

Tancred Hall Care Centre Ltd

Peacock Manor 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Peacock Manor Nursing Home is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 49 people. The service is split into two wings, 'The Hall' and 'The Cottage'. Both wings are serviced by a lift and there are communal toileting and bathing facilities. Each wing has a main lounge and dining area.

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

People were exposed to risks associated with COVID-19. Staff did not wear the correct personal protective equipment (PPE) or change their PPE in line with guidelines. Staff did not always screen visitors for the risk of COVID-19 and some staff worked at different care settings, such as in a hospital and in a care home, against COVID-19 guidelines.

People were not 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. Staff did not always give people choice at mealtimes.

The provider had not always safely recruited staff. In some cases, pre-employment checks had not been completed.

The provider's audits did not identify poor care practices. There was not a robust system to consistently monitor patterns and trends of incidents to learn lessons and improve the safety and quality of the service. Further development was needed to promote a positive culture within the service.

Staff managed people's medicines safely and worked with health and social care professionals to make sure people's health and wellbeing was promoted. There were enough staff with the right skills and experience to safely care for people.

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 March 2020). The service remains rated requires improvement and there was a breach of regulation. The service has been rated requires improvement or inadequate for the last four consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of the service on 3 and 4 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peacock Manor Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control and management oversight at this inspection.

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

Follow up

We will request an action plan for 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Peacock Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, clinical lead, nurse and staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 spoke with six relatives, one person living at the service and six members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, environment safety documentation, staff records and quality assurance records.



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.

At our last inspection the service was not clean, and staff did not follow good infection prevention and control practices. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of Regulation 12.

Preventing and controlling infection

- People were not safe from the risk of infection transmission.
- The provider's policy on staff movement between services was not up to date where some staff worked at Peacock Manor Nursing Home and another service. Also, not all visitors were screened for COVID-19 infection risks. This increased the risk of infection transmission for people living at the service.
- Staff did not wear or change PPE to effectively to protect people from the risk of infection transmission.

The provider had failed to ensure the appropriate use of personal protective equipment to prevent the risk of the spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

Using medicines safely

- Medication were not always managed safely.
- Creams and ointments were not always dated when opened or disposed within guidelines but there was no impact on people using the service.

We recommend that the provider includes the review its procedures around the storage of medication.

- Staff had their competency to give medication checked on a regular basis. We observed medication given at the correct time and in line with the prescribed instructions.
- People who required medication 'as and when required' had a protocol detailing when this needed to be given.

Learning lessons when things go wrong

- The registered manager had not reviewed patterns or trends from incidents, to share learning with staff and minimise the risks to people. For example, one person had a series of injuries due to their skin condition, but staff were unable to learn how to avoid similar injuries reoccurring.

Assessing risk, safety monitoring and management

- The provider assessed, monitored and managed risks to people. One relative told us, "I am 100% happy my [relative] is in a safe environment."
- People had risk assessments to make sure incidents which could prevent harm were minimised. The provider had the routine safety checks for the premises.

Staffing and recruitment

- Not all staff had been recruited safely. The provider had recruited some staff without having obtained their full employment history.
- There were enough staff to meet the needs of people living at the service as staff were deployed throughout the two wings of the service. The registered manager reviewed the care people needed to make sure there were enough staff available.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse.
- The provider followed local safeguarding procedures wherever necessary and reported any incidents or allegations of abuse to as 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff did not always promote people's wishes and preferences.
- Staff did not give people accurate information about what food was being served at mealtimes and the registered manager did not ensure staff had this information. During our inspection, when people asked staff what they were having for lunch, staff referred to food which was not available.
- The provider did not actively offer people alternative food choices, such as vegetarian options. For example, if someone who required support with eating wanted an extra portion of food, this depended on staff availability and initiative as there was not a system in place to make sure this was given.

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

- People's care plans were not always person-centred and did not include information about people's wishes and feelings about how they wanted to be cared for. For example, one person wished to remain in their nightwear during the day but this was not recorded in their care plan.
- People's care plans were up to date and were detailed but they were not always specific to the person with areas of similarity between different people's care plans

We recommend the provider reviews its systems and processes for ensuring people's nutritional needs and preferences are met and updates its practices accordingly.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to meet people's needs and support independence. One person told us "When I first came here, I needed help but now I am doing almost everything myself."
- Staff told us they had received an induction and on-going training. The registered manager had a record of staff training but not all staff were up to date with training. Although there was no evidence of harm, this exposed people to the risk of poor care from staff.

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 registered manager had failed to ensure documentation for DoLS included information about any conditions relating to the deprivation of liberty authorisation and how these would be met.
- Where appropriate, staff had assessed people's capacity to make their own decisions. Where people had been unable to do this, best interest decisions had been made in line with The Act.

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 agencies to support people to access health and social care professionals to live a healthy life.

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

- The service design and decoration was suitable to meet people's needs.
- The provider had renovated the premises since the last inspection and staff spoke positively of about the changes. This supported people living with Dementia to navigate the premises and engage in reminiscence activities.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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's systems and processes for ensuring the quality and safety of the service were not robust.
- Audits had not picked up on the issues we identified during the inspection. This included shortfalls in infection prevention and control, medicines management and limited choice at mealtimes, recruitment and training.

The registered manager had failed to ensure robust assurance and auditing processes to assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- The registered manager did not promote a person-centred culture.
- The registered manager had failed to provide staff with the resources they needed to care for people in the way they preferred. For example, people's meal preferences and choice of clothing.
- The registered manager had engaged with staff, some of whom where English was not their first language, to ensure all staff communicate effectively with people using the service.

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 did not always act within their legal duty to be open and honest when something went wrong as there was not a culture of learning from lessons.
- The registered manager did not effectively review accidents and incidents to learn how incidents can be avoided again. This impacted on the reliability of the shared information with other agencies, people and their relatives. Where there was a complaint or concern, this was investigated.

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

- People and their relatives had the opportunity to provide feedback and the provider worked in partnerships with others and people within the service.
- The service had links with the local community organisations such as the GP, district nurses and social

care professionals who routinely visited the service.

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	Regulation 12(2)(h) of the Health and Social Care Act
	Poor practices with infection prevention and control.

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	Regulation 17(2)(a) of the Health and Social Care Act
	Audits did not identify shortfalls in practices.