

HC-One Limited

Chorlton Place Nursing 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 

Overall summary

This inspection was carried out on 13 and 15 January 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

Chorlton Place Nursing Home provides nursing and residential care and accommodation for older people. The home also provides respite care and end of life care where required. It has 48 beds and is situated across two floors with lounge and dining facilities available on each floor. The ground floor provides care and support for

people who are assessed as requiring residential care and the first floor provides care and support for people who require nursing care. The first floor is accessed by a lift. The home is a large detached property set in its own grounds with off road car parking available.

We last inspected Chorlton Place Nursing Home in August 2014. During that inspection we identified breaches in five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. For example the audit systems in place to assess and monitor the quality

Summary of findings

of care provided to people were ineffective as we identified improvements were required in the management of medicines, and the quality of the service in respect of nursing and clinical care. Some of the care records we viewed required updating to accurately reflect the needs of the people they related to and to reflect the instructions of other health professionals.

We also identified shortfalls in the staffing provision at the home and in addition, some of the staff we spoke with were unclear on the reporting procedures in place if they suspected someone was at risk of harm and abuse.

The provider sent us an action plan detailing how they would ensure improvements would be made.

During this inspection we saw legal requirements had been met. We saw there was an audit system in place to identify shortfalls and where shortfalls were noted, action was taken to ensure improvements were made. There were arrangements in place to ensure medicines were managed safely and care records we viewed accurately reflected the needs of people who lived at the home. We saw staff were caring and attentive to people's needs and these were met without delay. The staff we spoke with were able to explain the signs and symptoms that may indicate abuse is occurring and the processes in place to report these so they could be investigated by external bodies if this was required.

The home had not had a manager in place who was registered with the Care Quality Commission (CQC) since February 2014. The 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. During the inspection we saw a manager had been recruited and had been in post since November 2014 and was currently going through the process of registration with the Care Quality Commission.

We saw, and were told by people who lived at Chorlton Place Nursing Home that staff were kind. We observed people being supported with respect and compassion. Staff were attentive to people's needs and offered explanations if they were delivering care. We saw people were spoken with patiently and with kindness. We observed people on the residential floor engaging in organised recreational activities and saw this was a positive experience for them.

People were supported to eat sufficient amounts to meet their needs and overall, the people we spoke with told us they enjoyed the food and were offered alternatives if they did not want the meal provided. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner and in accordance with their assessed needs.

The care records we viewed showed us that people's health was monitored and referrals were made to other health professionals as required. We saw evidence that if people's needs changed this was recorded and the staff we spoke with were knowledgeable regarding the needs and preferences of people who lived at the home.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medicines in a safe way.

Staff responded to people's needs without delay.

Good



Is the service effective?

Staff received training and development and supervision to ensure people were cared for by knowledgeable and competent staff.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where required an applications for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

Good



Is the service caring?

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People's health was monitored and referrals made to other health professionals to ensure care and treatment met their needs.

People were provided with and encouraged to engage in activities that were meaningful to them.

Good



Is the service well-led?

The service was well-led.

There were audit systems in place to ensure any shortfalls were identified and improvements made.

Staff were supported by their manager. There were daily meetings in place to enable open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



Chorlton Place Nursing Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 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. We also checked to make sure improvements had been made since our last inspection.

Prior to the inspection we reviewed previous inspection reports and notifications that we had received. In addition we spoke with a commissioner at the local authority, who previously visited the service. We were told they considered the service had made improvements since the last inspection.

We did not request a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion a PIR was not requested as following our last inspection the provider had sent us an action plan detailing how they planned to make improvements.

This inspection was carried out on the 13 and 15 of January 2015. On the first day of the inspection two adult social care

inspectors and a specialist advisor were present. A specialist advisor is a person who has specialist knowledge and experience. On the second day of the inspection one adult social care inspector was present.

During the inspection we spoke with six people who lived at the home, three relatives, six care staff, the activities co-ordinator, administration staff and the chef. We spoke with the home manager, the residential unit manager, the assistant operations director of the provider and two visiting health professionals. Following the inspection we spoke with two further relatives by phone to gain their views of the service provided. We also observed the interactions between staff and people who lived at Chorlton Place Nursing Home and looked at all areas of the home, for example we viewed lounges, people's bedrooms and communal bathrooms. At the time of the inspection there were 31 people resident at the home.

