

HC-One Limited

# Chorlton Place Nursing Home

## Inspection report

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31 January 2024

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chorlton Place Nursing Home provides accommodation and personal and nursing care to for up to 48 people aged 65 and over. The service was supporting 45 people at the time of our inspection.

The ground floor provides support to people living with dementia and the first floor provides nursing. All the rooms are single occupancy with en-suite toilets. There are shared accessible bathrooms on each floor.

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

Medicines were not always safely managed which placed people at risk of harm. People told us that there was not always enough staff on duty to meet their needs and recruitment records did not always demonstrate that the policies were being followed. We received assurances from the provider regarding the current recruitment practice. Staff did not always follow good infection control principles and guidance but plenty of personal protective equipment (PPE) was available.

Staff were busy and people did not always feel they were treated with respect. Care records did not always guide staff on how to promote people's independence. New electronic care plans were not always as detailed and person centred as the paper copies previously used but staff knew people and their needs.

People felt able to raise concerns. People told us that that they were not always offered activities that were individualised although the activity worker worked hard to have regular contact with everyone living at Chorlton Place.

The environment needed updating and consideration to meet the needs of people living with dementia. We have made a recommendation about this.

People's needs were assessed, and they were supported to maintain their health and nutrition. Staff worked well with a range of external health and social care professionals to ensure people got the right care and treatment. Clinicians had confidence in the ability and knowledge of staff. People were generally supported to have 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.

Manager evaluated the quality of care and support provided to people .However, existing quality assurance processes were not always effective as they had not identified the issues, we found at this inspection. People and staff spoke very complimentarily about the Registered Manager.

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 4 February 2022).

#### Why we inspected

The inspection was prompted in part due to concerns received about the administration of medicines, infection control, staffing and organisational culture within the home. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches of regulations in relation to the management of people's medicines and management of the safety and quality of the service at this inspection as well as dignity and respect.

We have made recommendations about reviewing good practice guidance regarding supporting people living with dementia and reviewing staffing dependency tool to ensure safe staffing.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors, 1 medicines inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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 premises and the carer provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had 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 to us in the provider information return. This information providers are required to send us with key information about the service, what they do well, and the 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 8 people who used the service, 2 relatives and 1 visitor about their experience of care provided. We spoke with 10 staff members including the registered manager, care staff, nursing staff, activity coordinator, auxiliary staff, including the chef, maintenance person and 2 professionals who visited the service at the time of the inspection.

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 6 care records, 5 staff files in relation to recruitment records, and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted 4 professionals who regularly visited the service.

# 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 as 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.

### Using medicines safely

- Medicines were not always managed consistently, and this meant that medicines were not always managed safely which placed people's health at risk of harm.
- Electronic records about the stock of medicines were unreliable. After the inspection the provider told us that action was being taken to address this concern.
- Records showed that medicines were not always administered safely. Some people were given medicines that should be given before food at the same time as medicines that should be given with or after food. If medicines are not given at the correct times they may not work properly, or people may unnecessarily suffer side effects. Another person was not always given their insulin at the correct time.
- People did not always have written guidance in place for staff to follow when medicines and creams were prescribed to be given "when required" or with a choice of dose. When this guidance was in place it was not always personalised. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- During the inspection, we found that the staff who applied creams and/or thickened people's fluids did not make any records to show they had done so. The electronic records were usually signed by staff who had not applied the creams or thickened fluids. This meant the records were not always accurate and so it was not always possible to tell if people's creams had been applied or fluids had been thickened safely. After the inspection the provider told us paper records had been put in place to address this issue.
- Medicines were not always stored safely. Creams were not stored securely in people's bedrooms and waste medicines were not stored in line with current guidance.

The provider had failed to ensure safe systems for the management and administration of medicines. This placed people at risk of harm. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Suitable processes for safe recruitment were in place. Recruitment records were held across paper and electronic systems. Records did not always demonstrate the policies were being followed, for example in relation to exploring information on application forms. We discussed specific cases with the management team who provided assurance regarding the recruitment practices.
- The provider had a dependency tool in place, but people did not always feel there were enough staff to meet their needs in a timely way. One person told us, "There isn't enough staff and if you shout that doesn't get you anywhere, I had to throw something from my bed onto the floor to get them to come to." One family member told us, "There doesn't appear to be enough staff on as you cannot always get to speak to

someone."

- We observed staff were not always visible within communal areas to attend to people's needs in a timely way and communal areas where residents were sat were at time unstaffed for lengthy periods. One staff member said, "We are rushing, we are struggling, we need time for the residents."

We found no evidence that people had been harmed however, we recommend the provider reviews their staffing dependency to ensure safe staffing.

