

HC-One Limited

Chorlton Place Nursing Home

Inspection report

290 Wilbraham Road
Manchester
Lancashire
M16 8LT

Tel: 01618820102

Website: www.hc-one.co.uk/homes/chorlton-place

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chorlton Place Nursing Home (known as Chorlton Place) is a nursing home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

Chorlton Place is a large purpose-built home, with all bedrooms having an en-suite toilet. The ground floor is a residential floor for people living with dementia and the first floor supports people who need nursing care.

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

The provider's risk framework had improved and risks to people were assessed and managed in line with their needs. There were clear care plans in place to guide staff in how to provide care safely.

People were receiving their medicines safely. We did however identify some anomalies with the electronic medicines administration records (eMAR) system not correctly calculating the medicines stocks. We were satisfied nobody missed their medicines and we have been assured by the corrective action taken by the provider.

There were enough staff available to meet people's needs. The provider recognised the night staff deployment needed to be increased following our last inspection. The night staff confirmed the additional staff member had made a huge difference.

We observed a range of positive interactions between people and the staff team throughout the inspection, with staff responding appropriately and in a timely manner to changes in people's needs. There was a warm and homely environment, with people relaxed in the presence of staff.

People and their relatives told us they had been well supported throughout the COVID-19 pandemic and the provider worked in line with current guidelines to support safe visiting.

People and their relatives were positive about the management of the service and the management team had a visible presence across the home. People were cared for by a motivated staff team who felt valued and supported to carry out their duties.

The provider monitored the quality and safety of the service. There was a regular programme of auditing in place. People and their relatives were encouraged to provide feedback regarding their views and opinions of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 08 March 2021) and there were two breaches of regulations 17 and 18. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 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.

Chorlton Place Nursing 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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. The Expert by Experience made calls to people and their relatives on 19 January 2022.

Service and service type

Chorlton Place Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 January 2022 and ended on 20 January 2022.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met and had general introductions with people who used the service and spoke with three of them in more detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities.

We spoke with 10 staff members. This included the registered manager, area director, two nurses, two senior care workers, two care workers and the wellbeing-coordinator.

We reviewed a range of records. This included four people's care and medicines records and three staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of meetings and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The Expert by Experience spoke with eight relatives by telephone about their experience of the care provided at Chorlton Place.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements to people's risk assessments had been made since the new registered manager had been fully established at the service.
- There were comprehensive, personalised risk assessments which reflected individual circumstances. The assessment of each person identified any risks that could affect their care and support needs. Risks considered areas such as falls, skin integrity, nutrition and any behaviours that challenge were assessed.
- The provider had arrangements for the ongoing maintenance of the premises. The registered manager carried out environmental risk assessments and ensured equipment was safe and regularly serviced.

Using medicines safely

At our last inspection we found the newly introduced electronic medicines system had not been safely introduced, which meant staff had difficulties using the system. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Oversight of medicines had improved, and medicines were stored and managed safely. Staff who were required to administer medicines had all received training and had their competency assessed periodically.
- Electronic medicines administration records (eMAR) were properly maintained, completed accurately and contained the relevant information to ensure people received their medicines safely.
- Staff followed guidance in place on managing 'as and when required' medicines which ensured people had access to pain relief and other medicines to support their health needs.
- There were regular checks in place which included daily checks during staff handovers to ensure people had received their medicines. Monthly audits helped identify any errors or where improvements could be made.

- We identified some anomalies with the eMAR system when calculating the medicines stocks. We were satisfied nobody missed their medicines and we have been assured by the corrective action taken by the provider.

Staffing and recruitment.

At our last inspection we found insufficient staff at night on the nursing floor to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to provide care safely.
- At the last inspection we found there were not enough staff on duty during the night to meet people's needs. At this inspection we found the provider increased the care workers from two to three along with a nurse on duty. Feedback from night staff was positive about this increase, one staff member told us; "I now feel I can do my job safely."
- Observations throughout the inspection showed there were enough staff on duty to meet people's needs in a timely manner.
- People were supported by a team of nurses, care staff, and ancillary staff. There were enough skilled and experienced staff to meet the care and support requirements of each person. Staffing levels were based upon people's care and support needs in key areas so appropriate numbers of staff were always on duty.
- Staff told us they felt there was enough support to meet people's needs. One staff member said, "In the past we would struggle, but now we are fine. Staff know what they're meant to be doing and we work well as a team."
- The provider had safe systems for the recruitment of staff. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service and were discussed during daily handovers to ensure staff were aware of any action that had to be taken.
- Incident forms were completed, and records showed the provider took appropriate action. This included referrals to health and social care professionals, care records updated and discussions across the staff team, including group supervisions

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Systems were in place to protect people from the risk of harm or abuse. The registered manager was aware of their regulatory responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

Preventing and controlling infection

- The provider had systems in place to ensure staff knew how to keep people and themselves safe and reduce any risk of COVID-19. The provider had continually reviewed their infection and (IPC) policies and staff told us they were regularly updated with changes to government guidance and procedures to follow to keep people, staff and visitors safe.