We looked at a range of documentation which included six care records, three staff files and audits that the assistant operations director had completed. We also looked at a sample of medication and administration records. In addition to this we viewed three individual care plans relating to specific needs.

We also spoke with two visiting health professionals who expressed no concerns.

Is the service safe?

Our findings

People told us they felt safe. We asked four people who lived at the home if they felt safe and they told us they did. Comments we received included; "I trust them and yes I'm safe." ; "Yes I do feel safe, I haven't any reason not to"; "I would tell them if I didn't feel safe but I think I am." One person told us they had previously experienced an incident and had discussed this with a previous manager. They told us; "I do feel safe. The staff have never bullied me or done anything wrong." We discussed the person's experience with the assistant operations director and the manager who told us they had not been informed of this and would investigate this. We asked three relatives if they felt their family member was safe and they told us they did. One relative told us; "I have no worries about (my family member's) safety."

At our last inspection we saw improvements were required to ensure staff were knowledgeable of the reporting procedures if they suspected someone was at risk of harm and abuse. We had identified a breach in Regulation 11 which related to safeguarding.

During this inspection we checked to see if staff understanding of the reporting procedures in place had improved. We asked staff to give examples of abuse and the staff we spoke with were able to describe the types of abuse that may occur and were also able to identify the signs and symptoms of abuse and how they would report these. All the staff we spoke with were clear they would not hesitate to report concerns and told us they had received training in the safeguarding procedure. We were told; "Of course I would report, to the manager or safeguarding. That's part of my job, protecting people from harm"; "I would do the right thing to protect residents." And "The number is on the notice board and I would report - yes." It is important that staff know and can recognise signs and symptoms of abuse in order that concerns can be reported promptly and investigations carried out as required.

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We were informed by the assistant operations director, that an assessment of people's understanding of abuse took place during the recruitment process to ensure all staff were able to respond appropriately to concerns. We saw documentation which confirmed this took place and we spoke with one member of staff who told us during their interview they had been given a scenario which indicated abuse was taking place and they had been required to discuss this. They told us they had been asked by the interviewer to explain what they would do and the reasons for their action. They had completed safeguarding training as part of their planned induction training. We considered improvements had been made.

At our last inspection we saw improvements were required to ensure people received their medicines in a safe way. we saw then there were no written guidelines (protocols) to tell staff when or why medicines prescribed 'when required' should be given. We saw one person had missed receiving one dose of medicines and in another instance a tablet count indicated that for a further person medicines had been signed for and not given. A person's prescribed medicine was not available and eye drops for one person had been opened but the date of opening had not been recorded. In addition we saw gaps in administration records for prescribed creams. We had identified a breach of Regulation 13 which relates to the safe administration of medicines.

During this inspection we checked a sample of medicine and administration records (MAR) and saw the record and amount of medicines on site matched. This showed us medicine was available and had been administered as prescribed. We also checked to see that written protocols were available if people were prescribed as required (prn) medicines. These are important as they inform staff when and why a person may need as required medicines.

Since the last inspection we saw written protocols had been introduced. The protocols included information such as the medicines prescribed, the reason for administration and the time between each dose. This helped ensure that medicine was given to people when they required it and in a safe way. We noted that one MAR did not have a corresponding written protocol and we discussed this with the nurse on duty who was able to explain why the person was prescribed the medicine and how it should be

Is the service safe?

administered. We brought this to the attention of the manager and the assistant operations director who addressed this immediately by completing a written protocol and placing this in the MAR file.

We checked to see that liquid medicine was dated on opening. The medicines we viewed were dated and were within the recommended expiry time. This is important as medicine administered 'out of date' is less effective and therefore may not produce the desired effect.

We saw the fridge temperature was monitored to ensure medicine was stored at the correct temperature. This meant that staff could be sure that medicines were always kept at the correct and safe temperature. The correct storage of medicines helps ensure the medicines is effective.

We checked to see creams were being administered safely. We saw there were no gaps in the records we viewed. This is important as medicine records should accurately reflect the medicine given.

During our inspection we saw the MAR had codes written upon them to ensure staff correctly recorded if medicine was administered or refused. We noted two of the medicine records we viewed had the letter 'n' recorded upon them next to medicine that was taken on a daily basis. On reading the code we saw 'n' should be recorded when prn medicine had been offered but was not required. Therefore the entry of 'n' was incorrect. We discussed this with the residential unit manager, the home manager and the assistant operations director who told us staff had wrongly recorded the letter 'n'. They told us they would address this by reissuing the documentation that explained the code for each letter and discussing this with staff who administered medicines. On the second day of the inspection we spoke to a qualified nurse who confirmed this had been discussed with them.

