

Keychange Charity

Keychange Charity Cressingham House 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?

Requires Improvement ●

Summary of findings

Overall summary

Keychange Charity Cressingham House Care Home is a Residential care Home that can accommodate up to 16 people. The service is part of the London based Christian organisation Keychange Charity which is a charitable non-profit making organisation. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates the premises and the care provided, both were looked at during this inspection. At the time of our inspection there were 10 people living there.

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

Quality assurance processes were carried out by the registered manager. However, issues regarding the management of records, such as, social support, health and safety, supervisions and appraisals and deployment of staffing levels needed further review to improve monitoring and record keeping.

We have made a recommendation for the provider to review all aspect of record keeping within the service.

People living at Cressingham House were positive about the staff being caring and kind, they were happy with the facilities and standards of care and support provided. People received good support from a committed staff team. People told us there were enough staff around to help them receive care and support.

People received person-centred care. Staff were familiar with the people they supported, and positive relationships had developed. Care plans were in place and generally contained the correct level of information in relation to the support people needed. Some areas of recording needed updating.

Recruitment checks were organised and showed appropriate records to ensure staff were suitable to work at the service. The staff team were well trained and skilled in effective communication to ensure people felt supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The service was clean and staff used appropriate techniques to prevent the spread of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'good' (published August 2017.) At this inspection we found the service to remain the same and rated the service as 'good.'

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our 'Safe' findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our 'well-led' findings below.

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Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cressingham House is a 'care home.' People in care homes receive accommodation and nursing or personal care. 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 the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any information sent to us by the registered provider about incidents and events that had occurred at the service. We also

contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us details about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, three support staff and six people living at the service. We looked at care records of two people receiving support, a sample of staff recruitment files, medication records and other records and documentation relating to the management and quality monitoring 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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risks to people were regularly reviewed and well managed.
- People told us they felt safe and shared comments such as, "Yes, I feel safe in here" and " Safe, oh yes very much so."
- Staff understood their safeguarding responsibilities to keep people safe. Staff managed people's identified risks well.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.

Staffing and recruitment

- Staff continued to be recruited safely with appropriate checks in place for new staff.
- Many of the staff had worked at the service for many years which provided consistency in the support provided to people.
- Staffing levels were well managed with enough staff working each day to support people.

Using medicines safely

- Medicines were safely managed by appropriately trained staff.
- Staff completed weekly checks of medicines stored. However, they had stopped using the provider audit records that encompassed all aspects of managing medications. The current checks did not effect any outcomes to people at the service. The registered manager advised they would introduce their providers audit tool to help show all aspects of checking medication systems service.
- People were happy with how they were supported with their medications. They shared comments such as, "They are very good with my medication. I've never been left in pain as they always ask about pain relief" and " They are regular with the medication."

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- All areas of the service were clean and well-maintained.
- People told us they liked the facilities and everywhere was always kept clean and tidy. One person told us, "The home is very clean."

Learning lessons when things go wrong

- A record of any accidents and incidents that occurred was kept.
- Incidents were reviewed regularly with the staff team to identify any patterns or trends, so that changes or improvements could be made or introduced to people's support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'good'. At this inspection this key question had remained the same. This meant the effectiveness of people's care, treatment and support always achieved good outcomes.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported with learning, training and development opportunities. One staff member told us, "The manager, she is very supportive she deals with anything and would rather you go straight to her."
- Records for staff supervision had not always been kept up to date. The registered manager advised they would organise records to show improvements in supervision records.
- Staff induction and training was in place to ensure staff kept up to date with best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food provided. They told us, "The food is very good, it's good quality and well cooked. Its tasty, varied and there's a choice. I would say it's nutritious and the portions are plenty, you can always ask for more" and "It's good quality food, plenty vegetables, it's very nutritious. The portions are too much if anything, they make sure you are never hungry."
- We observed kind, friendly interactions from staff during mealtimes.
- People received appropriate support to access the healthcare services they needed. Staff worked well with external services and they followed their advice and guidance to support people.
- People were supported to maintain good oral healthcare.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff knew people very well and how to best meet their needs.
- Support plans identified people's needs and wishes and were regularly reviewed. Some aspects of record keeping needed improving to show names and dates of staff making records, this would help improve record keeping.

