Keychange Charity

Keychange Charity Erith 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

Keychange Charity Erith House Care Home is registered to provide accommodation and personal care for up to 20 older people. Nursing care is not provided by the service. If nursing care is required this is provided by community nurses working for the local primary care trust.

This unannounced inspection took place on 19 and 21 October 2016. The service was last inspected in December 2013 when it met the regulations that were inspected.

A registered manager was employed by the service. 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 of the service was registered to manage another Keychange Charity service in the local area. They were supported in their role by a deputy manager in each service.

We received a mixed response from people and staff when we asked if there were enough staff on duty at all times. Some people and staff felt there were enough staff available, while others felt there were times when there was not. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

We have made a recommendation relating to staffing levels.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Although people's care plans contained repeated information, they did have all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

People's needs were met by kind and caring staff. One person told us "I've never been happier, everything about it (Erith House) is right." One relative told us staff "care about people as individuals." We saw many 'thank you' notes from families, expressing their gratitude to staff. For example, one note said 'A heartfelt thanks for the exceptional care you gave our mum over the years.' People's privacy and dignity was respected and all personal care was provided in private.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. People were supported to maintain a healthy balanced diet and they told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals.

Not everyone wanted to be involved in planning their care. We saw that where people or their relatives wished to take part in planning care they could. Relatives told us that staff always kept them informed of any changes in their relative's welfare.

Activities and outings were on offer if people wished to participate. One person told us they did not want to participate and preferred reading in their room or the garden. Other people told us how much they enjoyed the visiting entertainers. One visitor told us they were pleased their relative had the choice about taking part in activities. They said they felt the service "encouraged but did not pressurise" their relative to join in.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support and meet their needs. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with vulnerable people.

The registered manager was very open and approachable. People were confident that if they raised concerns they would be dealt with. People, relatives, staff and healthcare professionals spoke highly of the registered manager. People and staff the registered manager was good, approachable and would listen to them. One person told us that although the home was well managed, they missed seeing the registered manager as much now they had two services to look after. They said they "feel better when she is around."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Monthly audits were undertaken including medicines, care plans and accidents and incidents. Records were well maintained.

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.

People's needs were met as there were sufficient staff on duty. However, we have recommended staffing levels are kept under review.

People received their medicines as prescribed and medicines were managed safely.

People were protected from the risks of abuse, because safe recruitment procedures were in place. Staff knew how to recognise and report any suspicions that abuse had occurred.

Good assessments ensured any risks to people's health and welfare were minimised.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained and knowledgeable in how to support them.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and all personal care was provided in private.

People's needs were met by kind and caring staff.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

Staff ensured people received care and support that was responsive to their needs.

The service managed complaints well. People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Is the service well-led?

Good

The service was well led.

The registered manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

Keychange Charity Erith 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 was planned to check whether the provider was 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.

This inspection took place on 19 and 21 October 2016 and was unannounced.

One Adult Social Care inspector carried out the inspection.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we met or spoke with all 19 people using the service. We spoke with five care and ancillary staff, the registered manager and the deputy manager. We also spoke with one health care professional and six visitors. Following the inspection we also contacted the local authority's quality team.

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Good

Is the service safe?

Our findings

People told us they felt safe and one person said "Oh yes – safety is the word here." Visitors also felt confident their relatives were safe.

There were 19 people living at Erith House with varying level of care needs. Four people needed the help of two staff with their personal care, while two people needed very little help. Most people we spoke with were happy with the number of staff on duty and told us they never had to wait too long for help with their personal care. However, some people told us they felt staff were not able to sit and chat with them as much as they would like. Some visitors told us they felt there were enough staff and others felt more were needed. Staff told us there were times if staff were sick or on holiday when things could be rushed, and that supper time was also sometimes rushed. However, staff felt there were generally enough staff on duty. During the inspection we saw people's needs were met in a timely way and people did not have to wait for long periods of time for staff attention. We discussed this with the registered manager who told us there had recently been a period when some staff had left and new staff had been recruited. This meant staff may have felt under pressure at times as helping new staff settle in takes time.

On each day of inspection there were four care staff and a senior carer on duty in the mornings. The registered manager, deputy manager and a number of ancillary staff such as kitchen and cleaning staff were also on duty. During the afternoon and evening there were three care staff and a senior carer on duty and overnight two care staff were awake. Rotas showed this was the usual number of staff on duty. No specific tool was used to calculate staffing levels. The registered manager told us that staffing levels were determined by the numbers and dependency levels of people living there.

