

HC-One Limited

Chorlton Place Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

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.

The ground floor is a residential dementia unit and the first floor is a nursing unit. All rooms are single occupancy with an en-suite toilet. People shared accessible bathrooms on each floor.

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

The registered manager had been in post for six months. Feedback was positive about the new registered manager. Staff felt well supported and the completion of staff training had increased.

Care plans and risk assessments were of variable quality and detail. This had been identified by the registered manager through the comprehensive quality assurance system. An action plan was in place and all care plans and risk assessments due to be reviewed, re-written and audited by the end of 2019.

Staffing on the nursing floor had been increased just before our inspection. Staff said this should enable them to support people to get up and serve breakfast more easily in the morning. Pre-employment checks were completed prior to new staff starting work.

People and relatives were complimentary about the kind and caring staff team, saying they treated them with dignity and respect. Staff knew people and their needs and explained how they maintained people's privacy and independence.

New cultural and gender care plans were in the process of being written for everyone living at Chorlton Place. This would provide more detailed information about people's needs and preferences than the current care plans.

All incidents and accidents were recorded, reviewed and steps taken to reduce the chance of the same thing happening again. Significant improvements had been made in the management of the kitchens following a poor environmental hygiene inspection.

People were supported to maintain their health and nutrition. Medicines were safely managed.

The home was visibly clean throughout. All equipment was checked and serviced in line with current guidance.

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.

A programme of activities was in place which people enjoyed. Links had been made with local schools, who visited the home to spend time with people.

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 good (report published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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.

Inspection team

On the first day the inspection was carried out by one inspector, an assistant 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. One inspector returned for the second day of the inspection.

Service and service type

Chorlton Place is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with 18 members of staff including the registered manager, deputy manager, the area quality manager, a nurse, care workers, activities co-ordinator, domestic staff and the chef. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at equipment checks completed at the service. We contacted a professional who regularly visited the service. We received feedback from three relatives who were not able to speak with us during our inspection.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The risks people may face had been assessed and guidance provided for staff on how these known risks were managed. However, information and guidance were of varied detail and quality.
- The registered manager and area quality manager were aware of this through their internal audits. Coaching for staff had been completed and a plan was in place for all risk assessments to be reviewed and re-written where required.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Staffing and recruitment

- People told us there were insufficient staff available to promptly support people on the nursing floor. Staffing had been increased for the nursing floor to five care staff and one nurse in the morning just before our inspection. The registered manager told us the increase in staffing was a permanent one. We will check this at our next inspection.
- Staff said this would enable them to support people to get up in a morning and also allow for one member of staff to serve people their breakfast. Staff thought five care staff in a morning would be enough on the nursing floor.
- A central HC-One recruitment team managed the recruitment process and ensured all pre-employment checks were in place before a new member of staff was able to start work. However, one of the staff files we saw did not have a copy of the Disclosure and Barring Service results and one member of staff had not provided a full employment history; although employment details from 2001 had been provided. The registered manager sent us confirmation this information was in place following the inspection.
- Agency staff usage had greatly reduced at the home, with more permanent and bank staff having been recruited. A member of staff said, "We use very few agency staff. There's probably been only two in the last six months. We use our own bank staff if necessary."

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed. An audit in October 2019, carried out by the pharmacy used by the home, found the system in place for ordering, storing, administering and disposing of medicines was safe.
- Clear guidance was in place for when people may need medicines that were not routinely administered. When a decision had been made to administer medicines covertly in a person's best interest, the pharmacist had provided clear instructions how to do this, for example crush the tablet and add to a drink.

- Care staff applied topical creams and signed a cream chart when they had done so. Body maps were used to identify where the cream was to be applied and the frequency it was required. On the nursing floor there were some missing signatures on the cream chart.
- Care staff added thickener to people's drinks who were at risk of choking. Information was clear about the consistency of the fluids for each individual. Staff on the residential floor signed a thickener supplementary chart to record this had been done. However, staff on the nursing floor told the nurse on duty when they had done this, and the nurse then signed the thickener chart. This was changed during our inspection so the member of staff adding the thickener to the drink also signed to state they had done this.

