Keychange Charity

Keychange Charity Cressingham House Care Home

Inspection report

19-25 Cressingham Road
New Brighton
Wallasey
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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

The inspection took place on 25 and 30 March 2015 and was unannounced on the first day. The home is a large detached property that blends in with its neighbours and is not identified as a care home. It is situated in a quiet residential area, but close to the amenities of New Brighton. We were told that it had been a care home for more than 50 years. On the ground floor there were five

Summary of findings

bedrooms, two lounges, a kitchen and dining room, an office and a bathroom. On the first floor there were eleven bedrooms, a bathroom and toilets. At the back of the house there was a patio garden and outbuildings.

The service is registered to provide accommodation and personal care for up to 16 people and 13 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff. The home is part of the range of services provided by the London based organisation Keychange Charity and had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The staff we spoke with were able to tell us how they ensured that people were protected from abuse. All staff had received training about safeguarding and this was updated every year. There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited.

The staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a calm, cheerful and caring manner and they treated people with respect.

We found that the home was clean and well-maintained. Records we looked at showed that the required health and safety checks were carried out.

We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. They were very happy with the standard of their meals.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

People were encouraged, and supported if needed, to complete satisfaction surveys. A programme of quality audits was in place to monitor the quality of 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?
The service was safe.

Good

All staff had received training about safeguarding and this was updated annually.

The home was clean and well-maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Is the service effective?
The service was effective.

Good

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision and appraisal meetings.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available. People's weights were recorded monthly.

People were registered with local GP practices and had visits from health practitioners as needed.

Is the service caring?
The service was caring.

Good

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Is the service responsive?
The service was responsive.

Good

People had choices in all aspects of daily living and could choose what they would like to eat, what clothes they would like to wear, and whether they would like to go out or to join in any activities.

The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

We saw a copy of the home's complaints procedure and the manager kept detailed records of all issues she had dealt with.

Is the service well-led?
The service was well led.

Good

The registered manager and the team leader had worked at the home for a long time and provided good support for the staff.

Summary of findings

People who lived at the home were encouraged to complete an annual satisfaction survey. Regular audits were carried out to monitor the quality of the service.

Keychange Charity Cressingham House 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 25 and 30 March 2015 and was unannounced on the first date. We made a second visit in order to meet the registered manager. The inspection was carried out by an Adult Social Care inspector. Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority.

During our visit we spoke with five people who used the service, a relative, and six members of staff. We saw written comments that had been made by relatives and by people who lived at the home. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records.

Good

Is the service safe?

Our findings

People we spoke with told us the staff were very kind and they felt safe living at the home. We saw that the home had up to date safeguarding policies and procedures and information about whistleblowing was displayed for everyone to be aware of. The manager had experience of dealing with and reporting allegations of abuse. Records showed that staff had training about safeguarding as part of their induction programme and safeguarding refresher training was provided every year by an external training company.

A total of 23 staff were employed. The staff team was led by the registered manager, the team leader and three senior care staff. There were three care staff on duty between 8am and 6pm, and two between 6pm and 10pm and through the night. We were told that evening staffing was increased to three as and when needed for an increase in numbers or for high dependency. An activities organiser worked on weekdays between 10.30am and 2:30pm and had received the required training in order to help with care tasks if needed. There was some use of agency staff to maintain staffing levels, but new staff had been recruited and the use of agency had diminished. The staff rota showed that there was always a designated first aider and a designated fire warden on duty. In addition to the care staff, there was a sufficient number of housekeeping and catering staff, an administrator and a maintenance person.

We looked at personnel folders for three new staff. We found that the folders were well organised and neatly presented. They contained a job application, references, record of Disclosure and Baring Service (DBS) disclosure, and other relevant information. The manager also kept a book with a record of the DBS numbers for all staff. We also saw a risk assessment that was used whenever a prospective member of staff had a conviction on their DBS disclosure to determine whether it would be safe to employ that person. New staff had a three month probationary period during which time they were expected to achieve certain standards. If they did not meet the standards their employment was terminated.

The care plans we looked at contained a range of risk assessments, for example falls, mobility and nutrition. We looked at a specific risk assessment for a person who went out on their own. We saw that safeguards had been put in place including giving the person a sheet of paper with the person's name and address and the phone number of the home, and ensuring that the person took a mobile phone out with them. We saw that accident forms were completed in full detail, countersigned by a senior member of staff, and filed in people's care notes.

