Community Integrated Care

The Peele

Inspection report

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Date of inspection visit:
18 January 2017
19 January 2017

Date of publication:
23 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

The Peele is a purpose built home registered to provide care and accommodation for up to 108 older people. Accommodation is provided on three floors. At the date of this inspection seven of the nine units were in use, accommodating 66 people. One of those units was specialising in caring for people living with advanced dementia. The unit on the third floor was an Intermediate Care Unit (ICU) where people were receiving short term rehabilitation care. The Peele is in a residential area of Wythenshawe in south Manchester.

The inspection took place on 18 and 19 January 2017. The first day was unannounced, which meant the service did not know we were coming.

At the previous inspection in September 2015 we found two breaches of the regulation relating to safe care and treatment. An action plan was submitted on 21 March 2016. At this inspection we checked and saw that action had been taken to remedy the two breaches. However, we found four breaches of regulations at this inspection.

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. The Peele had a registered manager who had been in post since May 2016, but was absent on long term leave at the date of this inspection. There was an interim service manager who had been in post since 9 November 2016, who is referred to in this report as the interim manager.

People living in The Peele told us they felt safe and that there were always enough staff on hand to assist them. Each unit had enough staff and there were team leaders who moved between units. There were high levels of agency staff, although many of the agency staff were regularly at The Peele and knew the people well. There had recently been a recruitment drive with a view to reducing the number of agency staff.

There was a new system which enabled people who were at risk of falls to have both call buttons and pressure mats to alert staff if people got out of bed. This was an improvement on the previous inspection.

Proper procedures were carried out when recruiting staff. Staff were trained in safeguarding although some staff needed to update their training. There had been two significant safeguarding investigations during 2016 when the findings included criticism of the service in relation to agency staff and their lack of induction. Measures had been introduced to prevent a recurrence.

We found that careful records were kept of the management and administration of medicines. The Peele was using a new system in conjunction with a new pharmacy, which was working well. The building was well cleaned and smelled fresh.

Since the last inspection The Peele had created personal evacuation plans for use in an emergency and a file of these was kept at the front desk. The fire detection and prevention systems were regularly serviced and the security of the building was maintained.

Mental capacity assessments were not carried out to determine if people lacked capacity to make their own decisions. This meant the service was not adhering to the principles of the Mental Capacity Act 2005. This was a breach of the regulation relating to consent.

The Peele had made a high number of applications for Deprivation of Liberty Safeguards (DoLS) authorisations. We learnt that five applications had been granted although they had not yet been notified to us. The service was awaiting paperwork from Manchester City Council.

New staff completed the Care Certificate. Existing staff received training in core areas, but the uptake of this low. There had been a lack of supervision during 2016, although the interim manager intended to resume supervision during 2017. The low rates of training and the absence of supervision meant that staff were not being adequately supported in their work. This was a breach of the regulation relating to supporting staff.

A new external supplier was delivering food to The Peele. The food was enjoyed, but some people told us they had to choose their meals in advance and could not change their minds. This was a breach of the regulation relating to reflecting people's preferences. We saw that people who needed help to eat were assisted, and records were kept of food and drink intake, and people's weight was monitored.

People were able to access healthcare outside The Peele. The home was large but the individual units were a comfortable size. There was evidence that some attention had been paid to creating an environment suitable for those people who were living with dementia.

There was a kind and caring atmosphere within the units and staff, including agency staff, had time to spend with people. We saw examples of kind interactions and of staff encouraging people to maintain their independence.

Staff maintained people's dignity and privacy, although the layout of each unit meant that staff had to be careful that conversations over the telephone were not overheard. People were given choice in everyday decisions.

The Peele enabled people to stay in the home at the end of life, if that was appropriate. A medical professional commended the home's approach to supporting people at this stage.

Care plans were detailed but a little regimented because they used the same template. There was scope to include more personal information and make them more specific to each person. People using the service did not recall being involved in writing their care plans, although several relatives did. Although the service provided care for people living with dementia, in one case a document devised to help support staff know people's needs had not been completed.

Reviews of care plans had lapsed in early 2016 but were now up to date. Daily notes and records of checks were completed.

There was a large activity room which was well used although not everyone took advantage of it. Some people enjoyed watching films or playing bingo. There were four activities organisers who visited the units. A variety of activities had been provided in December 2016.

There had not been residents' meetings recently, although some meetings had been held for relatives. Formal written complaints had been dealt with appropriately but complaints made verbally needed to be recorded as complaints.

The rating from our previous inspection was not displayed in the home or on the provider's website, which was a breach of the relevant regulation.

