D R Price Associates Limited

Chataway Nursing Home

Inspection report

19-21 Chataway Road
Crumpsall
Manchester
Greater Manchester
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27 June 2018
04 July 2018

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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

The inspection took place on 27 June 2018 and was unannounced. This meant the service did not know we would be visiting. We carried a further announced visit to the service on 04 July 2018 to complete the inspection.

Chataway Nursing Home is registered to provide care and accommodation for up to 26 people with enduring mental health problems. The building is a large detached property situated in the Crumpsall area of north Manchester. The home provides both shared (twin) and single room accommodation arranged over two floors, accessible by both stairs and a passenger lift. All bedrooms have a wash hand basin and there is a shower room and three bathrooms for people to use.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, we have made one new recommendation regarding equality, diversity and human rights.

There was a registered manager in post. A 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.

Staff demonstrated they adapted the support provided in response to people's changing needs to mitigate risks. People had comprehensive and individualised risk assessments in place which had been updated timely. We saw control measures had been implemented and reviewed regularly to ensure risks were managed and restrictions imposed were removed promptly and appropriately when the risk had reduced.

People's health needs were assessed and people were supported to access the required support to ensure their physical health needs were addressed.

Staff developed meaningful relationships with people and treated people with dignity and respect. Staff demonstrated they understood people's individual needs and tailored the support provided to attain the best outcomes for people.

The service was responsive to people's individual circumstances and supported people to increase their independence and to exercise choice and control over their lives.

People who used the service were diverse and multi-cultural. The service also benefited from an equally diverse workforce that was reflective of the local community.

The service strived to ensure people were not socially isolated and maintained links within the local community.

The service was well-led and the registered manager and support manager were held in high esteem by people using the service and staff.

The provider was visible within the service and played an active role. This included a good level of oversight through audit, quality assurance and questioning of practice.

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 remains Good.	**Good**
Is the service effective? The service has improved to Good in this key question.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Chataway Nursing Home

Detailed findings

Background to this inspection

We carried out this 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.

The inspection took place on 27 June 2018 and was unannounced. This meant the service did not know we would be visiting. We carried a further announced visit to the home on 04 July 2018 to complete the inspection.

The inspection was carried out by three adult social care inspectors from the Care Quality Commission.

This inspection was prompted in part by a safeguarding incident and concerns about how the service assessed and managed risk. In particular, risks associated with new admissions. During this inspection we looked in detail at this and found no systemic issues or wider concerns. We have reported on this more broadly within the 'Safe' and 'Responsive' domains of this report.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR 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. However, we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, deaths and serious injuries. We also liaised with other stakeholders including the local authority, NHS mental health services, commissioners and the police.

Due to the nature of the service provided at Chataway Nursing Home some people were unable to share their experiences with us, therefore we completed a 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. In addition to this, we spoke with four people who used the service and a visiting health professional.

We also spoke with nine members of staff including the provider, registered manager, support manager, nurses, support workers, and ancillary staff.

We looked in detail at seven care plans and associated documentation, four recruitment files, supervision and training records, audit and quality assurance, policies and procedures and records relating to the safety the building, premises and equipment.

Good

Is the service safe?

Our findings

People who used the service told us they considered Chataway Nursing Home to be a safe place to live. Comments included: "The staff help and support me on a daily basis and I feel safe."; "I'm allowed to go out but if I'm not back on time someone will phone me to check where I am."; "I've recently moved here, I might be going back home but I'd like to stay as I enjoy it here and feel safe."; and, "I feel safe here because of the staff and the people. It's better than living on your own."

This inspection was prompted in part by a number of safeguarding incidents that had occurred at the service and concerns about how the service assessed and managed risk. In particular, risks associated with new admissions. However, during this inspection we looked in detail at this area of concern and we found no systemic issues or wider concerns.

We saw risk assessments had been completed and strategies identified to manage the known risks prior to people moving in to the home. The approach to risk management was recovery focused, with staff exploring opportunities to support people to exert choice and control over their lives whilst maintaining people's safety. We saw risk assessments were comprehensive, reviewed and updated timely, with appropriate control measures implemented to manage the risks.

When a person was presenting with high risk behaviours, the registered managers response was to convene staff meetings to reflect and consider the risk to better understand what was driving the persons behaviour in order to put control measures in place to manage the risks. We reviewed the minutes of these meetings and saw equal consideration was given to the safety of people living at the home and the needs of the person exhibiting the risk behaviours. The management strategies in place were regularly reviewed to ensure people were not unduly restricted and we saw control measures were appropriately reduced when the risk behaviour diminished for a measured period of time.