We were shown around the home and found that people had a comfortable, well maintained, clean and warm environment with a choice of lounges, dining room and a pleasant outside area to sit in. Records we looked at showed that the required health and safety checks were carried out. These included electrical installation, fire alarm, emergency lighting, fire extinguishers, gas, stair lift and bath hoists. Staff carried out and recorded a weekly test of the fire alarm system. Emergency evacuation equipment was provided on the first floor. The service had a five star food hygiene rating. One of the people who lived at the home told us "They are very particular about cleaning." and the visitor we spoke with said "It is always clean and there are no smells." We saw that liquid soap and paper towels were provided for hand washing.

The team leader showed us the robust system implemented for ordering and checking in medicines each month. Medicines were stored securely in individual cabinets. There was a thermometer in each cabinet and the temperature was recorded every day. A lockable container was provided for transporting medicines to individuals when needed. We observed a member of staff giving out lunchtime medication using this container. Medication administration record sheets were clear and showed that people had received their prescribed medication consistently. A separate chart recorded application of prescribed creams and ointments. We saw that there was no use of 'as required' medication except for analgesics and these were recorded appropriately. We saw that some of the evening medicines were given at 7:30pm and another medicine round was at 10pm which mainly consisted of analgesics to help people settle for the night. Nobody administered their own medicines at the time we visited, however one person was able to look after their own inhaler and another person had their own angina medication. Ten staff had completed medication training and were able to administer medicines.

Good

Is the service effective?

Our findings

We saw evidence that new staff completed a programme of induction training which was recorded in a workbook. This was based on the Skills for Care common induction standards and included dementia awareness, safeguarding, first aid, infection control, medication, the Mental Capacity Act and moving and handling. All staff attended annual training that was provided by an external training company. The team leader told us that agency staff provided cover while staff were doing the training within the premises. The most recent training, in March 2015, had covered health and safety and infection control. In February 2015 there had been training about dementia awareness and challenging behaviour. Moving and handling training had last been held in November 2014 and another session was booked for the new staff. Training about nutrition and hydration had been provided in December 2014. Food hygiene training was planned for April 2015 and 12 staff were booked to do a two day course about end of life care the week after we visited. Approximately half of the care staff had a National Vocational Qualification in care and others were working towards a qualification.

Staff appraisals were undertaken annually by the manager, and staff had an individual supervision meeting with the team leader every two months. Staff also had a performance review every six months.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which applies to care homes. The manager told us that one person living at the home was currently subject to a Deprivation of Liberty Safeguard and this was documented in the person's care notes. There were no restrictions on people's movements around the house and there was no use of restraint within the service. The manager told us one person went out on their own and others went out with a member of staff or with family members. Training records showed that the staff working at the home had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Each person's care file had a 'consent' section which contained a number of forms that had been signed by the person. These included consent to staff accessing their bedroom; consent for the sharing of confidential information with professionals; and consent to staff administration of their medicines.

One person we spoke with said "The food is wonderful and we always get a choice." Another person told us "The food is really good here and you get plenty of it." We saw that people had a pleasant dining room in which to eat their meals and each table had a table cloth and fresh flowers, however there were no menus and people could not always remember what meal they had ordered. Records we looked at showed that people had been asked for their choice of breakfast, lunch and tea each day. Cooked breakfast was available on some days. We were told that most people chose to have breakfast in their bedroom but we saw that some people had breakfast in the dining room.

Lunch on the first day we visited was chicken casserole or gammon and people we spoke with in the dining room said they were enjoying their lunch. Most people had lunch in the dining room but a small number chose to have their meal in their bedroom and two people were having lunch in the bigger of the two lounges. One person told us they had some problems with eating so they preferred not to use the dining room. This person required a soft diet and we saw that this was nicely presented. Another person had some problems with appetite and their care plan recorded that they were supported by a dietician and the mental health team. The team leader told us that nobody required assistance to eat their meals but one person sometimes needed staff to cut up their food. We saw that jugs of juice were available for people in communal areas and in their rooms.

The team leader told us that menus had been devised to include suggestions from people who lived at the home. A cook was on duty from 8am to 6pm and a hot meal was available at teatime. A kitchen assistant was on duty from 8am to 2pm. The manager told us that she was considering moving the main meal of the day to teatime as she had identified that this might benefit the people who lived at the home. The care plans we looked at showed that people were weighed monthly and a malnutrition screening tool was used to identify any risks.