Care plan audits had been carried out in November 2016 but medication audits had lapsed. These were important in view of a history of medication errors at The Peele. This was a breach of the regulation relating to quality monitoring.

There had been four managers in post since our last inspection which created instability. The provider's senior management team had imposed a suspension of new admissions in May 2016 which was still in place, but there were now plans to lift it. The provider was supporting the interim manager to make changes. Team leaders played an important role within the leadership structure.

The service had learnt from the outcomes of safeguarding investigations during 2016. The service was good at submitting notifications about events that had to be reported to the CQC.

We found five breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were good. High numbers of agency staff had been used, but there had recently been successful recruitment with a view to reducing reliance on agency staff.

A new system had been installed to enable people at risk of falls to use call buttons and have pressure mats at the same time.

Medicines were managed well. Plans to evacuate people if necessary were now kept at the front desk.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not carrying out mental capacity assessments with people to see if they could consent to care. However, a large number of applications had been made under the Deprivation of Liberty Safeguards.

The number of staff who were up to date with essential training was low. Few supervision meetings had taken place during 2016.

The food was well liked but people did not like having to choose it in advance and not being able to change their minds.

Is the service caring?

Good

The service was caring.

Staff in each unit knew the people well and demonstrated kindness and compassion.

People's dignity and privacy were respected. Staff encouraged people to maintain their independence.

People could stay in the home at the end of life, and the staff were equipped to meet their needs with the support of outside professionals.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care plans were detailed and comprehensive, but lacked sufficient personal detail. Reviews had lapsed early in 2016 but were now up to date.

There were organised activities which appealed to some people but not all.

There had been no residents' meetings recently. Complaints were dealt with effectively.

Is the service well-led?

Inadequate

The service was not well led.

There had been a high turnover of managers since the last inspection. This had prevented The Peele from delivering high quality care. The provider was supporting the interim manager with additional support and resources.

Medication audits had not been completed recently. Other audits were being done.

Lessons had been learned from safeguarding investigations and from our last inspection. However, the rating from that inspection was not on display as required under the regulations.

The Peele

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 over two days on 18 and 19 January 2017. The first day was unannounced, which meant the service did not know we were coming. The second day was by arrangement.

On the first day the inspection team comprised two Inspectors, and two experts 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. The experts by experience each had personal experience of caring for older people in their families. On the second day one Inspector returned to complete the inspection.

Before the inspection we reviewed the information we held about the service, including notifications received, communication with relatives, and minutes of safeguarding meetings, including some which we had attended. We contacted the contract officer of Manchester City Council for information about their recent monitoring visits.

During the inspection we talked with 18 people who were living in The Peele, and six relatives who were visiting on the day. We interviewed 10 staff, including three team leaders, the lead housekeeper and a cook. We spoke with the interim manager, the social care lead, and office staff. We also met the Director of Older People's Services and two other senior staff of the provider. We talked with a GP who was visiting a patient.

We looked around the building and observed mealtimes and interaction between staff and people living in the home. We carried out an observation known as a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We looked at five care files in detail, three recruitment records, records of incidents and accidents, policies and records of audits. We examined 12 medicine administration records (MARs), the medication policy, and

medication stock checks. We looked at minutes of team leader meetings and relatives' meetings, records of compliments and complaints and maintenance records.

Good

Is the service safe?

Our findings

We talked with people living in The Peele and their relatives and asked them whether they felt it was a safe place. All the answers we received were positive. One person said, "Yes, it feels safe and it's also tidy." Another person said, "For me it's safe and way cleaner, I live with nice people here." Another person explained why they felt safer living in The Peele than at home: "I have lived here for a number of years. It's not the same as home but it's the next best thing. There are people around me here, and when I was at home I had a fall and it made me realise I couldn't live on my own any longer."

People told us that the staff were prompt to assist them. "If you need assistance, you only need to press the buzzer," "Staff do come if I need them, they knock on my door and ask me what I want. They are happy to help me." Another person said, "Staff are always passing by in the corridor, you can shout if you need them." People also told us they were well looked after at night and the night staff checked on them every hour, and that there were always plenty of staff on duty.

We checked the staffing rota for the week of our visit and the two preceding weeks. There were three units or 'suites' on both the ground floor and the first floor. Each unit had up to 13 beds, but most of the units were not full when we visited. In the daytime there were two staff on each unit, and an additional member of staff on each floor who could move between the units. In addition there were two team leaders on each floor. We saw that the team leaders moved regularly between the three units on the first floor. At night there was a team leader and four support staff on each floor, and sometimes an additional team leader. Staffing levels were set partly by using a dependency tool which assessed the amount of support and the frequency of intervention that people needed.

