

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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 26 July 2017 and was unannounced. 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 last inspected the service on 25 and 30 March 2015 when we found that the home was providing a good service in all areas. At this inspection we found the service remained good.

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 Christian organisation Keychange Charity and had a manager who was registered with the Care Quality Commission.

All of the people we spoke with said they felt safe at all times. They felt there were always enough staff on duty and that call bells were answered very promptly. New staff had been recruited safely and the staff team had completed training courses covering a wide range of subjects to enable them to meet people's needs.

We looked all 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 regular health and safety checks were carried out and up to date certificates were in place for the maintenance of equipment and services.

People's medicines were managed safely.

At the time of this inspection none of the people living at the home had a DoLS and the senior care worker told us that although some people had early dementia they were still able to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with was happy with the meals provided. The meals were presented well and people received the support they required with their meal. People we spoke with said how kind, considerate and polite all members of staff were.

The manager told us that the home was part of an initiative called 'The Centre for Creativity and Innovation in Care'. The staff were encouraged to be spontaneous and creative in the ways that they provided care and support for people.

People's care and support 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.

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. All of the people we spoke with said they had never had reason to complain but they would tell the staff if they did have a complaint.

People told us that the manager was approachable and all felt she would act if they made a complaint. They said that the home was "friendly, welcoming and so homely." We saw that people had completed satisfaction surveys but they were not recent. Survey forms were available in the entrance hall and people could chose to fill them in anonymously. The quality monitoring systems used in the home were proportionate to the size and nature of the service.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 26 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

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. They told us that the service was fully compliant with their contract. We looked at the provider information return that the registered manager had completed.

During our visit we spoke with four people who used the service, two relatives, and six members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records. We observed support provided to people in communal areas.

# Is the service safe?

## Our findings

All of the people we spoke with said they felt safe at all times. One person said "I am relaxed now as I was frightened all the time living alone in my house." Both of the relatives we met were happy that their family member was in a safe environment.

Everyone we spoke with felt there was always enough staff on duty and that call bells were answered very promptly. One visitor said "There's always enough staff when I visit and they can't do enough for you – always welcoming and friendly, day or night."

The home had up to date safeguarding policies and procedures and information about whistleblowing was displayed for everyone to be aware of. Records showed that staff had training about safeguarding as part of their induction programme and safeguarding refresher training was provided every year. A member of staff who we spoke with said that staff were always being reminded to "speak up" if they had any concerns.

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. There was some use of agency staff to maintain staffing levels and staff recruitment was on-going. We saw information on file about the staff supplied by the agency. In addition to the care staff, there was a housekeeper, a cook, and a maintenance person on duty when we visited the home.

We looked at personnel folders for four staff employed since our last inspection. They contained completed job application forms, references, records of Disclosure and Barring Service (DBS) disclosures, and other relevant information. This showed that staff had been recruited safely. We also saw records to show that disciplinary procedures had been implemented as needed.

The care plans we looked at contained a range of risk assessments, covering for example falls, mobility and nutrition. We also saw that accident and incident forms were completed in detail and filed in people's care notes.

Records showed that regular health and safety checks were carried out and up to date certificates were in place for the maintenance of equipment and services. A new fire risk assessment had been written in 2016. Staff carried out and recorded a weekly test of the fire alarm system. Emergency evacuation equipment was provided on the first floor and personal emergency evacuation plans were in place for people living at the home. Door guards were fitted to allow people to have their bedroom door open safely if they wished to.

All parts of the home to be clean and there were no unpleasant smells. Liquid soap and paper towels were provided for hand washing. The service had a five star food hygiene rating.

Medicines were stored securely in individual cabinets. There was a thermometer in each cabinet and the temperature was recorded daily. 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.

## Is the service effective?

### Our findings

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

At the time of this inspection none of the people living at the home had a DoLS and the senior care worker told us that although some people had early dementia they were still able to make their own decisions. People told us there were no restrictions on them leaving the home, other than they notify a staff member.

Records sent to us by the manager showed that the staff team had completed a wide range of training courses. 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.

Everyone we spoke with was happy with the meals provided. One person said "It's excellent and we always have a good choice. If you want anything specific you can request it. I have requested a light lunch of cheese and biscuits tomorrow because I am going out with my family at dinner time for a meal." Another person told us they were diabetic and their dietary needs were catered for "without a fuss".

People told us they made meal choices the day before, for example if they wanted gravy, vegetables etc and their meal came from the kitchen plated to their individual choice. The chef told us that, whenever somebody new came to live at the home, he was given information about their dietary requirements and anything they did not like to eat. People told us they got plenty of snacks and drinks throughout the day and a milky drink in the evening.

The dining room was laid out in a summer theme, checked table cloths and condiments served in small picnic tables with an umbrella. The table was laid out for nine people and they all had place names on the table. One lady said 'Grace' before food was served. People were all asked did they want water, juice, lemonade or wine to start with. After the meal, tea and coffee was served to people's individual tastes for example black, decaf, strong, weak etc. The staff were very well aware of individual tastes.

All the food was presented well and we observed that people received any support they required with their meal. However, we observed that meals taken on a tray to people's rooms were not covered and we brought this to the attention of the senior member of staff on duty.

The care plans we looked at showed that people were weighed monthly and a malnutrition screening tool was used to identify any risks.

We looked all 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. We saw that consideration had been given to creating a 'dementia friendly' environment which included large and brightly coloured signage and coloured toilet seats. Bedroom doors had been painted in different colours to



help people to identify their room and the call bell system had large buttons on the handsets which were easy for people to use. These adaptations also helped people who had a visual impairment.