Preventing and controlling infection

- The home was visibly clean throughout and there were no malodours. The completion rate of infection control training had increased over the last six months to 84%. One person said, "It's really nicely decorated and clean. I'm surprised there's any pile left on that purple carpet; they're (staff) hoovering it about five times a day!"
- Following a local authority infection control inspection in September 2018 individual slings were available for each person who needed to be hoisted. However, not all staff on the nursing floor were aware of this, meaning slings were sometimes being shared. We discussed this with the registered manager who said they would re-enforce with all staff that each person had their own sling for their personal use.
- The management procedures for the kitchen had been thoroughly overhauled since a poor environmental hygiene audit in August 2019. Cleaning schedules, food temperature recording, and allergen information had been improved and new equipment purchased. Internal audits now showed a high compliance and the home had requested another environmental hygiene check to be carried out by the local authority.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Everyone we spoke with said they felt safe living at Chorlton Place. We were told, "I do feel safe. My door is always open unless I want it closed."
- There was a clear process in place for the reporting and recording of any safeguarding concerns, accidents or incidents. Safeguarding training was refreshed on an annual basis.
- A clear management procedure was in place for all incidents and accidents. Reports were reviewed by the registered manager and entered onto the HC-One reporting system, including what action had been taken to reduce the risk of a re-occurrence.
- A root cause analysis was completed for any serious injuries or pressure sores that developed in the home. This used prompts to analyse what caused the event and identified any lessons that could be learnt to prevent similar events in the future.
- Trends of incidents and accidents were monitored and identified across the home, including the location and time of the incident. Actions were put in place where trends were identified.
- All incident reports and root cause analyses could be viewed centrally by the regional director and quality manager.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said they felt well supported by the management team. They said they were reminded when they had to refresh the on-line training courses and felt they had enough training for their roles.
- Training records showed there had been a steady increase in the completion of the training courses since the registered manager had been appointed.
- The registered manager told us they were now pushing staff to complete further training for their roles, for example dementia awareness. The completion rates for these courses were increasing and a plan was in place to ensure all staff completed these courses.
- Additional training in oral health care had been completed and nurse clinical training, for example in PEG feeding was delivered by external, qualified medical staff.
- All staff had received supervision and an appraisal since the registered manager had started in her role. Staff were being encouraged to enrol on a recognised health and social care course.
- New staff completed a formal induction workbook, including observations of their practice. The induction was in line with the national care certificate for staff working in social care.

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

- People's nutritional and dietary needs were being met. People said they enjoyed the food and there was a choice of meals available. We were told, "We've had a lot of chefs but this one's good" and "We have freedom of choice for food and drink."
- We observed mealtimes on both floors during our inspection. People were supported with their meals in a timely way.
- Information about modified diets or dietary needs was available in the kitchen and was regularly checked to ensure it was up to date.
- A new food supplier for cultural meals was being arranged. This would enable a wider range of cultural meals to be offered if people wanted them.
- People's weights were monitored and those considered to be at risk of losing weight were referred to the dietician or speech and language team. Records of people's food and fluid intake were recorded if they were at risk of losing weight.

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

- People were supported to maintain their health. Any specific medical conditions were identified, and guidance provided for staff to follow, for example supporting people with their diabetes.

- The medical professionals we spoke with were complimentary about the service. One told us, "I've no particular issues at this home. They're very welcoming, assist me as needed, make appropriate referrals to us and follow the guidance I give."
- Everyone living at the home was registered with the same local GP practice, who visited the home every Monday and Friday. This enabled staff to refer people to be seen by the GP at the early stages of any symptoms, with the aim of reducing hospital admissions. The GP practice would also visit at other times when requested.

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

- A pre-admission assessment of people's needs was completed, to ensure the home was able to meet the person's needs. Where appropriate this included the person's views, family views and input from relevant professionals involved in the person's care and support.
- A further assessment was completed on the day people moved to the home, providing staff with brief details of people's needs. Full care plans were then written.
- Staff told us they received a verbal handover about people's needs when they moved to Chorlton Place. They said they asked the senior care staff or nurses if they were unsure about people's support needs.

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

- Dementia friendly signage was used to help people identify different rooms within the household, for example the dining room and bathrooms.
- Each floor had fully accessible showers and an adapted bath.
- A plan for redecoration of the home was underway. One member of staff said, "The décor's changed, painting has been done, there's new furniture and more on order."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Decision specific capacity assessments and best interest decisions were in place where required, for example, for the use of bed rails and living at Chorlton Place.
- DoLS applications had been made when people had been assessed as lacking capacity. These were monitored by the registered manager so that re-applications could be made prior to the DoLS expiry date.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives were all positive about the care and support they received from the staff team. One person said, "They're doing a good job, treating us well. I've got no complaints" and another told us, "The staff are lovely. I feel like I've found new friends."
- We observed and heard positive interactions between people and members of staff throughout our inspection.
- New cultural care plans were in the process of being written and were planned to be completed by the end of 2019. These would improve the information available for staff about people's cultural and religious needs, which previously had been within the initial assessments or dietary care plan.
- Representatives from local churches visited the home to talk and pray with people if they wanted to. A programme of events at the local temple were displayed if anyone wished to be involved in them.
- New gender care plans were also being introduced (by January 2020) to ensure people's wishes and preferences were known.
- A 'Remembering Together' booklet was given to people's families to record key events from people's lives and information about their family. However, these had not always been completed so there was little information about some people's life histories available. This information would help staff to prompt conversations with people. Staff knew people and their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity whilst supporting them. One member of staff said, "I talk through what I'm going to do to let them know what's happening."
- Staff told us they prompted and encouraged people to complete the things they were able to do themselves. One member of staff said, "We just try and assist them to do things, don't do everything for them. Try and let them do as much as they can on their own." We observed staff supporting people to mobilise and encouraging them to eat independently.
- One person said, "We have a laugh! Like when there's a colour clash on the top and trousers they've got out for me. But I do get a choice."

