discharged from either hospital or Granby into their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 35 people were receiving support with personal care.

### People's experience of using this service and what we found

Risks to people's health and wellbeing had been identified prior to admission to the home. However, person centred care plans lacked information and guidance about how specific risks needed to be managed.

On day one of our inspection we found some aspects of the environment were unsafe and placed people at risk of avoidable harm. These issues were addressed immediately and by day two of our inspection we were assured about the safety of the environment.

The environment and equipment used by people for mobility was visibly clean and hygienic. However, cleaning records lacked information about which areas of the home had been cleaned and how often. Staff had access to enough supplies of PPE. However, some staff were seen not wearing masks correctly and clean aprons were stored in open areas next to waste bins.

People received their medicines safely and as prescribed. Medicines were stored safely and audited regularly to ensure good practice was maintained. However, records were not in place to ensure 'as required' medicines were administered when needed.

The provider's governance systems had failed to identify issues we found in relation to care records. Regular checks and reviews were completed by the registered managers to make sure people received the right care and support. However, records relating to checks completed on the environment had not been kept by the registered manager.

There were enough staff to meet people's needs and provide support in a timely manner. People who received care in their own homes told us staff arrived within the agreed times.

There were good working relationships between staff and other health professionals, such as physiotherapist and nurses, which ensured people achieved good outcomes. We received positive feedback from people and family members about the level of care and support both aspects of the service provided.

Family members told us people's mobility and independence had improved due to the support from staff and external health professionals.

People were safeguarded from the risk of abuse. Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns. The provider had appropriate systems in place to manage safeguarding concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good, published on 6 December 2017.

#### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about visiting procedures in relation to COVID-19. A decision was made for us to inspect and examine those risks.

We inspected and found there were additional concerns relating to the safety of the environment, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating of this inspection. The overall rating of the service has changed to requires improvement. This is based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services across Merseyside. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Granby Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

At this inspection we have identified a breach in relation to governance processes at the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Granby Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried by one inspector.

Granby Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Granby Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency (DCA) which provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post each responsible for separate regulated activities.

#### Notice of inspection

We initially gave the 'care home' 24 hours' notice of the inspection. This was to reduce any risks associated with COVID-19. Following our initial visit, day two of our inspection was unannounced.

We gave the DCA service a short period of notice. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022 and ended on 12 April 2022. We visited the 'care home' service on 14 and 23 March and the DCA office location on 5 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine family members to gather their experience of the care provided. We looked at ten people's care plans and associated records. We reviewed medication administration records for four people. We spoke with eight care staff and both registered managers.

We reviewed a range of records including ten people's care records and four people's medicine administration records. We reviewed three staff files in relation to recruitment and range of other records relating to the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were not always considered as part of the planning and assessment process. This placed people at risk of avoidable harm.
- Whilst risks to people had been identified, person-centred plans were not always in place to show how these risks needed to be managed. We spoke with staff and were assured they knew people's risks and how to support them safely. The registered managers took action to address the issues identified.
- On day one of our inspection, we found some aspects of the environment that were unsafe and placed people at risk of harm; such as equipment blocking a fire exit and doors to rooms containing hazardous equipment being left unlocked.
- The registered manager told us they completed daily checks of the environment. However, records had not been maintained to evidence this. This meant we could not be certain the home was being routinely checked for any risks.

There was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Plans were in place to ensure people could be safely evacuated in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. No person living in the home had been identified as needing any legal authorisations in place.

Preventing and controlling infection

- Staff had access to enough supplies of PPE. However, some staff were seen not wearing masks correctly

and clean aprons were stored in open areas next to waste bins. This was discussed with the registered manager who took immediate action.

- Whilst some cleaning schedules were in place information was lacking in relation to areas being cleaned and the frequency of tasks being completed. This was discussed with the manager and immediate action taken.
- The home and equipment used by people for mobility was visibly clean and hygienic.
- Staff were accessing regular testing in line with current guidance and the provider took appropriate action during COVID-19 outbreaks to prevent further spread across the home.
- Prior to our inspection, we received concerns about the COVID-19 visiting arrangements in place. As a result of these concerns, the provider had reviewed and made necessary changes to their visiting procedures in line with current guidance.