Adapting service, design, decoration to meet people's needs

- The service was maintained to a good standard. A programme of redecoration was in place. People told us they were happy with the decor and maintenance of their home.
- Bedrooms were furnished and decorated to suit people's individual tastes.
- The service had a small courtyard garden which people enjoyed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Mental capacity assessments had been completed to identify if a person had capacity to make a specific decision. Applications for DoLS authorisations had been made when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff who knew them very well. Staff demonstrated good knowledge of people's personalities, diverse needs, and what was important to them.
- People were supported to maintain relationships with their partners, friends and family members.
- People were supported to express their spiritual needs. They were accommodated with their different faiths through a visiting minister and in visiting local churches.

Supporting people to express their views and be involved in making decisions about their care

- Care files contained detailed person-centred information, which was contributed to by people and their relatives.
- People told us they were asked for their views and were positive about long standing staff at the service.
- People were very positive about the staff and told us, "They spend time talking to you and they do listen to you. They pass the time of day with you. I think it would be fair to say they go the extra mile" and "The staff in here are most kind, attentive and helpful."
- The service had regular meetings for people which were chaired and organised by people living at the service.
- Records showed how people were listened to and actions taken in response to their suggestion for topics such as the laundry, meals and activities.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and dignity at all times. All personal care needs were met in private rooms with the door closed. One person told us, "I am always treated with respect. They always knock and wait before entering your room. They have "do not disturb" notices for use when you are getting washed and dressed."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were happy about the care they received and they felt the activities were good and varied. They shared comments such as, "I find plenty to do in here and I get taken out fairly regularly" and "I've got plenty to do in here, I'm even learning the computer."
- Activities were freely accessible and staff supported people with various events such as visiting entertainers, trips out locally and inhouse events such as learning new skills with an in-house computer.
- Records needed improving to reflect recent updates in supporting people's social needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People received care and support that was tailored around their support needs, wishes and preferences. People and their relatives were positive about being kept up to date.
- Care plans demonstrated that other health and social care professionals were involved in providing specific care.
- Staff were trained in supporting people at the end stages of life. At the time of inspection, they had no one receiving this type of support.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint. The complaints policy was displayed in reception and was very formal. It needed updating as it did not reflect the contact address for the local authority. The manager advised they would review the complaints policy.
- There had been no recent complaints. The complaints log detailed previous comments made and the actions taken to address concerns appropriately.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.

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 the last inspection this key question was rated as 'good'. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not always have clear and up to date records in place to show effective monitoring of the service. However the gaps in records had no untoward effects to the positive outcomes enjoyed by people at the service.
- There was a lack of scrutiny by the registered provider to ensure that their systems for assessing and monitoring the quality and safety of the service were implemented.
- At this inspection we saw that there was evidence of some quality assurance processes being carried out by the registered manager and staff. However, audit records did not always highlight the issues we found with limitations to record keeping, especially with, medication records, staff supervision, care plans and social support.
- People's personal information was stored securely and treated in line with data protection laws.

We have made a recommendation for the provider to review appropriate governance systems to achieve improvements in current record keeping at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People spoke positively about the registered manager and staff team. They told us, "The home is very well managed, the manager is very approachable", "I'm happy in here and I would recommend this place." and "The home is definitely well managed."
- The service promoted a person-centred approach with good outcomes for the people who lived at the service. There was good team work within the service with managers and support staff all working to develop and achieve good outcomes for everyone.
- Staff told us they enjoyed their roles and felt valued and supported.
- The service was open and inclusive and fully considered people's equality needs. People were encouraged to be part of the community and access community services.

Working in partnership with others, Continuous learning and improving care

- The service worked with the local authority to ensure people were suitably assessed before being offered a place at Cressingham House care home.

- Throughout the inspection the registered manager was open and proactive in their response to our findings.
- The registered manger and staff were clear that the people living at the service were at the heart of any changes and improvements.