We observed a qualified nurse administering medicines and saw they spoke to people before this was given to them. They explained what the medicine was for and asked if they were ready to receive it. When people consented we saw the staff member checked the MAR and then checked the medicine before giving it to the person. We saw the MAR was signed on administration. This helped ensure accurate records were maintained and minimised the risk of medicine errors occurring. We observed the qualified nurse was diligent in their role and when they were asked

to take a phone call by a member of the care staff they requested the urgency of the call be ascertained and if it was not urgent they advised they would call the person back. We discussed this with the qualified member of staff who told us that unless there was an urgent situation they would not interrupt the administration of medicine as to do so increased the risk of errors occurring. They explained this may have a negative impact on the people receiving the medicine. This demonstrated to us they had a good understanding of the risks associated with the administration of medicines.

We discussed the arrangements for ordering and disposal of medicines with a qualified member of staff. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. We asked the staff member what training they had received to enable them to administer medicines safely. They told us they had received medicines training, shadowed an experienced member of staff and in addition had completed an assessment to assess their level of competency. We saw documentation which showed us that assessments were carried out to ensure staff were able to administer medicines safely. We concluded improvements had been made.

During the last inspection we identified a breach in Regulation 9, which related to the care and welfare of people who live at the home. We observed an unsafe moving and handling technique being used, placing a person at risk of injury or harm.

During this inspection we checked to see people were supported in a safe way. We observed staff checking any required equipment prior to its use and ensuring it was safe to use. We also saw people were supported to mobilise using safe techniques with the equipment that was required and the staff we spoke with were familiar with people's needs. This minimised the risk of people being supported in way that could cause distress, injury or harm.

During the inspection we saw staff identified risks and responded to these appropriately. For example we saw one person was coughing when they were eating their meal. We saw two staff stayed with the person until it was safe to leave them. This minimised the risk of harm occurring.

We also saw extensive redecoration was taking place at the home and the carpet outside the residential dining area

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had a temporary protective cover upon it. We saw staff request the cover be removed to enable people to access the dining area at mealtimes. They explained to the external contractor that the cover increased the risk of people tripping and this could result in injury. When the cover was removed we observed staff supporting people to mobilise in a safe and unhurried way. This showed us staff identified risks and took action to ensure these were minimised.

We viewed documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked a newly recruited staff member to describe the recruitment process to us. We were told that prior to being employed by the service they had to complete an interview and satisfactory references and disclosure and barring checks had to be obtained. We looked at the recruitment records for the staff member and viewed documentation that confirmed suitable recruitment checks were carried out. We also viewed a further two personnel files which also evidenced this. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

During the last inspection we identified improvements were required to ensure that people's needs were met in a prompt manner. We saw call bells were not answered quickly and staff said they required additional staff to complete paperwork. In addition relatives we spoke with said they were concerned because staff did not respond quickly to their requests. This was a breach of Regulation 22 which relates to the adequate provision of staff available to support people.

On the day of the inspection there were 17 people living on the ground floor of the home and 14 people living on the first floor. We were informed by the manager one senior care staff and three care staff were available to meet people's needs on the ground floor of the home and one qualified nurse and three care staff were available on the first floor of the home. The manager told us a residential manager was in place on the ground floor of the home and a clinical lead had recently been recruited who would be working on the first floor to provide further guidance and support to staff.

In discussion with the manager and assistant operations director we were told the home had recently assessed people's individual dependency levels and this was used to

inform the number of staff required to meet people's individual support needs. In addition the manager completed twice daily 'walkarounds' to carry out observations. The manager told us they observed staff interactions with people to ensure these were respectful and people's needs were met in a responsive manner. They told us they would investigate any concerns regarding staffing and would arrange for extra staff to be available if they saw people's needs were not being met. This showed us the manager monitored the experiences of people who lived at Chorlton Place Nursing Home.

We saw documentation that showed us rotas were completed in advance. This helped ensure any shortfalls due to leave were identified and cover was identified. The manager told us agency staff were not used unless this was to cover unplanned leave in an emergency, they explained this helped ensure people were supported by a regular team of staff who knew people's needs and were able to provide consistent care. They also told us they reviewed staff members' sickness and timekeeping and there were policies in place to address any areas where a staff member's performance fell below the required standard. As the manager was new in post they had not completed any formal interviews with staff to address such concerns but we were shown a diary entry which confirmed the manager had identified a potential shortfall in performance and had made arrangements to discuss this with the staff member. This showed us the manager monitored staff attendance to ensure people were supported by a consistent team of staff.