We recommend staffing levels are kept under review.

People were supported to receive their medicines safely and on time. Staff consulted with people about their medicines and how they preferred to take these. For example, one person had been refusing to take their night time medicine because they wanted to go to sleep before the night time medicines were administered. Staff checked with the GP and changed the time the medicine was to be given so the person could receive it at a time they wanted.

Medicines were stored safely in a locked trolley in a locked room. Only staff who had received training administered medicines. There had been a recent medicine error when the wrong medicine had been given to one person. The staff member had followed correct procedure and the person suffered no ill effects. The staff member had since received additional training in administering medicines. The administration of medicine systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medicines. However, hand written entries on Medicine Administration Records (MARs) were not always double signed. This meant there was not always a check that what had been written on the MARs was what had been prescribed. The staff member we spoke with assured us two signatures would be obtained in future.

People were protected from avoidable harm and abuse as staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to contact outside of the service but were confident the registered manager would address any concerns they raised. Staff had received formal training on keeping people safe. People were protected from the risks of financial abuse as there were robust procedures in place for dealing with any monies managed on their behalf.

People were protected from the risks associated with the employment of staff who may be unsuitable to work with vulnerable people. This was because there were robust recruitment procedures in place. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing anyone who may be unsuitable to work with people requiring care and support.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin breakdown, malnutrition, falls and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. For example, pressure relieving equipment was used when people were at risk of skin breakdown. One person's risk assessment had been updated when staff identified they were no longer able to manage their own skin care routines.

People were supported to maintain their independence as safely as possible. We saw that one person's care plan indicated it was important for them to walk around their room independently. Their falls risk assessment directed staff to ensure the person's room was tidy at all times and that their telephone was within reach. This was to minimise the risk of the person falling when they got up to answer their telephone.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff directions on how to keep people safe in the event of a fire.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. The registered manager or deputy manager reported all falls to the local 'falls register' team. All reports were looked at by the team who would provide information and support to manage people's care safely, if any concerns were identified.

Suitable equipment was in place to meet people's needs. For example, hoists, wheelchairs and lifts were available which helped people move around the service independently. The service had recently purchased a number of adjustable beds to help staff care for people who needed more help with moving and transferring in or from their bed.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

Good

Is the service effective?

Our findings

People living at Erith House had needs relating to mobility and general health. Some people were living with the very early stages of dementia. The deputy manager had been delegated the responsibility for staff training within the service. Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia and catheter care. Training was provided through e-learning or face to face training. The e-learning system alerted the deputy manager to how many attempts staff had made to complete the training. This enabled them to provide more support to any staff who were having difficulty in completing the training.

The deputy manager told us all new staff undertook a detailed induction programme. We spoke with one new member of staff who confirmed this. New staff who had no care experience were undertaking the Skills for Care, Care Certificate training. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. The registered manager told us in the completed Provider Information Return (PIR) 'We aim to work through the Care Certificate with ALL care staff, new and established, to ensure all staff are up to date with the current learning'.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and appraisals. Staff received individual supervision sessions with senior staff when their competency was reviewed. The registered manager told us in the completed PIR 'We are re-introducing the role of Head of Care in the home during the next month…. Observational supervision to be introduced through this role.' We saw that a 'Head of Care' had been appointed and they told us they had started to observe staff while they were working to ensure they worked to the required standard.

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.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff had not yet completed their training in the MCA, which they were working through on the e-learning system. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to

make specific decisions or best interest meetings needed to be held.

People living at Erith House were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. We saw that one person had been assessed as not having the capacity to make a decision about taking their medicine. We saw a 'best interests' meeting had been held to determine if the person should be given the medicine without their knowledge, as the medicines were essential to maintain their health. It was decided the person should be given their medicine without their knowledge if they refused to take it when offered.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Where needed the registered manager had made applications to the local authority to deprive people of their liberty. This was in order to keep them safe by the use of a locked front door. Due to the large number of applications being processed by the local authority only one authorisation had been granted at the time of the inspection. While the applications were being processed the service was keeping people safe using the least restrictive possible measures.

