

D R Price Associates Limited

# Chataway Nursing Home

## Inspection report

19-21 Chataway Road  
Crumpsall  
Manchester  
Greater Manchester  
M8 5UU

Tel: 01612055546

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chataway Nursing Home is a residential care home providing personal and nursing care to up to 26 people. The service primarily provides support to adults living with mental health conditions. At the time of our inspection there were 22 people using the service.

### People's experience of the service and what we found:

We were not assured risks connected to the premises safety had been responded to in a timely manner. Following our inspection assurances were provided that all outstanding works would be addressed.

While people received care and support from regular staff who had the required skills, we found staff induction was not robust particularly for new staff members entering health and social care. We have made a recommendation the provider reviews their training and induction processes.

Medicines were not always safely managed. We found concerns in relation to the storage and safe administration of medicines.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation the provider reviews best practice guidance in relation to the application of the Mental Capacity Act.

The service previously followed a recovery model that focused upon health promotion and rehabilitation. However, at this inspection a bespoke recovery model was no longer deployed. We have made a recommendation the provider consults current guidance on rehabilitation support models.

Managers evaluated the quality of care and support provided to people. However, existing quality assurance processes were not always effective or completed in a timely manner as they had not identified the issues we found at this inspection.

People received care and support from a caring staff team and were involved in making decisions about their care. Staff supported people to remain socially engaged by participating in various activities.

Staff were observed to be kind and caring. People told us they were happy with the support they were receiving. Staff were safely recruited. The provider carried out the required checks on newly appointed staff before they started working at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 August 2018).

#### Why we inspected

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

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report

The provider has taken action to mitigate risks following our inspection.

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chataway 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### Service and service type

Chataway Nursing 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. Chataway Nursing Home is a care home with 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 not a registered manager in post. However, a new manager had recently been recruited.

#### Notice of inspection

The 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. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people living at the service. We observed interactions between people and staff. We looked around the premises while checking aspects of health and safety and infection control. We spoke with 7 staff members, including 3 care workers, the maintenance person, a nurse, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and various medicines records. We looked at 3 staff files in relation to safer recruitment and staff supervision. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, health and safety, and meeting minutes were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. 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 provider did not always act on risks to ensure people were safe.
- Identified premises safety shortfalls were not always rectified without delay. The provider had not acted on outstanding actions recorded on an electrical conditions report and observations highlighted on Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) reports for the passenger lift. Following our inspection high level assurances were provided to confirm the outstanding works would soon be completed.
- Cleaning chemicals were not always stored safely. A cleaning trolley was left unattended on the first floor, this contained a bottle of bleach and other cleaning products. This meant hazardous chemicals were accessible to people.
- Fire drills were conducted, however records of drills involving the night staff had not been completed. This meant the provider could not be sure all staff understood what to do in the event of a fire to reduce risks to people. Shortly after the inspection the provider informed us a new external fire risk assessment would be undertaken and all staff would receive enhanced fire safety awareness training.

While we found no evidence that people had been harmed, systems were not robust enough to demonstrate risks to people were effectively and safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All people's associated risks, such as self-harm, behaviours that challenge others and safe eating and drinking was assessed and documented. The management team discussed people's known risks with staff to ensure they were knowledgeable of the risks people might face and how to prevent or manage them.

### Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- There was no system to check running stock balances for people's medicines. This meant we could not accurately check the stock of medicines as other records had not been completed.
- We identified 2 people did not always receive their prescribed eye drops in a timely manner. For example, 1 person was prescribed eye drops on 20 September 2023, but only had these administered 27 days later.
- Information plans to support staff to safely administer 'when required' medicines were not always person centred and available to guide staff to know when people needed their medicine.
- The service implemented a new electronic medicines administration system. Aspects of this new electronic system was still a work in progress. Agency nurses were provided with the same agency log in credential to

access the system, this approach meant it was not always easy to identify the nurse who had administered the medicines.

- Senior care workers supported the nurses with medicines administration and had received online medicine training. However, we were not assured these staff members received an annual medicines competency assessment to assure the provider these staff members were competent in administering medicines. Recommended guidance states that all staff who support people's medicines needs have an annual review of their knowledge, skills and competencies relating to managing and administering medicines.

Medicines systems and processes had not been fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were protected from the risk of harm and abuse and people felt safe. One person said, "I am very happy here, I feel calm and comfortable."
- Staff received regular training on the signs of abuse and knew how to report any concerns. One staff member told us, "I believe as a staff team we would raise any concerns about poor staff practice with the manager and I would have no hesitation to do this."
- The provider had policies and procedures in place to protect people.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs. Staff told us there were adequate amounts of staff working regularly.
- Staff told us recent changes in management, with a new manager being appointed, was positive and they felt more supported and listened to.
- The provider operated safe recruitment processes. References were obtained and verified. Where people required professional registration, for example with the Nursing and Midwifery Council, these records were stored and checked by the provider.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People told us that their home was kept clean and made comments such as, "The staff remind me to clean my room, but do help me also."
- Staff had completed infection, prevention and control training and we observed good practice.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff recorded information about incidents and events. These included details of events leading to people becoming anxious, along with actions taken to reduce reoccurrences of behaviours. Following incidents people's care plans and risk assessments had been updated.
- The provider used an electronic system for record keeping. Staff had access to a tablet or computer which they used to record incidents. This enabled the manager and provider to review records in real time and act accordingly.



# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the skills, knowledge and experience to deliver effective care and support.
- Staff told us they were supported with an induction when they first started working. However, newly recruited staff did not always have a comprehensive induction programme comprising of the Care Certificate. The provider was unable to provide evidence that staff had completed the Care Certificate at the start of their employment or had previously obtained a qualification in health and social care.
- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, mental health awareness, and equality and diversity.

We recommend the provider reviews current legal requirements and best practice guidance for staff induction.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the Mental Capacity Act. Staff had completed training in MCA and DoLS, but there was a lack of understanding in relation to the application of the MCA.
- The management and staff team were not always aware of what might constitute restrictive practice. For example, we identified the majority of people received hourly night checks in order to check people's welfare through the night. Although this was done in good intentions, we found the providers approach to obtaining people's consent was inconsistent with many consent forms not signed.
- Appropriate legal authorisations were in place in respect of restrictions placed on people's liberty.

We recommend the provider reviews best practice guidance in relation to the application of the Mental Capacity Act legislation and updates their practices accordingly.

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

- People's individual needs were met by the adaptation, design and decoration of the premises.
- Parts of the environment in the home appeared tired, and in need of refurbishment. There was an ongoing maintenance plan in place in order to make these improvements.
- The open-plan setup of the lounge and dining area, and easy access to the garden, meant people were able to socialise freely. Future plans were in place to refurbish the lounge area for people and install a satellite kitchen area to enhance people's cooking skills.
- People's rooms were personalised to their own taste and contained furniture and possessions which belonged to them.

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 were delivered in line with current standards to achieve effective outcomes.
- People's needs were assessed before they came to live at the home and upon moving in.
- Assessments were used to formulate a plan of care which provided staff with the information they needed to meet the person's needs and preferences.

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

- People were offered a selection of food and drink to maintain their health and wellbeing.
- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.
- People's food was stored correctly. Staff knew how to properly handle food as they were trained to do so.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Staff knew people's support needs and people were supported to access other healthcare services. Staff interacted well with people and responded promptly to their needs.
- People's health needs and support they needed to maintain their health were clearly documented in their care plans. People told us staff helped them to make appointments and accompanied them to see the GP when needed.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- Staff ensured people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One person told us, "The staff are good, they treat me well and I like it here."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.

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.
- People had been consulted about the care and support they received. One person told us, "Yes I meet with my key worker often and chat about my care."
- Each person had a keyworker and had regular meetings with them to discuss their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us they encouraged people to complete tasks for themselves, as much as they were able to. One person told us, "I like to do things for myself. I do all my own laundry with a little help from [care workers name]."
- Staff prompted and encouraged people to be independent with different activities of daily living including personal hygiene and eating and drinking.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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. □
- People received personalised care which met their needs and reflected their preferences. They were able to make choices and were involved in planning and reviewing their care.
- The staff had a good understanding of people's needs and worked closely with multidisciplinary teams to help make sure care and support reflected best practice.
- Although there was some positive work taking place to meet people's goals such as accessing the community, there was no structure in place on how the service could effectively support people with addiction and improve independence. Limited information was contained within care plans around health promotion and rehabilitation and there was no evidence of recognised mental health tools such as the 'recovery star', that the service previously used. The recovery star is a tool which can be used to assess and track people's rehabilitation and recovery from various issues.

We recommend the provider consults current guidance on rehabilitation support models to ensure a clear evidence-based structure is followed.

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 that were relevant to them.
- People were supported to develop and maintain relationships inside and outside the home. They took part in group activities and trips in the local community.

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 Standard.
- People's communication needs were understood and supported.
- Information was available in different formats to meet people's individual communication needs if needed.

#### 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.
- The provider had a complaints policy in place which detailed how to make a formal complaint. People we spoke with knew who to complain to if they had any concerns.

#### End of life care and support

- People in the service were predominantly younger adults and the service had not needed to support anyone with end of life care. It is considered best practice to capture people's wishes with regards to decisions about potential significant events, end of life care and care after death. This is known as advance care planning. Assurances were provided by the manager that end of life care planning would be an area they were looking to introduce.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- Audits failed to identify the concerns highlighted on this inspection, particularly around medicines management and premises safety shortfalls. Audits at the service had been delayed, with many key audits not completed for 5 months.
- There was no registered manager in post. It is a condition of registration that the service must have a registered manager. The service has not had a manager registered since January 2021. A new manager had been appointed who we were advised would be applying to be the registered manager.
- Existing quality assurance systems had also failed to identify the issues around staff induction.

The provider had failed to ensure systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider was keen to address the areas of shortfalls we identified and implemented an action plan to make the necessary timely improvements.
- Since our last inspection the provider had invested in implementing electronic systems for medicines and care plans in order to improve consistency and oversight.

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The newly appointed manager was approachable and visible in the service. People knew who their keyworkers and the management team were. People were also comfortable to engage with the nominated individual who visited the service regularly.
- People we spoke with were overall satisfied with the service. One person told us, "I like it here and the staff are all great."

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 provider understood their responsibilities under the duty of candour and were aware of their

obligations for submitting notifications to CQC, as required by law.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Minutes from residents and staff meetings showed their involvement in making decisions about the running of the home.
- Satisfaction surveys had been distributed to people and relatives. Responses included positive feedback as well as some suggestions about food and activities.

Working in partnership with others

- The provider worked in partnership with others.
- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing maintained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not robust enough to demonstrate risks to people were effectively and safely managed.  Medicines systems and processes had not been fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
	Regulation 12(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure systems for governance and management oversight were robust and effective.
	Regulation 17(1)(2)(a)(b)