The staff we spoke with confirmed if shortfalls were identified in the rota, cover was provided and this was arranged in advance wherever possible. In the event of unplanned leave we were told the manager ensured staff were contacted to enable cover to be provided. All the staff we spoke with told us they considered the staffing numbers provided to be adequate to meet people's needs. They told us; "We have enough staff to do our jobs"; "there are enough staff here to care well" and "We have enough staff to make the care count." This showed us the manager monitored the number of staff available to meet people's needs and took action if shortfalls were identified.

We also spoke with five people who lived at the home. One person told us staff could sometimes be "slow" and a further four people told us they were happy with the response from staff if they needed assistance. Comments

Is the service safe?

we received included;” If I ring (my bell) they come and I don’t have to wait no.”; “I don’t’ generally have to wait no, it’s got a lot better here recently.” We were also told by one relative they believed the staffing levels at the home had improved since the last inspection and their family member had not expressed dissatisfaction with the speed of staff responses.

We observed people’s needs being met in a responsive way. We saw one person requested an additional drink and this was supplied quickly. We also saw people were supported, as they requested, to return to their rooms or sit in their preferred area of choice. We noted that if a call bell rang this was answered quickly. We concluded improvements had been made.

Is the service effective?

Our findings

We received mixed feedback regarding the food provision at Chorlton Place Nursing Home. We asked four people their views on the meals that were provided. They told us they liked the food choices available. We were told “I like the bacon and eggs. All the food is lovely”, “The food is generally pretty good”, “I like the roasts.” However at lunch we heard one person comment the curry provided was peppery rather than spicy and a relative told us more culturally appropriate food was required. They said the Jamaican food provided was not very good. In addition one person who lived at the home said the food was not very good. We discussed this with the manager and the assistant operations manager who told us they were aware that some dissatisfaction had been expressed regarding the food provided and they were currently looking at ways this could be improved with on-going support from the provider’s head of hospitality.

We observed people eating their midday meal and saw they were offered the choice of where to eat their meal. Some people chose to eat in their bedrooms and tables were provided, at an appropriate height to ensure people were able to do this. We also observed meals being provided in the dining area and found the atmosphere was calm and sociable with a relaxed atmosphere. It is important the dining room experience is enjoyable as it encourages people to eat and drink sufficient amounts to meet their needs.

We saw people generally appeared to enjoy the meal and hot or cold drinks were provided according to people’s preferences. People were provided with napkins, and where required protection for people’s clothing was also available. We observed people being encouraged to eat and staff discreetly observed people to ensure they ate sufficient to meet their needs. We saw one person tried the fish in parsley sauce they had chosen and requested curry instead. This was provided and prior to leaving the person we saw the staff member ask if they were happy with the meal after they had tried it. We also observed one person requesting an alternative meal. We saw this was accommodated. This demonstrated that people’s preferences were respected and alternatives provided to encourage people to eat sufficient to meet their needs.

During the last inspection we saw recommendations made by a Speech and Language Therapist (SALT) were not

included in a care plan. We also observed a person being supported to eat and the care did not reflect the person’s identified needs. This was a breach of Regulation 9 which relates to the care and welfare of people who lived at the home.

During this inspection we saw people were supported to eat and drink in accordance with professional recommendations. We observed a person with specific needs being supported to eat. We saw the care given reflected the needs of the person and the recommendations of the SALT were recorded within the person’s care plan and in addition, the original recommendations were also within the care file. We also observed the care being given to a person who required a percutaneous endoscopic gastrostomy (PEG). PEG feeding is used where patients cannot maintain adequate nutrition with oral intake. We saw the person’s care plan reflected their needs and care was delivered in accordance to their assessed needs. We also observed a further person being supported to drink. The drink was provided in accordance with SALT recommendations which were documented within the person’s care plan. We concluded improvements had been made.

We observed staff to be confident when supporting people. All the staff we spoke with told us and we saw documentation that showed us, they had received training to enable them to provide effective care. They told us training had been provided in areas such as theory and practical skills of moving and handling, safeguarding, and the Mental Capacity Act 2005 (MCA). Staff also told us they met with their manager to discuss their role and their performance and we saw documentation that showed us this took place.