People's care plans reminded staff to obtain people's consent before providing any personal care. Staff told us they always ensured people were happy for them to help. They said if people refused care they would go back and offer help again. Throughout the inspection we heard staff offering people choices and asking for their consent. People were asked what they wanted to do and what they wanted to eat or drink. They were also asked if it was alright for staff to help them with their care and mobility needs.

People were supported to receive a healthy balanced diet with plenty to drink. Cold drinks and fresh fruit was available in the dining room and people could help themselves to these. However, staff told us people usually asked staff to get them a drink when they wanted one. We heard staff frequently offering people tea, coffee or cold drinks. Meals were presented nicely and there was plenty of choice for each meal. Staff offered choices and did not assume what people would have. People told us the food was good and one person said "Food is first class, always made fresh." The cook was aware of people's preferences and requirements. They told us they could provide special requirements such as low sugar, gluten free and vegetarian diets.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. People told us they always saw their GP when needed. We spoke with one visiting social care professional who told us that the home was very good at "taking on board any recommendations".

Erith House was purpose built as a care home for 'gentlewomen' and opened in 1861. Despite it being an old building there were wide straight corridors, few steps, large lounge and dining areas and large bedrooms. People were able to move independently around the building as they wished. The service was comfortably furnished and everyone told us they very much appreciated the warm and welcoming atmosphere with the service. People were able to bring in their own possessions and their bedrooms contained many photographs, ornaments and mementoes of their past lives. There was a large, well maintained garden that we saw people enjoying throughout the inspection.

Good

Is the service caring?

Our findings

Staff at Erith House treated people with respect and kindness. Staff were seen supporting people in an easy, unrushed and pleasant manner. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. There was much fun, laughter, appropriate banter and hugs between staff and the people they supported.

We saw that people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, they walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and snacks and discreetly asked if people needed help with personal care.

Visitors told us the staff were 'excellent' and always treated their relatives with respect. They also said staff were kind and caring. One relative told us staff "care about people as individuals." All the interactions we saw between people and staff were positive. One person told us "I've never been happier, everything about it (Erith House) is right." They went on to say "Staff couldn't be nicer – super people." The atmosphere within the service was relaxed and very friendly.

We saw many 'thank you' notes from families, expressing their gratitude to staff. For example, one note said 'A heartfelt thanks for the exceptional care you gave our mum over the years.'

We asked the registered manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff members had visited people in hospital in their own time. Staff had also taken people out for coffee in their own time and shopped for a particular variety of apple one person had requested.

People's preferences about food, drink and how they wished to receive support were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed.

People's privacy was respected. People were discreetly assisted to their own bedrooms for any personal care. A laminated notice saying that 'care was being provided' was attached to people's bedroom doors when people were receiving personal care. This was to ensure no-one walked in while care was being provided and helped respect people's privacy. Staff told us how they helped promote one person's privacy by ensuring they were covered by a towel when being washed. Staff knocked on people's bedroom doors and waited before they entered. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People's dignity was upheld though being supported to maintain independence and choice and control of

their lives. The registered manager was looking to appoint a 'dignity champion' in order to further promote people's dignity. One staff member told us they were going to apply to be the 'dignity champion' as they thought it was an important role. The registered manager told us in the completed Provider Information Return (PIR) 'Via the staff recruitment process, we always check possible new employees understand the meaning of dignity and respect at interview'.

Not everyone wanted to be involved in planning their care. We saw that where people or their relatives wished to take part in planning care they could. Relatives told us that staff always kept them informed of any changes in their relative's welfare. They also said they could visit at any time and were always made welcome. Two relatives told us they were looked after as well as their relation and had been able to spend last Christmas day with them.

Staff helped people to celebrate special occasions. Staff told us people always had a special cake for their birthday. The registered manager told us they always ensured people had a very individual Christmas and birthday present, rather than what everyone else had.

Good

Is the service responsive?

Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before moving in to and while living at Erith House. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, when one person became unable to manage their personal care, their plan had been updated to give staff directions on meeting their needs. Care plans contained lots of information about people, including information about their past lives and preferences.

However, care plans were large documents and some information was repeated. For example, information about visits from healthcare professionals was recorded in several places. Some staff told us they found the care plans useful and were able to find out about people's needs in them. However, other staff told us they found the care plans difficult to find information in. We spoke with senior staff who told us they were going to look at ways to make the care plans simpler to find information in and avoid repetition.

