

# Cressington Court Care Home



Enter and View Report December 2024

# Introduction

## What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

## What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

## Details of the Enter and View Visit:

**Name of the service visited:** Cressington Court Care Home

**Address:** *Beechwood Road, Liverpool, Merseyside, L19 0QL*

**The Date and time of the Enter and View Visit:** Wednesday the 4<sup>th</sup> of December 2024 between 10am and 12pm

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was announced visit and the 3<sup>rd</sup> time we visited Cressington Court Care Home. We were unable to complete two visits as we were told on the 1<sup>st</sup> visit that staff were still completing medication rounds and that there was no one available to facilitate our visit. For the second failed visit we were told that the manger was unavailable due to urgent work and there was no one available to facilitate our visit. The manager did contact us directly to apologise afterwards.

We would like to thank Cressington Court Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

## **Why did we carry out this visit?**

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Cressington Court Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

## **Safeguarding**

Healthwatch Liverpool Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit. There was no safeguarding concerns identified during this enter and view visit.

# About the Service

## Background

Cressington Court care home is owned by Lotus Care and is registered to provide general residential care for older people and EMI care (care for older people with dementia). It is situated in a purpose-built building in Aigburth. The home has 2 floors and can house up to 54 residents, mostly in single bedrooms but there are some double bedrooms available. All rooms have ensuite toilets and wash basins and the care home does not charge top up fees.

## Discussion with the manager

The manager told us that the care home currently had a self-imposed embargo on accepting new residents. At the time of our visit there were 45 residents aged between 65 and 96 living there. This included one couple who shared a double room. The manager added that one new resident moved in the day before and that they do plan to increase new admissions if everything goes well

Residents were majority general residential and EMI care and could be living on either floor. Residents were free to use either floor if they preferred it. We were told that the home had de-registered from providing nursing care 2 years before.

## Staffing

The manager told us he had been in post for 6 months, and that he focused on improving care plans and staff recruitment. He added the company that owns the care home uses a dependency tool which considers residents' needs including mobility, if and how much support people need with meals, etc. This tool helps to decide what staffing levels are deemed necessary.

We were told that previously there had been a high use of agency care, but that they had not needed to use agency staff in the past 3 months. Currently day shifts operate with 7 staff which is 2 senior staff, 4 care staff (2 on the ground floor and 2 on the upper floor) and 1 'floating' member of care staff who would work wherever they were needed most at the time.

At night there are 5 staff on the premises: 1 senior member of staff, 1 member of care staff for each floor and 1 'floating' staff member. The home also employs 3 housekeepers, 1 for each floor and one to do the laundry.

The company has started to offer more things to staff to show their appreciation for the work they are doing, including a staff recognition board and staff recognition days on Thursdays. The manager showed us shelves with treats that he said staff could help themselves too.

## Healthcare

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The home uses Grassendale Medical Practice and there are no concerns about the service. They also use Telemeds, which the manager said is good, although they were having some problems with the laptops provided. More laptops were due to be sent out:

*Manager:*

**“Telemed is pretty much amazing. There have been a couple of issues with the Telemeds laptop not being as reliable as you want.”**

The manager also told us that the service provided by the community matron was excellent:

*Manager:*

**“I can’t fault them. Sharon (community matron) knows every resident like the back of her hand. You don’t find this level of support everywhere”.**

The regular MDT meetings are useful, and there are no issues with the pharmacy they use. The home uses the dentists that the residents have been with beforehand, or a local one when needed.

The manager told us that hospitals generally ‘fixed their mistakes’. A common mistake was DNAR paperwork being left at the hospital, but he advised they would rectify this and send information via taxi. Another member of staff told us that they had experienced poor hospital discharges with some residents having to be re-admitted to hospital after having been discharged too early.

## **Residents**

The manager told us that as part of the pre-admission assessment residents are asked about what they like to do, what their interests are, if they have religious beliefs, and what they now can or can’t do. If the residents can’t communicate this themselves, the next of kin are asked and information is used from their medical records.

We were told that none of the current residents smoked, but that they could install an outside smoking area if required. Smoking safety would be risk assessed on a person-by-person basis.

At the time of our visit there were not many people who are non-verbal living in the home, but quite a few residents had advanced dementia which impacted on their communication. There were no speakers of other languages. Some residents used hearing aids, and a few were partially sighted or blind, but none used communication aids. The manager said that the electronic care plans provided prompts to remind staff to check for hearing aids and glasses which we felt was a good idea if staff followed the prompts.

We were told that the home is trying to personalise rooms more, and the rooms we saw looked welcoming with plenty of personal touches including some Christmas decorations (the visit took place in December). Residents could bring their own furniture and belongings and change rooms when possible. We were pleased that there were some double rooms providing an option for couples to live together; one couple was living in a double room at the time of our visit.