The manager told us they were training a staff member to provide ‘on the job’ training to staff in practical moving and handling. The manager explained the staff member would also carry out observations of staff while they worked and offer support and guidance if this was required. We met with the staff member who confirmed what the manager had told us. This showed us the home was providing training and support in different ways to ensure the care provided was effective.

All the staff we spoke with told us new staff received an induction to Chorlton Place Nursing Home. This included a mixture of practical and theoretical training and in addition staff completed a period of shadowing before they worked

Is the service effective?

with people on an individual basis. We spoke with a newly recruited member of staff and they told us they considered the induction to be supportive and we viewed one induction record which confirmed a process was in place to ensure staff were supported to deliver effective care.

The CQC monitors the operation in care homes of the Deprivation of Liberty Safeguards

(DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their freedom. The assistant operations manager told us they were working with the local authorities to ensure applications to lawfully deprive people of their liberty were made appropriately. We were told by the manager of Chorlton Place Nursing Home there were no people for whom a DoLS authorisation had been approved at the time of our visit, however they had made an application to the appropriate authority as a person had expressed a wish to go home. We saw documentation that evidenced an application had been made. We also saw consideration was given to people's capacity as required by the MCA. Within the care records we viewed we saw

capacity assessments were completed as required. In one instance we saw this had been completed incorrectly and on discussion with the manager we were assured this would be reviewed.

We asked staff to explain their understanding of the MCA and DoLS. Staff we spoke with had a good understanding of the processes in place to ensure people's consent was gained and if they were unable to consent, the steps that should be taken to ensure decisions were made in people's best interests. We also discussed this in detail with the qualified nurse on duty. They were able to explain when and why the MCA should be considered and were also able to give examples of when a DoLS would be required and the reasons for this.

We asked the manager how they ensured the care delivered at the home was up to date and in accordance with best practice. The manager told us they sought advice from other professionals. For example they had worked closely with visiting health professionals to ensure that the practices of the home reflected current guidance. We were also told staff had access to a professional nursing publication in order to maintain and update their skills. We spoke with a qualified member of staff who confirmed this was the case.

Is the service caring?

Our findings

People told us they felt cared for. Comments we received were: “The staff are ok here, they’ve got the balance right and they’re always interested in me so yes I would say they are caring”; “I like it here and I just wanted to tell you how good the girls are”; and “The staff are very good, very patient and very understanding.” All the relatives we spoke with described the staff as “good”, “kind” and “caring.”

During the inspection we saw staff were compassionate when interacting with people who lived at the home. We observed one person became distressed and a staff member sat with them, speaking quietly and offering reassurance. This showed us staff were caring.

We observed people’s privacy and dignity were protected. Prior to entering private bedrooms staff were observed to knock on people’s doors and await a response before entering. If personal care was delivered we saw bathroom and bedroom doors were shut, ensuring dignity and privacy were upheld.

We saw staff were polite and respectful when speaking with people and they appeared attentive and interested in what people wanted to say. We observed one staff member conversing with a person who had difficulty hearing what the staff member was saying. The staff member spent time with them and explained they would be happy to speak with them in a quieter area as this may be easier for the person. We saw touch was used appropriately and the staff member sat close to them so it was easier for the person to hear. We saw the person responded positively to this.

We spoke with four members of staff and asked them to describe the care needs of people who lived at the home.

From our conversations we found staff were knowledgeable about people’s needs and could describe the support people needed to mobilise safely, individual dietary needs and individual treatment that may be required in the event of an emergency. Staff were also able to describe the routines people preferred such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had. This is important as it enables staff to deliver care and support that meets people’s needs and preferences.

We observed people being supported to mobilise using specific equipment that met their needs and saw staff sought consent and explained what they were intending to do. When people were supported to mobilise we saw staff observed them for any signs of discomfort or distress and maintained conversation with them. We saw reassurance and explanation was given in a calm and caring manner. This showed us staff were considerate of people’s feelings and well-being.

We saw people were asked to consent to care before it was given and in the files we viewed we saw people’s when appropriate, consent was documented to ensure people’s wishes were recorded. We observed people were asked if they wanted support to mobilise, receive their medicines or pour their drinks before this was carried out. This showed us staff supported people in a way that recognised their individuality and was important to them.