Staff responded to people's needs in a sensitive manner. We saw people being supported to stand from their chairs and staff walking with them as they moved towards their bedrooms. Staff were able to tell us about people's needs and how they were met. For example, one person was known to get frustrated when staff were attending to their personal care. Staff told us how they reassured the person to help reduce their frustration.

One person told us staff knew 'their jobs' and knew what they liked. They said "Staff are marvellous, I don't do anything I don't want to. I get up and go to bed when I want." A visitor told us the staff "care about people as individuals."

Activities and outings were on offer if people wished to participate. One person told us they did not want to participate and preferred reading in their room or the garden. Other people told us how much they enjoyed the visiting entertainers. One visitor told us they were pleased their relative had the choice about taking part in activities. They said they felt the service "encouraged but did not pressurise" their relative to join in.

The service had been involved in the 'Ladder to the Moon' initiative which aims to build people's confidence and skills. As part of this there was a 'reminiscence cottage' in the garden. The cottage contained an old typewriter, a record player, pottery and furniture. People had been encouraged to use the cottage to reminisce during the summer months. However, the registered manager told us the initiative had not been continued since the weather had turned colder and people did not go into the garden so much. The registered manager told us they were attending a provider conference the following week, when ways of reintroducing the initiative would be discussed.

Occasional meetings were held for people to discuss any issues they may have. The last meeting was held in May 2016. At that meeting a Summer garden party was discussed, this was held in August 2016. Menus were also discussed and the registered manager reminded people they could discuss their requirements with the

kitchen manager at any time.

A monthly newsletter was produced to let people know the dates, times and details of religious services and entertainment occurring over the next month. When people first went to live at Erith House they were given a document entitled 'A resident guide to Erith House and some useful information'. This document told people how to use call bells, the meal times and shopping arrangements. A member of staff had been designated a 'personal shopper' and each week they shopped for the items people requested.

The registered manager took note of, and investigated any concerns raised. We saw that the last complaint received was in August 2015. This had been investigated and concluded satisfactorily. Visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint. People told us they were happy with everything and if they did raise concerns they were dealt with straight away.

Good

Is the service well-led?

Our findings

The registered manager of the service was registered to manage another Keychange Charity service in the local area. They were supported in their role by a deputy manager in each service. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service.

People, relatives, staff and healthcare professionals spoke highly of the registered manager. People and staff said the registered manager was good, approachable and would listen to them. One person told us that although the home was well managed, they missed seeing the registered manager as much now they had two services to look after. They said they "feel better when she is around'"

There was an open culture at the home, led by the registered manager. Staff told us they knew people felt able to raise any concerns they may have. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas with them. During the inspection we saw people 'dropping by' the office for a chat with them. The registered manager also displayed an open culture with outside healthcare professionals and agencies by ensuring they reported any notifiable incidents and contacted healthcare professionals for help and advice.

There was a positive and welcoming atmosphere at the home. People and visitors told us they were happy with the care being provided. One person told us "I can't believe I have found somewhere like this." A visitor told us they thought the service was "steadily wonderful."

People and their relatives were encouraged to give feedback. Yearly surveys were sent to people who lived in Erith House and to their relatives. Once these were received they were analysed and a report on the findings produced. Following the feedback received in the most recent survey the registered manager had responded to areas of concern and had implemented changes. For example, the laundry system was under review and more fruit options were available on the menu.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager. Monthly audits were undertaken including medicines and care plans.

A new system had been introduced where managers from Keychange Charity services visited other services to report on the quality of care there. Erith House received such a visit in June 2016. The report covered the same key questions as this care Quality Commission report. The key question 'Safe' identified some gaps in medication recordings. The report also noted the gaps had previously been identified and action taken through the service's audit processes.

The registered manager told us in the completed Provider Information Return (PIR) that within the next year they planned to 'Develop an improvements forum within the home - this being a small group of both staff and residents to consider ways to improve the service we provide'. They also said in the PIR they planned to

'Establish a system of independent quality monitoring by using someone who has had links with the home to come in and do random checks and speak to residents. Develop staff surveys to run alongside the resident surveys as a quality monitoring tool.' At the inspection the registered manager confirmed this was their intention.

The registered manager was aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Records relating to the management of the service were well maintained. All records we asked for were kept securely but were easily accessible.