People who lived at the home were registered with local GP practices. The care files we looked at contained detailed information about all visits people had received from their GP and other health professionals. Some people had

Good

Is the service effective?

support from district nurses, for example one person was diabetic and required daily insulin injections, one person had a urinary catheter, one person had a small leg ulcer. The care plans also contained details of hospital appointments people had attended. The manager told us she had commissioned a training course for care staff which had instructed them about how to carry out routine observations of people's temperature, pulse and blood pressure and these were recorded in their care notes.

Bedrooms were all different in size and shape, and two of the bedrooms we looked at had a small separate sitting area. Bedroom doors had been painted in different colours to help people to identify their room, and the bedroom doors had been fitted with brass knockers. One person told us they were moving to a new bedroom on the ground floor and they were very happy about this as it would be easier for them to access the communal areas and easier for their visitors. There were many photographs and other personal belongings in people's bedrooms. All rooms were single occupancy and two had en-suite facilities. There were an adequate number of toilets and these were clearly identified with signage. There was an assisted bath on each floor. There was no passenger lift but a stair lift was provided. The home had a part-time maintenance person who was redecorating a bedroom at the time of our visit.

We saw that a number of people used walking aids and they had bed levers to assist them moving about when in bed. The team leader told us that district nurses arranged for people to have hospital type beds and pressure relieving mattresses as needed. Door guards were fitted to allow people to have their bedroom door open safely if they wished to. A new call system had been installed in 2014 and this had large buttons which were easy for people to use. We also noticed that there were wall-mounted heaters in the bedrooms which supplemented the central heating system if someone was feeling cold in their room.

Good

Is the service caring?

Our findings

A relative told us “We looked everywhere for a place that was homely and eventually found Cressingham House. I think it is lovely. It is like visiting your Grannie’s house. The food is lovely and there’s always something going on every day.” People who lived at the home told us “I am very happy here, we have a good laugh.” and “I can’t fault it.” A comment made on a satisfaction survey completed by a person who lived at the home was “I cannot get about much and everything is done to make me feel part of life.”

We looked at a number of thank you cards and letters that had been received recently and the following comments had been made:

‘It is fair to say that manager Pat Tuck along with her staff exceeded our expectations of care, compassion and empathy, gentleness and kindness in every way.’

‘We will never forget the care, kindness and compassion you showed [our relative] and the support that you gave to us during the last weeks.’

‘[Name] could not have had better care. You guys are amazing.’

We observed that staff were caring, kind and good-humoured and gave people time to make decisions for themselves. Staff also engaged with people in a respectful way throughout our visit. We saw that people were content, happy and comfortable with the staff who supported them. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Where needed, people were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. A number of people attended the hairdresser and some also enjoyed having their nails painted. People’s wishes and preferences were documented and care records contained information about the life history of each person and provided guidance for staff on how people were to be supported. People's personal preferences such as their daily routines were taken into account.

One person we spoke with was a little anxious about a hospital appointment later that day. We observed a member of staff reassuring the person and confirming that an additional member of staff was coming in to accompany them to the hospital. We saw that the manager had printed out information for another person to have in their bedroom to remind them about a forthcoming hospital appointment. The manager described how they had recently supported a family to stay at the home round the clock to be with a person who was approaching the end of life.

We saw that people were cared for in a way that was appropriate and which met their needs. People had a choice of two lounges that were both comfortable and homely. One looked out onto the street in front of the house and the other onto the patio garden at the back. We observed lots of social interaction and laughter in the front lounge. The back lounge was quieter. We identified a number of areas where consideration had been given to making life easier and more comfortable for people who used the service. For example, the new call bell system had large buttons which made them easier to use for people with dexterity or sight difficulties: individual room heaters meant that people who particularly felt the cold could add more heat in their bedroom without affecting others: door-guards on bedroom doors meant that people could have a choice whether they wished to have their door open or closed.

Cressingham House had been a care home for many years and was previously run by volunteers from The Wallasey Women’s Free Church Council. The team leader told us that people did not have to belong to any particular religion in order to live at the home. A member of the clergy visited monthly and held an inter-denominational service and visited people in their own bedrooms.

Information about a local advocacy service which people could use was displayed in the entrance hall

Good

Is the service responsive?