#### Preventing and controlling infection

- Staff did not always follow good infection prevention and control practices and we observed staff did not always take off PPE or manage clinical waste appropriately. We saw a staff member using a wheelchair to transport clinical waste and then use the same wheelchair to transfer a person.
- Some areas of the home needed updating and improvements to enable effective infection control practices. For example, we found some walls and skirting boards were damaged making it difficult for them to be cleaned effectively. One family member told us, "My loved one's bedroom could do with makeover, and it does smell sometimes."
- There was enough PPE such as gloves and aprons for staff available. One staff member told us, "We are never short of anything."

#### Visiting in Care Homes

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

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. Staff had received training to help them to identify and report abuse. Staff knew how to keep people safe and how to report concerns. One staff member told us, "If I had any concerns I would speak to the manager."
- People told us that they felt safe most of the time. One person told us: "The majority of time I feel safe." One family member told us, "I feel my loved one is totally safe living at Chorlton Place, the staff care work with me and my family."

#### Assessing risk, safety monitoring and management

- Processes to ensure environmental risks were being managed were not always being followed. We found examples where areas of the home which were potentially hazardous were accessible to people and equipment which was not suitably stored. The registered manager was responsive to our feedback and staff quickly addressed areas where potential risk were highlighted.
- Suitable checks and maintenance of equipment such as firefighting equipment and utilities, such as electric and water, were being completed and action taken to address any areas where shortfalls had been identified.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff recorded information about incidents and events and reviews of these incidents were taking place.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.



# 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. The rating for this key question has remained good. This means people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's rooms were personalised to their own taste and contained furniture and possessions which belonged to them. People had access to the communal lounges and there were also rooms where people could spend time on their own.
- Parts of the environment in the home appeared tired, and in a need of refurbishment. The provider was aware of this and there was an improvement plan in place.
- The home had adapted equipment to support people's specific needs and bathrooms had been adapted. However, there was limited signage and adaptations to support people living with dementia.

We recommend the provider consider good practice guidance for meeting needs of people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The Provider had not always worked within the principles of the MCA. Assessments of people's mental capacity were not always undertaken for specific decisions, or these were not always clear. For example, one person's best decision was made in regards to consenting to having photographs taken but in the same document related to consent to care and treatment.
- Staff completed relevant training on MCA.
- The registered manager had made suitable applications to DoLS for people who were subject to

restrictions in their best interests.

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

- People's needs were assessed before they came to live at the home and reviewed regularly after they had moved in.
- Assessments were used to formulate a plan of care which provided staff with the information they needed to meet a person's needs and preferences.

Staff support: induction, training, skills and experience

- Staff told us they completed a variety of training, and their practice and competency was assessed and observed by the management team. One staff told us, "If I need any training, I get it." One person commented, "The good carers care and know what they are doing and are well trained."
- Staff completed a comprehensive induction training programme and ran a buddy system so that staff worked alongside more experienced staff when they began working at the service. Systems of oversight of the induction process were not being used to ensure staff had completed their induction fully before working independently.
- Supervisions records were not always in place for staff who had not yet completed their probation period. This was discussed with the registered manager who assured us they would take steps to address this.

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

- People's nutritional and dietary needs were being met. People told us they had enough food and drink available and were involved in making choices about what they wanted to eat. One person told us, "The food is good and you can have a choice. The chef asks me what I want for my evening meal which is really good of them." We noted some occasions where drinks were not in reach for people and fed this back to the registered manager.
- We observed people were supported with their meals as needed. Staff offered people choices and showed the plated options if the person was unsure what they wanted to eat.
- People's food and fluid needs were recorded. We found some examples where there was conflicting information or there was a lack of detail about preferences and discussed these with the registered manager.

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

- Staff worked with other healthcare professionals in order to assess people's needs. Feedback received from professionals working with the service was overall positive. One professional told us, "They [staff] would contact if they needed training or when there is a new patient. They follow advice as far as I'm aware." Another professional told us, "Staff notice deterioration in people and know how to escalate."
- People received support when needed and staff referred [people] to relevant professionals such as the dentist, GP, and the podiatrist. One family member told us, "My loved one's health has deteriorated over the past few months, the home keeps me informed of all changes and if there are any professional visits, I'm always updated. Any equipment that is needed is ordered and arranged very quickly. I'm called if there are any concerns, and they would ring for the GP."

# 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 changed to requires improvement. This meant people did not always feel well-supported, cared or treated with dignity and respect.

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

- People did not always feel that staff treated them well. People told us, "Some of the carers have an attitude which I don't like. It isn't the language barrier as I understand what they are saying it's the way they say things abruptly. Residents need to be treated with respect and I don't like things being done to me without any warning."
- People's preferences were not always considered when care was offered. One person told us, "I was supposed to have shower today, but I didn't want one as it was a male carer and it's important to me that I do not have male person doing personal care. Staff are aware of my preferences."
- Staff did not always make time to sit and chat with people. For example, we had observed that staff did not always speak to people during the mealtimes as they were concentrating on the tasks that needed to be completed. We saw people were left on their own in the communal lounges for a long period of times and noticed people's call bells were not always answered in a timely manner.