We asked three relatives if they felt involved in their family member’s care. Two relatives told us they were. However one relative told us they did not. We discussed this with the manager who told us they were planning to attend all care reviews, to which relatives would be invited and a meeting was being planned to discuss this with all relatives.

Is the service responsive?

Our findings

During the last inspection we saw a care plan had instructed a person should be referred to a GP if they lost weight. There was no evidence to show this had been done. This was a breach of Regulation 9 relating to people's care and welfare.

During this inspection we saw people's weight was monitored and appropriate action was taken. In the event of weight loss being identified this was managed appropriately to ensure the people's health and wellbeing was maintained. In the care documentation we viewed we saw evidence that referrals were made to other health professionals as required. For example we saw referrals had been made to a GP, dentist, dietician and speech and language therapist. This showed us people's health was monitored and action taken to ensure people received effective care.

We also saw evidence that people's care documentation reflected their needs and treatment was planned to ensure effective care was delivered. We saw one person required care for a wound. The documentation contained a care plan describing the care the person required and we saw referrals had been made to other health professionals as required. We considered improvements had been made.

Overall the care records we viewed had been written in a person-centred way. Each one contained information in relation to the individual person's, needs, likes, dislikes and preferences. The staff we spoke with were able to demonstrate a good knowledge of people's needs and personal choices. This is important as it enables staff to deliver care and support in a way that meets people's needs. We saw one record which was written in a less person centred way. Although there was information about the person it is not written from the person's perspective. Following the inspection we discussed this with the manager who said they would address this immediately.

We saw activities were being carried out on the residential floor. We saw people were asked if they wanted to participate in beanbag netball. This was well organised with staff encouraging people to engage and offering support if required. We saw people laughing and enjoying the activity and those people who did not wish to participate were seen to be chatting about the activity. In addition we saw one person had requested to write a letter, they were supported to do so. This showed us people were enabled to engage in activities that were meaningful to them. We saw this was a positive experience for people at Chorlton Place Nursing Home.

We spoke with the activities co-ordinator who told us activities were provided on both floors of the home. Although we did not see any organised activities taking place on the nursing floor, we were shown documentation which evidenced that people were encouraged to participate in both group and individual activities. In addition we spoke with one person who lived on the nursing floor who told us they had discussed their individual activity preferences with the activities co-ordinator and as a result they spent time with them watching their favourite films and chatting about them. Another person told us they had requested nail manicures as an individual activity and this had been provided. This demonstrated the home consulted with people and responded to their preferences.

We asked two relatives if they were aware of the complaints procedure in place. They confirmed they were. One relative told us they had previously made a complaint and they were satisfied that the procedure had been followed. At the time of the inspection we were aware a complaint had been raised with the service and this was currently being addressed. We also viewed two completed complaints that had been addressed within the required timescale. This showed us the home responded to complaints in accordance with the policy in place at Chorlton Place Nursing Home.

Is the service well-led?

Our findings

There had been no registered manager at the home since April 2014. The registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. At the time of our inspection we saw a manager had been recruited. We met the manager who told us they had been in post since November 2014 and was currently going through the process of registration with the CQC. We saw evidence the registration process had started and that the manager had a date arranged to attend the Fit Person interview with the CQC.

At our last inspection we saw improvements were required to ensure the service was well-led. There was no evidence that the quality assurance systems in place were used to implement change or improve care. This was a breach of Regulation 10 relating to quality assurance.

During this inspection we saw improvements had been made and the quality assurance audits identified if improvements were required.

We viewed completed 'key performance indicator audits' and saw these covered areas such as weight loss, falls, accidents and pressure ulcers. We discussed the audit with the assistant operations director who told us they monitored weight loss to ensure people were referred for specialist health advice as appropriate and they had sought advice from a health professional regarding the management of people's weight. We viewed an audit which confirmed this had taken place. In addition the assistant operations manager told us they monitored the number and type of falls that occurred so they could analyse any trends and make improvements to minimise the risk of falls. They explained they reviewed all accident forms and identified trends to assess shortfalls in the care provided. The documentation we viewed showed us action had been taken following the analysis of falls within the home. We saw it had been identified that different equipment was required to meet a person's needs. We visited the person during the inspection and saw the equipment had been provided. This showed us the findings of audits were used to improve care.

We also viewed a 'call bell audit' and saw call bells were monitored to ensure people's requests for assistance were met quickly. The people we spoke with during the inspection confirmed there had been improvements in the

response from staff if they used their call bells. This demonstrated monitoring systems were in place to identify if improvements were required and if these were maintained.