#### Using medicines safely

- Medicines were stored and managed safely by staff who had received relevant training in medicine administration.
- People received their prescribed medicines at the right times and medicine administration records (MARs) accurately reflected this.
- Some people were prescribed 'as required' medicines (PRN). No plans had been put in place to detail when this medicine would be needed or how people would communicate when they needed it. However, other records indicated these medicines were administered appropriately.

#### Staffing and recruitment

- There were enough staff to make sure people received the right care and support within a timely manner.
- People who received care and support in their own homes, and their family members, told us staff usually arrived within the agreed times and never appeared rushed during their visits. One person told us, "They [staff] come when they are meant to. They always seem to have time to chat and make sure I get everything I need."
- Safe recruitment processes were in place. A range of pre-employment checks were completed on new applicants to make sure they were suitable for the role.

#### Learning lessons when things go wrong; Systems and processes to safeguard people from abuse

- A process was in place to ensure accidents, incidents and safeguarding concerns that occurred were recorded and acted upon.
- People were only supported by the service for a short period of time. This meant it was difficult to routinely analyse accidents and incidents for any patterns or trends. However, records showed that appropriate action was taken, and changes made to people's care where needed in order to prevent further incidents occurring.
- Staff had received safeguarding training and knew how to identify and respond to incidents of concern.
- People felt safe and family members felt confident their relatives were well looked after. Comments included; "I have no concerns here. The staff are lovely" and "I know when they [staff] go and see [relative] she is safe. They are great with her."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery person-centred care. However, improvements needed to made to governance systems currently in place.

### Continuous learning and improving care

- There was a lack of provider oversight of the service; the last quality monitoring visit had been completed prior to the COVID-19 pandemic.
- The provider's systems for checking the quality and safety of the service had not identified the issues we found relating to care records.
- Risks to people's health and wellbeing had been identified prior to people receiving support. However, some of these risks had not documented or included in people's care plans.
- We could not be certain that relevant checks on the safety of the environment were being completed due to a lack of records maintained by the registered manager.
- Detailed cleaning schedules were not maintained which meant we could not be clear which areas of the service were being cleaned and when.

Governance systems were not always effective at identifying issues and driving improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Electronic care planning systems in place for people cared for in their own homes meant that managers and office staff were able to carry out daily monitoring of their care. Any issues identified, such as late calls or missed tasks, were addressed immediately.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Poor record keeping and some processes were not being followed suggested a lack of knowledge and understanding around risk and quality performance.
- Both registered managers acknowledged the issues found during inspection and had taken action to make necessary improvements.
- Staff spoke positively about the registered managers and their experience of working for the service. Comments included; "[Registered manager] is really supportive. We just all work as a team and help each other out" and "I love working here. [Registered manager] is good. I can talk to her about anything and there is always someone available in the office if need to ask anything."
- The registered managers were aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- People achieved good outcomes because of the support they received. The service provides reablement support for people and goals associated with these outcomes were met.
- People spoke positively about the support they received, and family members told us their relatives received good care. Comments included; "They [the service] did what they said on the tin. [Relative] went in on a stretcher and skipped out. They went in with no mobility at all and now they are back home with no mobility needs at all" and "I can't fault them [service]. He [relative] is doing so well and now doesn't need the carers. With the physio and input from staff he has made himself self sufficient with some adaptations in the house."
- Staff worked with relevant health and social care professionals to maintain people's health and well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular reviews took place with people and family members. This gave them the opportunity to share their views and discuss any issues they may have about the service.
- Both registered managers held daily meetings and handovers with staff to make sure they had access to the most up-to-date information about the service and people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty to share information in an open, honest and timely manner. There was a policy in place regarding this.
- Incidents of concern were reported to external professionals and discussed with people and family members where appropriate.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Governance systems were not always effective at identifying issues and driving improvements.  The provider had failed to ensure that some records relating to identified risks to people's health, safety and wellbeing were completed.