The provider had failed to ensure that service users are treated with dignity and respect. This demonstrated a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff did not always have time to speak to people and seek their feedback. We observed staff did not always have time to listen to people and chat. One person told us, "Staff are always busy. They do what they have to do and go. Some staff try and make time."
- People's care records did not always demonstrate how people were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always maintained. One family member told us "Sometimes I have to ask 2 or 3 times before they are taken to the toilet, and I believe the night staff are even worse as there is less staff on duty. This is upsetting when someone knows when to use the toilet regardless of if they have a pad, they should be able to go."
- People's care plan contained very limited information regarding things people were able to do for themselves or the support they required to maintain their independence for example in regard to their mobility or personal care.

# 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. The rating for this key question has remained 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.

- The provider had recently transferred care records from a paper to electronic system. The new care plans lacked the personalised detail which had been in the paper records. The registered manager advised that the care plans were still under development using the new electronic system.
- People told us most staff knew them well. One person told us, "I hope the carers know me well and would listen if I needed any help. I am confident they would act upon it and let the senior staff know."

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 and had suitable policies and resources in place.
- People's communication needs were understood and supported by staff. Information was available in different formats to meet people's individual communication needs when 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.

- There was a full-time activity co-coordinator in post who planned different activities throughout the week. People told us, "The activity co-coordinator calls in to see me and we do quizzes together I did a maths quiz yesterday I was pleased with myself as I did pretty well, seeing maths isn't my strong point".
- Some people felt further improvements to the activities could be made. One person commented, "They could do with more staff on day and night and more to occupy me as I get fed up sometimes there isn't many people to talk to." A family member told us, "I understand there are budgeting constraints, improvements would be more staff and more choice with entertainment."
- People were encouraged and supported to maintain contact with their loved ones and access the wider community if they wished to where resources were available. The activity worker told us they would take people out in the local community when they could and visited people in their bedrooms as often as they could.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and complaints. One person told us, "I get on well with staff, but I wouldn't confide in them. They wouldn't understand. I would prefer to speak to the manager."
- Families felt able to feedback concerns. One family member told us, "If I want to speak to the manager, I ask the staff to arrange a meeting which they do."
- The provider had suitable complaints policies and procedures in place.

#### End of life care and support

- At the time of inspection there was no one receiving this type of care. People's care records contained information about people's end of life care needs. However, their specific needs were not always highlighted for example in regard to their cultural or religious needs.
- Staff worked closely with other professionals to support people at the end of their life. The area director told us staff received training from the Macmillan cancer team in this area.

# 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.

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

- The provider's quality assurance systems failed to identify and/or address in a timely manner some of the shortfalls we found at the inspection such as a safe management of people's medicines and the oversight of the management systems and quality and safety of the service.
- The provider had systems in place to provide person-centred care. However, these had not been utilised effectively. For example, people's care plans were not always reflective of people's needs, people's medicines were not managed safely and effectively, and infection control guidance not followed.
- There had been a lack of planning to manage and mitigate the potential risk relating to a moving to an electronic care records system.
- The registered manager had to complete numerous tasks that would normally be delegated to other staff members to provide support in the day to day running of the home.
- There was no action plans in place where issues were identified for example in regard to infection control audits.

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.

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.

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

- Staff and manager were clear about their roles. Staff were able to provide detailed summaries of their duties and understood people's needs. However, staff recognised that may not always have time to meet people's needs.
- People, relatives, and staff provided positive feedback about the Registered Manager. One person told us, "If I want to speak to the manager, I ask the staff to arrange a meeting which they do." One relative commented, "I have a good relationship with the manager and all the staff. I am able to talk to the manager open and freely and find them very supportive." Staff spoke positively about the registered manager and

told us they felt well supported in their roles. One staff member told us, "The manager is good, they listen." Staff felt that they could raise concerns.

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

- People were offered opportunity to participate in residents' meetings. However, it was not always clear how their feedback impacted on the changes to the service. For example, people voiced their concerns regarding the lack of staff and activities, but it was not clear what action had been taken as a result of this.
- Staff meetings were taking place and the provider arranged feedback groups and staff surveys. Staff felt happy working at Chorlton place and the feedback we received was positive. Staff felt that they could raise concerns and that the registered manager listened to feedback provided and offered support when needed.
- The Provider had arranged for staff to attend focus groups in response to concerns being raised in the past, and there was also a culture themes analysis undertaken in September 2023.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The provider had failed to ensure that service users are treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure safe systems for the management and administration of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems for governance and management oversight were robust and effective.