Checks continued to be carried out to ensure care staff were suitable to work with vulnerable people. This included obtaining two written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS] to help ensure that staff were suitable to work with vulnerable people. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

Where accidents or untoward incidents occurred, these were appropriately recorded and investigated with preventative measures put in place to reduce the likelihood of a reoccurrence. All such events were reviewed by the management team to identify any trends and ensure appropriate remedial action had been taken.

We reviewed systems and procedures which sought to protect people from abuse and found these continued to be robust. Staff could describe the signs and behaviours they would look out for that would alert them to potential abuse. Staff described local safeguarding arrangements and records confirmed that safeguarding concerns continued to be reported timely to the relevant authorities.

The management of medicines continued to be done so safely and no issues were identified concerning ordering, storage, administration and disposal. This included drugs that were liable to misuse.

We reviewed staffing levels and found there continued to be sufficient numbers of staff to meet people's needs. The home also continued to benefit from a number of long serving members staff who knew people very well.

We saw people had their own PEEP (Personal Emergency Evacuation Plan) in place which provided staff and emergency services with all the appropriate details about how to evacuate people from the building safely in the event of an emergency.

Regular maintenance checks continued to be completed on a regular basis to ensure the home was safe.

Good

Is the service effective?

Our findings

At the last inspection in March 2016 this key question was rated 'Requires Improvement' and we made two recommendations relating to mental health training and the design and adaptation of premises to promote independence.

At this inspection we found new mental health training modules had been introduced for staff and access to laundry facilities had been improved which meant people who used the service were able to launder their own clothes, promoting their independence. This meant the service had demonstrated sustained improvements which meant this key question had improved to 'Good.'

People's care had been considered prior to them moving in and plans developed to support this transition. Before a person moved into the service, a detailed assessment of their needs was completed which included information from a variety of sources. This included written information obtained from previous records and assessments. An assessment was completed with the person to ascertain their understanding of their needs and opinions were sought from other health professionals which included; psychiatrists, nurses, social workers and occupational therapists.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was continuing to work within the principles of the MCA. We found DOLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment with records maintained to ensure an audit trail of the date applied, date of decision and date of renewal. Best interest meetings had also been held to ensure decisions made on behalf of people who lacked capacity were in their best interest. Staff confirmed they had received training in MCA and DOLS and staff demonstrated a good working knowledge of the legislation.

Due to the nature of the service provided at Chataway, some people using the service were also subject to community treatment orders (CTO). Similar to the DOLS process, we found robust records were maintained and care and treatment was delivered in line with the CTO.

Newly recruited staff continued to receive an induction and a period of shadowing more experienced staff. The training matrix reviewed during the inspection showed staff continued to receive on-going training and refresher training to reflect legislative changes to effectively meet people's needs.

Staff received frequent supervision and an annual appraisal where they reflected on their working practices. Supervisions gave staff the opportunity to meet with their manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the home.

A Healthcare professional we spoke with told us the service was proactive in supporting people with their health and well-being needs. Staff tailored their support to people's needs and attended appointments with people when appropriate to do so.

People's health care needs were considered upon admission to the service and they were registered within the first few days with the GP, optician, dentist and podiatrist.

Each person had an up to date 'Rethink' which is a physical health assessment completed by a health professional and person using services. It has been designed to support people affected by mental illness to identify and recognise any physical health needs they may have and the health professional completing offers support addressing the identified health needs. This included consideration of well women's checks and smoking support services. There were action plans completed which detailed the support required, by whom and appointments had been made with a variety of health professionals.

The service continued to provide an effective level of support for those people who needed help with eating and drinking. This included people deemed at high risk of choking and those on alternative diets.

Good

Is the service caring?

Our findings

People living at Chataway Nursing Home told us they considered staff to be caring. Comments included: "The workers all take good care of me. I'm happy here."; "Yes, the staff are definitely caring."; and, "I like all the staff, they treat me well."

Due to the nature of the service provided at Chataway Nursing Home some people were unable to share their experiences with us, therefore we completed a 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 saw staff adapted how they communicated with people depending on their needs. Staff spent time ensuring people understood their conversation, making eye contact and encouraging them to communicate their needs. We saw staff spent time with people and were not rushed when providing support to ensure they had the time to express their needs and receive the support they required.

We found people who used the service were supported to live as independent lives as possible. People accessed their local community visiting the local shops and there was a leisure centre that people were encouraged to attend. Staff supported people to obtain a concessionary bus pass so they could utilise public transport and visit surrounding areas within Greater Manchester for free.

We observed people moving throughout the service freely and people were encouraged to spend time in communal areas but people told us personal time in their rooms was equally respected. People were encouraged to maintain relationships with people that mattered to them and there were no restrictive visiting times.