We viewed completed medicines audits and saw any errors were identified and action taken to address these. We saw that as a result of an audit staff had been informed they were required to undertake training in medicines administration. We saw documentation that showed us practical assessments had taken place. This demonstrated the home identified shortfalls and took action to minimise the risk of reoccurrence.

We saw care records were audited. We saw five completed records audits and checked the shortfalls identified had been corrected by viewing the care records. In four of the care records we saw the care records had been updated. In the fifth record we viewed we saw the record still required updating. We discussed this with the residential unit manager who told us they were updating the record. The residential manager told us that as they were currently awaiting the clinical lead to start they had reviewed the record, identified shortfalls and were amending the record. We asked if they had viewed the audit and were informed they had not. We discussed this with the assistant operations director and the manager who told us the audit records were accessible in the main office of the home but in future they would ensure care records audits were placed in the corresponding care files.

We asked the manager what other systems were in place to ensure people received care that met their needs. The manager told us, and we saw documentation that evidenced that the manager completed 'daily walk rounds'. The manager explained they walked around the home and carried out observations of care. For example they observed if people were being spoken with respectfully, people with mobility needs were supported safely and the number of staff provided was sufficient to meet people's needs. They told us they would address any concerns to ensure people received care and treatment that met their needs.

We were told by the manager daily meetings were in place. We were told these were attended by nursing, care and ancillary staff to ensure communication was effective and any concerns were identified and actioned as appropriate. We observed a daily meeting and areas discussed included the staffing provision for that day, any accidents or

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incidents, the health of people who were unwell and activities. We saw each staff member passed information to the manager and if required, the manager sought further information from them. For example we heard that a person had fallen and the manager questioned how the person was, if an injury was sustained, if family members had been informed and if a monitoring chart had been implemented to ensure the person's health was monitored appropriately. This showed us the manager sought clarity from staff to ensure the correct and appropriate actions were carried out to ensure people received care that met their needs.

Staff we spoke with were positive regarding the appointment of the new manager. All the staff we spoke with told us they had met with the manager and had discussed their role and the expectations of the manager while they worked at Chorlton Place Nursing Home. They also told us they felt the 'daily walk rounds' were supportive as this enabled the manager to monitor the home effectively. Comments we received included; "The manager is proactive" and "(The manager) is very nice. I hope she stays because (the manager) cares about the people here and us as well." Staff also told us they were confident the manager would respond to any concerns they identified and they found them approachable. This is important as staff should be able to discuss areas of concern to enable improvements to be made.

We were told a survey had been completed by people who lived at Chorlton Place Nursing Home. At the time of the inspection we were told this was unavailable as the information was currently being analysed to identify any areas that required improvement. We saw evidence that this was taking place. This showed us there was a process in place to seek people's opinions of the service provided.

We viewed minutes of a residents' meeting and saw a discussion had taken place regarding the provision of culturally appropriate food. We discussed this with the chef who told us they had received guidance from the hospitality manager to improve the food provision and this

was still ongoing. They said they observed mealtimes to ascertain people's satisfaction and would make changes to meet people's individual needs. This demonstrated the home sought feedback regarding the quality of the service provided at Chorlton Place Nursing Home and took action to address any areas that could be improved.

We asked the manager and assistant operations director how they intended to ensure regulations were met and this was sustained. The manager was clear in their explanation and spoke passionately about ensuring people received high quality consistent care from staff who were skilled and knowledgeable. They told us they would continue to monitor the service by completing effective audits to ensure people were supported effectively.

The assistant operations director spoke openly with us and said they had identified one challenge to the home was that at present they were not currently receiving admissions from the local authority. They explained that if admissions recommenced without a robust overall strategy this had the potential to negatively impact on the people living at Chorlton Place Nursing Home and any improvements made. They explained they had developed a forward plan. We were told they would personally continue to monitor the service for the next four to six months in order to ensure the manager received support, and to ensure stability was provided from management. They also told us there was an admission plan in place to ensure people who were referred to Chorlton Place Nursing Home were properly assessed to ensure the service could meet their needs. We discussed this plan with them and were informed the admission plan would also ensure staffing was monitored and adjusted if required and that all care planning was carried out and documented within an appropriate timescale. The assistant operations director emailed this to us following the inspection and we saw it reflected her explanation. This demonstrated there was a strategy in place to ensure shortfalls were identified and improvements made.