## Activities and visiting

We were told that the home employs an activities coordinator. At resident meetings people were asked what they would like to do, for example gardening or baking. Recently resident meetings had been taking place monthly (quarterly before). A newsletter on Facebook and social media about activities is shared to help keep relatives informed. We were told the home does not have its own minivan, and outings are mostly organized on a 1-2-1 basis, for example walks to the prom or to the shops.

The home organises parties for events and has barbecues in the garden in the summer. We were told that a local school comes in around Christmas to sing, entertainers attend and a hairdresser comes in regularly.

A whiteboard just outside the main lounge downstairs displayed baking as an activity on the day before our visit. We did see quite a few photos in communal areas around the home depicting residents taking part in activities. We did not see any activities taking place during our visit, nor did we see a list of activities displayed. The newsletter we saw did mention activities taking place.

The manager told us that visitors can come in whenever they want. The home does not have protected mealtimes, and relatives can come in to have a meal with residents if they want to:

*Manager:*

*“Visiting is 24 hours; they can come whenever they want.”*

## Food

The manager told us that no current residents require any religious or cultural diets but that these can be provided for. Vegetarian options and food that is suitable for residents with diabetes is provided. Residents are asked for their preferences; many had said they wanted chips.

There are 2-week rolling menus with two choices and a vegetarian and diabetic diet option. We were told that menus are tailored to residents' preferences, and residents decide when they want breakfast or lunch. Snacks including fruit are available on the tea trolleys.

No residents had their own fridge or kettle in their room; the manager said there had been no requests for this but this could be catered for as long as it was risk assessed.

## Residents' belongings

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The manager told us that very few belongings go missing as the housekeepers know the residents' clothes, and clothes are labelled with permanent marker. There was no problem with dentures going missing either, which may be due to the prompts on the electronic care system that is used.

# Observations

Upon arrival at Cressington Care Home we were met by the manager Luke Grayson who confirmed our identification, and we signed into the care home visitors book.

We were shown around communal areas in the home. The home environment was clean, well maintained and well cared for overall, and there were no unpleasant smells.

There were photos of residents on the walls which made it look more personalised, and plenty of art including photographs of local celebrities and landmarks. A board showed pictures of the staff with their job titles.

We did find the layout of the home to be confusing and unclear in some places, most notably the upper floor. We did not see much signage to direct people around although management have added some brightly coloured front doors to bedrooms. This makes the area look bright and homely and maybe could be supported with some more signage to direct around.

We witnessed multiple interactions of staff with residents who were treated with dignity, respect, and in a caring manner. We saw staff getting down to resident's eye level, using reassuring touch and joking and laughing with residents. We saw staff working non-stop; however, we felt that there were not enough staff to be able to provide consistent care to all residents. One example, during our visit call bells appeared to be going off for quite a long time without being answered. In the downstairs lounge we witnessed an argument between two residents, but there were no staff to observe this or intervene as they were busy elsewhere.

## Observations on arrival

### Reception and entrance

There is a code on the main door to keep residents safe and a signing in book. There was a large visual menu on display and a sign about contacting staff if residents are missing any personal belongings. We also noticed a poster with a QR code relatives to report any maintenance issues so that these could be promptly dealt with. The Healthwatch Liverpool care survey poster was also displayed. We saw multiple Easy Read signs throughout the home.

### Hallways/corridors/lift

The first floor had 'front door' style bedroom doors on the first floor, each painted in a different colour. They made the corridors look more cheerful and contrasting colours have shown to be dementia friendly and can help residents navigate. The manager advised he is working on all bedrooms having these doors eventually. Many residents had their name and a picture of themselves or of something meaningful to them on their room door. We were told that residents chose what they wanted on their door, for example one resident preferred a picture of a bird instead of their photo.



Handrails were in a contrasting colour against the wall so are easily distinguishable. Most of the corridors were well-lit, however one corridor on the first floor was quite dark as a sensor light only came on once we were halfway down this corridor. This felt disorientating for us, and we imagine would be more difficult for someone living with dementia. NHS.uk advises that lighting should be bright, even and natural to provide best support for those with dementia

## **Bedrooms**

We were shown several empty bedrooms. These looked well maintained and had been decorated in different colours which residents can choose upon moving in. Residents can bring their own furniture as long as it fits. There was lots of natural light coming in through the windows. The ensuite toilets with wash basins had some storage provided. There were emergency cords in the bathrooms. We were told that residents can bring their own televisions but that there are spares available for residents that need them.

## **Showers/ bathrooms**

We were shown 3 shower rooms and a bathroom. All were spacious, looked clean and well maintained. The bathrooms were tiled throughout and included assisted baths.