# Is the service caring?

## Our findings

People we spoke with said overwhelmingly how kind, considerate and polite all members of staff were. One person who lived at the home said "They are extremely kind, caring and very helpful. They are marvellous." and another person said "It's like one big family with all the staff." A visitor commented "They are kind, caring and patient." While we were walking around the home we heard a member of staff talking with a person in their bedroom. The person was visually impaired and the member of staff was describing to them in detail what they were wearing. They went on to ask them "Is there anything else I can help you with?"

The two visitors we spoke with were both pleased that their family member always looked clean and well cared for. One of them said "She's better cared for than we were able to do at home." During the inspection we also observed that people looked well-groomed.

The people we spoke with said they could wash and dress themselves but when they had help they were treated with respect and dignity. All said they only had female carers at present but they didn't mind who helped them. Two people said they preferred baths to showers and they said it was no problem to the staff to help them in and out of the bath using a bath seat. A relative said "The staff treat my mum with dignity and respect and I have never heard them talk down to anyone." Both visitors said they knew all the staff by name.

People told us there were no visiting restrictions but visitors avoided meal times where possible. Visitors said they were always offered refreshments.

Keychange Charity is a Christian organisation and Cressingham House was originally run by volunteers from 'The Wallasey Women's Free Church Council'. People do not have to belong to any particular religion in order to live at the home; however a member of the clergy visited monthly and held an inter-denominational service and visited people in their own bedrooms. One person went to church regularly. The manager told us about a plan to build a small chapel in the garden for people who missed going to church.

The manager told us that the home was part of an initiative called 'The Centre for Creativity and Innovation in Care'. The staff were encouraged to be spontaneous and creative in the ways that they provided care and support for people. The staff wore tunics and trousers in a variety of bright colours. The manager showed us a miniature 'beach' that had been created in the back garden and had sand, water and inflatable seagulls. This recreated the experience of being at the seaside. It had been made in particular for one person who did not like going out but missed the seaside; other people had enjoyed it too.

We looked at a copy of the home's brochure which gave people details of the care and facilities offered at the home. Information leaflets covering a variety of subjects were available in the entrance hall.

In the provider information return, the manager explained that people's future wishes were discussed and recorded in their care plans. People were able to discuss their preferred place to be at end of life, the care they wished to receive, who they wanted to be present at the end of their life, if they wanted the services of a

minister or priest, did they want to be buried or cremated, what music they would like.

## Is the service responsive?

### Our findings

All of the people we spoke with said they had a good quality of life. One person said "I am never bored here. Always something to do or trips to go on, it's altered my life." The relatives we met both said their family member had a good quality of life. One relative said "Yes, she's got company and takes part in activities. Physically she looks better and has gained weight." One person was having a short stay at the home and told us "The home is marvellous. I am always happy with the care and treatment I receive that is why I keep coming back here." A relative said "My mother has a nominated carer as her lead role, we think this is an excellent idea." The relatives said they were always kept informed and updated as necessary.

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. The care plans were being transferred onto an electronic system and this work was almost complete. All staff had access to an i-pad that was used to enter information about the care people had received into the care plans.

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. This included details of a senior manager at head office who people could contact. We saw that the manager responded appropriately and fully to complaints and kept detailed records of any issues she had addressed. All of the people we spoke with said they had never had reason to complain but they would tell the staff if they did have a complaint.

The home no longer employed an activities coordinator however the care staff organised social activities during the afternoon. Three people told us they took part in all activities and trips but a fourth person said "I don't take part because I would rather read and watch my TV."

# Is the service well-led?

## Our findings

A visiting social worker told us that the manager was "very professional and efficient" and responded well to changes in people's support needs. The quality monitoring officer at Wirral Metropolitan Borough Council told us that the service was fully compliant with their contract.

The home had a manager who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager and the team leader had worked at the home for many years. The manager lived on the premises and shared 24 hour call out cover with the team leader.

All of the people we spoke with knew the manager by name. All said she was approachable and all felt she would act if they made a complaint. When asked about the atmosphere in the home, visitors said "Love it, its friendly, welcoming and so homely." and "Everyone is looked after so well. We like it because it's small with not too many residents." People who lived at the home said "It's a very good, friendly atmosphere, everything is excellent for me." and "I am quite happy on the whole. I like my own space but like to go the lounge for a chat and change of scenery."

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 had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. A copy of the home's last inspection report was displayed in the entrance hall.

On the day that we visited, a residents' meeting had been arranged for 2pm. One of the people who lived at the home was chairing the meeting and another was secretary. They told us they had been encouraged by the manager to start these meetings. They held one a month ago and this was the second. Items on the agenda were: to express appreciation for a recent trip out and the staff for making it so enjoyable; to discuss asking the provider to put a canopy above the front door so people don't get wet when waiting for the door to be answered; to address the issue of visitors waiting a long time to be let out of the building. They would then take concerns or questions from the floor.

People told us that at the last meeting they had requested that commodes be emptied before breakfast and this was now being done, also that tablets be given to them in a small glass instead of from someone's hands and this was now done.

The home was part of a national organisation Keychange Charity. An area manager was assigned to the home and visited periodically. The manager told us that she attended meetings with her peers and they shared good practice. A member of staff said they had staff meetings every couple of months but could not remember the date of the last one. We did not find any records of staff meetings held in 2017.

We saw that people had completed satisfaction surveys but they were not recent. Survey forms were 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. We saw that a monthly medication audit was carried out, and comprehensive audits of the environment were recorded. The systems in place were proportionate to the size and nature of the service.