- Staff completed IPC training and were observed to be wearing the correct personal protective equipment (PPE) and following best practice.
- There were robust visiting protocols in place to ensure the provider was preventing visitors from catching and spreading infections. Visitors needed to take a lateral flow device (LFD) COVID-19 test and were provided with the necessary PPE upon entry. This assured us the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Staff confirmed they were involved in regular COVID-19 testing and the provider made sure they were following the recent legal requirement for all staff and relevant visitors, such as health and social care professionals, to have had the COVID-19 vaccine.
- The home was clean and hygienic, with enhanced cleaning schedules in place which we observed during the inspection. Positive comments from people and their relatives included, "The home is clean, and mum always looks well cared for."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were much improved and captured people's assessed needs in a person-centred way.
- The staff understood the needs of people and delivered care and support in a way that met people's needs and promoted equality.
- Staff had a good understanding of people's needs and could tell us about people without having to review their records. Staff were observed to be responsive to people's changing needs and their knowledge of people enabled them to provide personalised care. During the inspection we observed one person who appeared to be upset. We observed different members of staff including the registered manager taking time to sit with this person and it was apparent the person appreciated this support.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS).
- Information could be made available in different formats, including braille, large print, audio and alternate languages if needed.

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

- A range of activities were provided by the activities well-being coordinator, including, arts and crafts, quizzes and singing to name a few. The activity well-being coordinator spoke with great pride about the activities they supported people with.
- People were supported to maintain relationships with their family, and we saw this had been very important during periods where visiting was restricted. We saw staff supported people to stay in contact via video calls. One relative said, "Communication is excellent. The manager always gets back to me." Another relative told us, "If I go and just wave to mum through the window, [registered manager] will contact me asking how my visit was, they go above and beyond."
- The provider supported people's religious and cultural needs. We saw people had alternative meal options available to them to meet their cultural preferences, including African and Caribbean dishes.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death.
- Staff encouraged people to share their wishes and views, and to make decisions about their preferences for end of life care.
- Information was recorded in people's care plans about any decisions they had made, including whether they had refused to be resuscitated.
- The registered manager had created essential links with Macmillan, which had a positive impact for the home with the Macmillan team providing end of life training to a small number of staff. Future training was due to take place for the remaining staff team.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the providers oversight of systems such as the electronic medicines system was not robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service. The management team carried out regular audits which highlighted any concerns and areas for improvement to ensure the quality and safety of the service was maintained.
- The registered manager and other senior managers were visible within the service and made themselves available to speak with people, their relatives, visitors and the staff team. This meant they were aware of how the service was doing and how people were feeling.
- Staff were extremely complimentary about the registered manager. Comments included, "[Registered manager's name] is the best manager we have ever had, such a lovely person", "I feel well supported. We have a strong manager" And "Honestly, this manager has turned this home around. We respect [name] so much. If [name] left, we would all be following her. [Name] leads by example!"
- Notifications of important events had been submitted to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People received care from a consistent staff team who knew them well, understood their individual needs and were responsive to changes. We saw people and staff interacting in a friendly and caring way. One staff member said, "Chorlton Place is a great place to work. As a staff team we pull together, and we love our residents."
- Staff and management were aware of the importance of developing a person-centred culture in the service. The registered manager spoke of a no blame approach to dealing with incidents within the home. The registered manager explained that they wanted staff to feel valued and confident at raising any concerns they may have and not being penalised for this.

- Staff also spoke positively about the positive culture across the home and the support they received. Comments included, "I feel the home is going in the right direction, finally" and "There is an open-door policy here. I know I can visit [registered manager] if I have a problem. This is a huge shift from previous managers."
- Feedback from relatives about the management of the service was positive. A relative told us, "I have only met [registered manager's name] once and had one telephone call with them. [Name] seems professional and helpful. I think they are a good manager, but tough, staff know [name] is the boss. Everything is well managed and [name] seems to have the balance right."
- The provider had acted, using disciplinary procedures where appropriate, when the expected standards of care had not been met.
- The registered manager, area director and provider fully complied with their duty of candour responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had identified alternative ways of gaining feedback. Visiting professionals, family or others had been asked to provide feedback. The service used this feedback to improve the service.
- There were regular staff meetings in which improvements were discussed to support good practice and lessons learnt.
- The registered manager attended regular provider forums with the local authority and other care home providers in the local area. This was to provide advice and guidance for COVID-19 and discuss best practice across the local borough.
- The service worked well with any other health and social care professionals who were involved in people's care and support. The home also had positive links with the local authority.