## **Ground floor dining room**

This was a good-sized room with plenty of natural light coming in. There were tables and chairs dotted around the room. Several residents were eating their breakfast when we visited. There was a choice for people of where to sit and who to sit with. The room was clean, and there were lots of pictures of food on the walls. The dining room had a hatch leading to the kitchen making it easy for staff to see in and for residents to talk to kitchen staff. The room had Christmas decorations and was clean, looked festive and welcoming.

## **Ground floor lounge**

This was another large room with several different areas for residents to sit. We were told that the light and bright conservatory area was mainly used for activities. There was a door to the garden here which was clearly signposted, and a door with a sign for the hairdresser's room. There were some quieter areas with chairs and coffee tables grouped to the side of the main lounge area where a few residents were sitting.

The largest area in the lounge was quite dark and had a television on the wall with several residents sitting in front of this in their wheelchairs. There were armchairs side by side along the walls which were mostly occupied. One resident had a visitor.

## **First floor lounge and conservatory**

This room was light, bright and clean but smaller compared to the ground floor lounge and dining room. The lounge area again had armchairs positioned around the walls and a large television. There was a small dining area. Several residents were eating breakfast, others sitting side by side in the armchairs. We were told that food was brought up from downstairs. There was a sign with contact details for the Mersey Care infection control team.

Arts and crafts including Christmas cards that had been made by residents were on display, and there was an 'Alexa' available for residents to play music, with a sign showing instructions on how to use it. One resident was slightly agitated and asked for help repeatedly, and we observed staff responding respectfully and in a caring manner, getting the resident an extra blanket as they said they felt cold.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with 7 residents who told us the following about Cressington Court Care Home



““Yes, I like the food. The garden is nice. My room feels like home”.



Resident A

“It’s nice but I can’t say much yet, I’ve only just been here. Everyone seems friendly”.

Resident B

“I like living here. They give me lots of leeway and I’ve not been treated badly. I like looking around and observing. My bed is comfortable.”

Resident C

"I play bingo, but there are not enough activities – we do bingo once every blue moon".

*When asked what would make your life better here*

"The rubbish you give us we don't want" but added that they felt they could not be honest, and "did not trust them" (staff).

*We asked if the resident would feel more comfortable giving 1-1 feedback with the activity's coordinator in person, but the resident told us that they felt they could not trust the activities coordinator as they also work for the care home.*

"We can't make choices."

Resident D

"I like it here, it was rough where I was and I feel safer here, it's much better (than where I was before). The food is good and you can get a cooked breakfast. "I do some activities, and I watch the football in my room. My bed is comfortable."

"The staff do the best they can with the time they have got"

Resident E

"It's ok"

Resident F

"It's not bad but I don't like the food. The food is slopped, there is a lot of choice but it's not fresh food."

*(Describing health)* "I was limited with what I could do when I first came in but I'm doing more now."

*(Describing ground floor lounge)* "It's a bit crowded and open but I tend to sit here all day"

# Summary and recommendations

## Summary

Cressington Court looked and smelt clean and was tidy and in good condition with some nice homely and personalised touches. We feel a few areas could be improved, such as more signage and wayfinding particularly on the first floor. Some areas seemed dark due to slow acting sensor lights. We feel the overall environment could be made more dementia friendly.

It should be noted that the manager is new in post and has already made changes to improve the environment such as the colourful painted bedroom doors upstairs. We have also received positive feedback from partners about improvements that the manager is making to the care home.

We received mixed feedback from the residents we spoke to. We saw many positive and caring interactions between staff and residents. However, we felt that there were not enough care staff to provide consistently responsive and timely care for all the residents. One resident did comment that staff were doing the best they could with the time they have. We mentioned this to the manager at the end of our visit.

As a result of the above we are making the following recommendations

## Recommendations

- Review staffing levels accounting for the individual building design and residents' needs to ensure that consistent, responsive and timely care can be provided. Discuss with staff, residents and families if they feel that staffing levels are appropriate.
- Discuss with family and residents about the food provided and its presentation as we received some mixed feedback from the residents we spoke to.
- Look to make changes to the environment where possible to make it more Dementia friendly and ensure that lighting is working well across all areas. (Resources in appendix)

## Positives and good practice

- Cressington Court Care Home seemed clean and smelled pleasant throughout. Cleaners were visible during our visit and also supported residents.

- Staff came across as caring and interacted kindly and effectively with residents even whilst they were carrying out other tasks. The use of reminders on care plans for glasses and hearing aids is also an excellent idea for supporting residents who cannot communicate this.
- The signage around the home for reporting lost items and reporting repairs was thorough and even included QR codes for people to use. The care home seemed to be in good condition whilst we were there, and we saw maintenance staff in the building.

# Appendix

## Resources

The Alzheimer's Society has produced a basic checklist to making environments more dementia friendly. [Dementia-friendly environment checklist | Alzheimer's Society](#)

Carry out a dementia-friendly audit of the care environment (dementia friendly signs) [How to make your home dementia friendly - NHS](#)

## Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.



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