Our findings

We looked at the care files for three people who lived at the home. We found that people's needs were assessed and plans put in place for how their needs should be met. These were individualised and covered all aspects of a person's needs including physical, mental health and social needs. Care plans were lengthy and included detailed daily reports. The care records showed people's preferences for their daily routine, how they preferred to be addressed, and what they liked to eat and drink. The records showed that people made choices every day, for example the time they got up and went to bed, whether they had a shower or a bath, the clothes they wore, and whether they went out or joined in social activities in the home. There was a one page summary of people's care needs that was provided for new staff and agency staff.

We looked at a copy of the home's brochure which gave people details of the care and facilities offered at the home. Records showed that, before a person went to live at the home, the manager or the team leader went to meet them and to assess their needs in order to decide whether this would be the right home for them. The team leader told us that two people had to move from the home over recent weeks because their needs had changed and could no longer be met at Cressingham House.

We spoke with the activities organiser and she told us about her work and showed us the individual records she kept for each person. The activities organiser had a flexible four weekly rota and was always led by what people who lived at the home wanted to do. She said that three people had exercises prescribed by a physiotherapist and the first job she did when coming on duty at 10:30am was to support these people to do their exercises. During the rest of the day she organised group activities including Bingo, took people out, spent one to one to one time with people, and did personal shopping for some people. She said that most people went out, but some only when the weather was good. There were always celebrations for special days for example Mothers Day and Easter. There were some activities in an evening for example a musical entertainer who people enjoyed, and 'movie nights'. She showed us a 'reminiscence memory box' that was on loan from an organisation 'Memories of Yesterday'. This had generated some good conversations. Above all she told us "We have good fun."

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. We saw that the manager responded appropriately and fully to complaints and kept detailed records of any issues she had addressed.

Good

Is the service well-led?

Our findings

The quality monitoring officer at Wirral Metropolitan Borough Council told us that this was an 'excellent provider' and the service was fully compliant with their contract. We saw a high standard of record keeping in every area we looked at and records were kept confidentially in a locked office.

The home was part of Keychange Charity, formerly known as Christian Alliance, which provided various types of services to vulnerable people. An area manager was assigned to the home and visited periodically. The manager attended meetings with her peers and other members of staff were also invited to attend the organisation's annual conference. Some staff, including the manager and the team leader, had worked at the home for many years. The manager was registered with CQC and had a level 5 management qualification. The manager lived on the premises and shared 24 hour call out cover with the team leader. The manager told us about a number of younger staff who had been supported to move on to further healthcare training. We saw a letter from a former member of staff in which they had written 'A massive thank you to everyone who had a hand helping, guiding and for the chance you gave me. You were the first step on my journey.'

Records showed that staff meetings took place every three to four months. We looked at the minutes of the last meeting on 17 March 2015. This showed that staff were encouraged to contribute their views. The manager told us that new job descriptions had been issued by head office and staff had been asked for their comments. We saw that staff records, including sickness monitoring records, were kept in locked storage and keys held by the manager and the team leader.

We saw evidence of meetings for people who lived at the home and their relatives. The last meeting had been held at the end of November and plans for Christmas were discussed. People were asked to give their suggestions and those who did not attend were asked individually for their comments. The manager told us about a person who lived at the home being involved in a staff interview and said she planned to do this again. She said that she also consulted people who used the service with regard to new staff during their probationary period. We saw that people were encouraged, and supported if needed, to complete satisfaction surveys. The survey forms were presented in large print. Some of the surveys had focused on specific topics, for example entertainment, food and health. We saw that the responses were very positive and any individual comments made were noted and acted upon. Survey forms were also available in the entrance hall and people could chose to fill them in anonymously.

We looked at the quality monitoring systems used in the home. Comprehensive daily record sheets were completed by the care staff for each person who lived at the home. These were looked at weekly by the team leader and monthly by the manager and any missed signatures or other examples of incomplete information were addressed with the member of staff. Any issues arising were discussed at staff meetings or in individual one to one meetings. Personal risk assessments and care plans were reviewed monthly and changes made as needed.

A new medicines audit had been introduced recently and there were also checks of housekeeping, health and safety and the kitchen. The administrator showed us a monthly accident analysis matrix but this had not been completed up to date. The manager told us she had the information and would make sure it was entered onto the monitoring matrix.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.