

Imperial Care Consortium Ltd

The Chanters Care Home

Inspection report

Tyldesley Old Road
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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

About the service

The Chanters Care Home is a care home providing personal care to older people, including people living with dementia. The service accommodates 40 people across 2 units. At the time of the inspection 38 people were using the service.

People's experience of using this service and what we found

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by the registered manager. Staffing levels were safe. The provider managed medicines safely. Staff used personal protective equipment (PPE) appropriately when supporting people.

Staff had the skills and knowledge to deliver care effectively. People's needs were assessed and reviewed regularly. Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. The building was designed to meet the needs of the people receiving care.

People told us staff were polite and always asked before providing care and support. Care plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

The provider ensured systems were in place to monitor the running of the service. Staff worked well in partnership with other agencies to deliver effective care. The registered manager audited care and support records, to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us under a new provider on 23 March 2023 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Chanters Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector, a medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Chanters Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chanters Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 October 2023 and ended on 19 October 2023. We visited the location on 18 October 2023.

What we did before the inspection

We sought feedback from the local authority and healthcare professionals who work with the service. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, regional support manager, and 5 staff. We spoke to 2 healthcare professionals who were visiting the location at the time of the inspection.

We spoke with 4 people receiving care and 5 relatives. We reviewed 4 people's care records and 8 people's records for the administration of medicines. We reviewed records and audits relating to the management of the service, including infection control, care plans, and risk assessments.

We asked the registered manager to send us documents after the onsite inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored, administered, and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff received appropriate training in the management of medicines and competency assessments were completed by managers.
- During the inspection we identified the plans to support the safe administration of medicines, creams and thickeners prescribed to be given 'when required' needed some additional information to be included. After the inspection we received information from the registered manager showing this had been put into place.
- We noted there was no impact of harm on people at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.
- The provider carried out regular health and safety checks, including fire safety, to ensure the building was safe.
- Relatives told us they felt people were safe. One relative said, "We have had a long relationship with the service and they know [my relative] really well and keep them safe at all times."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.
- The provider operated safe recruitment processes. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives assured us there were no restrictions on visiting. One relative said, "I can go anytime and staff are very accommodating. I take her out and also follow service activities on social media. During infection outbreaks staff make sure we can keep in touch."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff by the provider to reduce the risk of issues reoccurring and to improve the quality of care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The registered manager ensured care plans were personalised and reflected people's needs and aspirations. People, those important to them and staff reviewed plans regularly together. People told us they were regularly involved in their care and the staff would not change anything without informing them first.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in care plans.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.
- Staff completed an induction period, shadowing other staff and getting to know people before starting to work more independently.
- Staff training and competencies were refreshed at regular intervals. Staff told us they received training to help support people living with specific conditions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- People said the meals were good quality. One person told us, "You get lots to eat, and you get plenty of choices. I'm on a specialised diet and the staff are always available to help. There are plenty of snacks and drinks throughout the day as well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.

- People were supported to live healthier lives, access healthcare services and support.
- Staff provided support to people to maintain their oral health needs where this was identified as a need; this was recorded in care plans.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design, and decoration of the premises.
- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.
- Consideration had been given to ensuring the environment on specific units was suitable for people living with dementia. For example, bathrooms considered contrasting colours to support vision and depth perception.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.
- Relatives said staff were always respectful. One relative told us, "Staff are respectful and gentle; they know [my relative] well and know how to reassure her whilst respecting her dignity."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. Regular meetings were held where people had the opportunity to discuss their views and feedback.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.
- The provider ensured care plans identified those appointed to support people to express their views and be represented in making decisions about their care. Arrangements were made for people to be represented by an independent advocate where this was needed.
- People told us they were included in all aspects of the service. One person said, "It's like being at home; everyone is so nice and friendly. I have control over what I do (and when) and I wouldn't want to move."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff respected people's personal space, they knocked on bedroom doors and introduced themselves before entering. On entering rooms staff greeted people and enquired about their comfort and wellbeing.
- People's personal information was treated in confidence. Records about people were kept securely and accessed only by authorised staff and others on a 'need-to-know' basis. Discussions of a personal nature with and about people were held in private.
- People told us staff were always respectful. One person said, "Staff always ask me before they support me and are always aware of maintaining my dignity and promoting my independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- The provider regularly reviewed care plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People and their relatives felt they had choice around their daily living arrangements, and this was respected by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards.
- People's communication needs were understood and supported.
- The provider assessed people's communication needs, and these were recorded in their care plans. Care plans were regularly reviewed.
- The registered manager told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities relevant to them.
- People's relatives were made to feel welcome by staff when visiting; they were offered refreshments and spent as much time as they wished with their relative. Relatives were invited to join in seasonal events and celebrations held at the service.
- People were offered a range of activities and opportunities to socialise by staff. For example, singers and pet therapy in service, and local community trips on a monthly basis.
- Relatives told us there were always plenty of activities available to people, both in the service and in the community. One relative said, "[My relative] went on a trip to the (Blackpool) Illuminations and staff are

trying to arrange a tour of the Manchester United Stadium soon."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- Residents and their relatives said they felt confident the provider would act on their concerns.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider had processes in place to support people with end-of-life decisions.
- Staff knew how to care for and support people, and how to access the appropriate healthcare professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving care and support who were at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service.
- Staff interactions whilst supporting people showed compassion, understanding and respect. This reflected the registered manager's approach to meeting people's needs and respecting their life choices.
- The provider had systems to provide person-centred care which achieved good outcomes for people.
- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. One person told us, "We have a meeting every week; staff ask us what we think of the service, the food, and the entertainment and the ask us what changes we would like to see."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour.
- The provider and manager notified relevant agencies, including CQC, in a timely manner of incidents when they occurred.
- People and others were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis
- The provider had created a learning culture at the service which improved the care people received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The provider had a clear management structure which monitored the quality of care to drive improvements in service delivery.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Relatives told us the service was well managed.
- The provider worked in partnership with others. Staff supported people to maintain links which were important to them such as with family, friends, and church groups.
- Healthcare professionals told us they found the registered manager and staff to be well organised and dedicated in all aspects of the service. One healthcare professional said, "The registered manager facilitates regular audits and reviews within the service and always engages well with others, seeking further guidance

and support wherever necessary."