People who used the service at Chataway Nursing Home were diverse and multi-cultural. The service also benefited from an equally diverse workforce that was reflective of the local community. Through good, person-centred support planning, the service was able to recognise and respond to people with additional needs. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and those who practised a particular faith. Additionally, through talking to staff and members of the management team, we were satisfied the ethos and culture of the service was non-discriminatory and the rights of people protected.

However, in order to fully embed a 'whole service' approach to equality, diversity and human rights, we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Where people lacked mental capacity, and did not have any relatives or close friends who were able to advocate on their behalf, staff were able to describe how they would seek the services of an independent advocate. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person using the service to ensure that their views are considered and their rights are protected.

Good

Is the service responsive?

Our findings

People received recovery focused support that was responsive to their individual needs. Each person had up to date care plans that were personal to them and provided staff with the necessary guidance to provide staff with an overview of people's risks and measures in place to manage these. The care plans were organised and easy to follow and did not just focus on people's mental health and medical needs but contained information about people's preferences and individual goals.

The staff completed the 'recovery star' with people. This is an outcome measure which people completed with the support of a health professional to measure their own recovery progress. The 'star' contains ten areas of people's lives including living skills, relationships, work and identity and self-esteem. The 'star' enables people to recognise and communicate their own goals and to consider how they will reach them. This meant people were empowered to identify their goals and focused staff to put things in place to support people attaining these.

Staff were identified as keyworkers for people which meant they were responsible for a number of people living at the service and ensuring their needs were being met. Staff supported people with their individual goals which ranged from people wanting to visit different places to people wanting to live independently. We were informed people had been successfully supported to step down from the service after a sustained period of stability. Staff supported the person to increase their activities of daily living which included attending to their self-care and laundry, budgeting and taking their own medicines. People had successfully stepped down from the home to supported tenancies and sheltered accommodation.

The approach of staff was flexible and responsive to people's needs and this was testament to the outcomes for people. We saw one person had previously sustained short periods of time outside a hospital environment due to the nature of their illness and presenting behaviours. However, they had remained at the service for over 18 months and despite things breaking down at the time of the inspection it was evident staff had done their upmost to stabilise the person to avoid further hospital admission.

We saw people's care was frequently reviewed as their needs changed. People's care was also reviewed annually in conjunction with their care coordinator through the care programme approach (CPA). A CPA is a framework which is used to determine how mental health services will support the person. A care coordinator is identified and oversees the CPA and they are responsible for planning the care and support people receive.

The service strived to ensure people living at Chataway were not socially isolated and maintained links within the local community. For example, people were supported to attend 'Feel Good Friday' every Friday afternoon where basic cooking skills were promoted, and food hygiene skills were taught with easy to follow instructions. This also provided an opportunity to meet new people and socialise. Strong links had also been forged with a local community well-being centre and people were engaged in art and craft groups and relaxation and therapy group sessions including head and hand massage days. The service also supported people to access opportunities for further learning and we saw a variety of courses were offered via the local

adult education centre.

Through our discussions with the support manager, we also learnt of plans that were taking shape in establishing a Chataway gym group. This was in partnership with a local secondary school who would allow the service access to their community gym and fitness support would be provided by the in-house personal trainer who would help on a one-to-one basis, free of charge. The aim of this initiative would be to combat the ever-growing health concerns raised around side effects from anti-psychotic medication and the weight gain concerns as well as the associated health concerns these types of medicines can cause.

The service continued to have an effective system for dealing with complaints and people told us they knew how to raise a concern and were confident they would be taken seriously.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through effective care and support planning, we were satisfied the home was meeting the requirements of the AIS. We discussed this with the registered manager and outlined that at pre-admission stage, information could be strengthened to demonstrate this area of support had been considered before a person moves into the home.

Good

Is the service well-led?

Our findings

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

Without exception, people told us they considered the service to be well-led. Both the registered manager and support manager were held in high esteem by people using the service and staff. The staff felt part of a supportive team and told us managers were approachable and listened to them. Staff told us the service was well-led, open and honest. Comments from staff included: "The management team are very approachable. There is an open-door policy and the managers are very genuine."; "There is a good balance between clinical and non-clinical managers and this works really well."; "We're one big team and the managers don't hesitate to help out, they're very involved."; and, "I have no concerns about the manager."

There was an effective system for audit, quality assurance and questioning of practice. In addition to the regular audits completed by the registered manager, there was a robust framework for audits completed by the provider and business manager. Where issues had been identified, records demonstrated clear timeframes for improvement and the remedial action taken.

Meetings were conducted regularly with people who used the service and with staff. Records showed the service reviewed feedback from people and when required, appropriate action was taken to respond to concerns and improve the quality of the service provided.

Throughout the inspection visit, every member of staff we spoke with was open, honest, transparent and thoroughly engaging.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.