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

- Care plans included information about people's communication needs and how they would make day to day choices. Staff told us how they would involve people in making choices, for example, by showing them two different items of clothing so they could indicate which one they wanted to wear.
- Relatives and people told us they had been involved in agreeing and reviewing their care plans. The also

said they were kept up to date about any changes for their relative. A relative told us, "I've discussed [name's] care plans with the nurses and the staff keep me informed about how she's eating and what she's been doing."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were in place to identify people's needs and provide guidance for staff in how to meet these needs. However, the information and guidance was of varied detail and quality.
- Through internal audits the registered manager and area quality manager had identified that the care plans did not always contain enough detail, for example a care plan would state a person should be regularly re-positioned without stating how frequently this should be. Separate re-positioning charts were used to record when staff had supported people to re-position. These charts stated the frequency of re-positioning the person required.
- Nurses and senior care staff had received additional coaching in writing person-centred care plans. All of the ground floor residential unit care plans had been re-written at the time of our inspection. The first-floor nursing unit had a target of the end of 2019 to update all the care plans.
- The registered manager and area quality manager were auditing the re-written care plans to ensure they were consistent and contained all the information needed.
- A daily file was used to record the support that had been provided, for example personal hygiene, re-positioning and checking the bed rails were fitted correctly.

Meeting people's communication needs

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.

- People's care plans included information about people's communication needs. Most people living at Chorlton House at the time of our inspection were able to communicate verbally.
- The provider was able to provide information in a range of formats or languages 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

- Chorlton Place had an activities co-ordinator who planned different activities throughout the week. This included one to one time in people's rooms as many people on the nursing floor were cared for in bed.
- Links had been made with local schools. On the day of our inspection children from a local school visited and played interactive games with people. People's reaction to the children was very positive.
- People told us they had been supported to go out to local shops, which they enjoyed. People told us, "I've had a few walks in Alexandra Park" and "They've (the staff) taken me to Asda and the Trafford Centre to look

round the shops."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Any complaints received had been investigated and responded to in a timely way. All complaints were logged on the providers computer system and so they were visible to the area quality manager and area director.
- The outcomes of any complaints were shared with the complainant and the staff team where appropriate.

End of life care and support

- End of life care plans were used to record people's wishes at the end of their lives. For example, if they wanted to stay at Chorlton Place or go to hospital or wanted any religious involvement. Most people had a 'Respect' form in place, stating the person was not to be resuscitated. The Respect forms were readily accessible in people's care files, to be shown to paramedics if needed.
- We were told that many families did not want to discuss their relatives end of life wishes and care, so information was not always available for the staff team.
- Specific end of life care plans were developed to meet people's needs as they neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new registered manager had been at Chorlton Place for six months. The staff team were positive about the registered manager and the support they had. A nurse said, "We're organised here, we work as a team and support one another" and a member of staff told us, "The manager's been here about five months. She listens and makes the changes that need to be made." The registered manager had brought stability to the home after a period of interim managers had been used to cover Chorlton Place.
- HC-One had a comprehensive auditing system to monitor and manage the service. Checks were completed by nurses, senior carers, the head housekeeper as well as the deputy and registered managers. Actions from the audits were monitored to ensure they had been completed. The compliance shown from these audits had been increasing month on month since the registered manager joined Chorlton Place.
- The issues found at this inspection, for example with the care plans as described in the responsive domain, were already known by the management team. Plans were in place to action these shortfalls.
- The registered manager submitted monthly reports through the provider's computer system, which was accessible by the regional managers providing them with oversight of the service. The area quality manager and area director visited regularly to carry out their own checks.
- A series of meetings were held to provide an overview of all areas of the home, including health and safety and clinical reviews to give an overview of falls, weight loss, skin integrity and infections across the home. A daily meeting for nurses, senior carers and heads of departments was held so everyone was made aware of what was happening in each area of the home.

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

- The staff we spoke with felt well supported by the registered and deputy manager. All staff told us, they could raise any concerns with the management team and they would be acted upon and listened to.
- Staff were being encouraged to enrol for qualifications in health and social care.
- The registered and deputy managers were visible on each unit. They completed a daily walkaround each morning to be updated on any changes and talk with the unit managers and staff.

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

- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as appropriate.

- All complaints were acknowledged and responded to, with any lessons learnt shared with the staff teams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Bi-monthly resident and relative meetings were arranged; however, these were often poorly attended.
- Annual surveys for residents and relatives were organised by the provider; the results being collated centrally before being sent to the home. The results from July 2019 were generally positive. One relative's comment was, "The care home is well run and the care for my dad is A." However, there were some negative comments from people living at the service about the food, which were being now addressed through a new supplier for more cultural meal options.
- The registered and deputy managers completed daily walk rounds of the home to check the environment and engage with people, staff and relatives. Senior staff and nurses undertook night time walk rounds, which were reviewed by the registered manager. The registered manager also completed night visits to make checks with the night staff.
- A member of staff told us, "If something doesn't work you get the opportunity to voice if it isn't working."

Continuous learning and improving care; Working in partnership with others

- The management team analysed a range of trends across the service for clinical issues, falls and incidents. For serious incidents a root cause analysis was completed. This enabled the registered manager to check that action had been taken to reduce the chance of the same issue happening again.
- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.