The Intermediate Care Unit (ICU) was staffed separately with two nurses and two support workers employed by The Peele, and physiotherapists, occupational therapists and other staff who were supplied by the NHS. The senior nurse on duty told us there was a shortage of permanent staff nurses and it was often necessary to use agency nurses. One person receiving care and treatment on the ICU told us there were fewer staff at weekends. This was because the NHS staff did not work at weekends.

Varying numbers of bank staff and agency staff were deployed each day, to make up the staffing levels as described. For instance on the first day of our inspection, Wednesday 18 January 2017, there were 16 regular staff working, five bank staff, and six agency staff. Two agency staff worked long shifts (8am to 8pm) and four worked the afternoon and early evening shift (2pm to 8pm). This was typical of the rota for the week and the two preceding weeks, with a higher number of agency staff present at weekends.

There had been a big recruitment drive in December 2016 and 20 new permanent staff had been recruited, subject to satisfactory completion of references and checks. This was around 25% of the existing staff complement. We saw the file of completed application forms and interviews, and that several of the new staff were shadowing existing staff on the two days of our inspection.

The deployment of high numbers of agency staff had caused significant issues during 2016. Staff retention

had been an issue within The Peele historically, which had led to increased use of agency staff. However, the recent recruitment drive showed action was being taken to address this issue.

One visitor said, "Staff treat my mum the way I would like to be treated, they are very good, and they know my mum very well. In terms of staffing numbers, they can always do with more staff and less agency. Staff continuity has improved, we no longer have too many different staff members on duty each time we visit, it is helpful to the residents."

Risk assessments relating to all aspects of care were included in care files, and included detail about the individual person. Some of the files but not all contained an assessment review log to record when the risk assessments had been reviewed. This meant that the care planning process included an assessment of risks to people's health and wellbeing, and plans to reduce or manage those risks. Accidents and incidents were recorded on individual care files, and a summary sent to the provider's head office for analysis.

Staff received training in safeguarding which should be renewed every three years according to company policy but we found that this had not always been provided. We had access to the provider's policy on safeguarding which was available to staff on the computer system. Staff told us they knew what signs to look out for to see if someone might be being abused. One member of staff appeared not to recognise the term 'safeguarding' but knew how to report any suspicion that someone might have been abused. Another staff member said, "I have never seen anything which caused me concerns."

At the previous inspection we found a breach of the regulation relating to the safety of people using the service, because call bells could not be used at the same time as pressure mats. This meant that if someone had a pressure mat in their bedroom, used to alert staff when the person got out of bed, they could not also use a call bell to summon assistance. We saw that The Peele had addressed this issue by installing a new 'nurse call' system in June 2016. This was a handset with a large call button, and a pressure mat or a bed or chair sensor could also be attached according to people's needs. There was a handset in every bedroom and bathroom, and in communal areas. A monitor above the staff desk in each unit alerted staff when either the call button or one of the sensors was activated, and we saw that staff responded to the alerts. The alert would show on the monitors in the other units on the same floor, and staff would respond if necessary. The system recorded the response times and how many times the call buttons were used, allowing management to check the efficiency of the system and also whether any individual might need more support.

There had been some teething problems with the new system, partly caused by technical issues, but staff told us they were now used to it and it was working well. It was a great improvement on the system we had found at the last inspection, and we considered the provider had remedied the breach of regulations.

We checked three files of newly recruited staff to ensure that the necessary procedures had been followed to protect people living in the home. Evidence of identity was kept on the file. The application form requested explanations for any gaps in employment. Suitable references were obtained. There was a note of the disclosure reference number of the Disclosure and Barring Service (DBS) certificate. The DBS keeps a record of criminal convictions and cautions, which ensures that employers have relevant information about potential employees, and helps to prevent unsuitable people being recruited to work with vulnerable groups. The interim manager told us that some of the newly recruited staff were working under supervision as part of their induction, but they would not be allowed to work unsupervised until their DBS certificate came through. We noted that copies of the actual DBS certificate were retained on staff files. The certificate is the property of the employee and best practice is not to retain a copy. We mentioned this to the interim manager and Director of Older People's Services who said they would consult head office about amending this practice.

We looked at the ordering, storage, administration and recording of medicines. Team leaders were responsible for administering medicines on each unit. During 2016 The Peele had switched to using a different pharmacy, and the team leaders told us they preferred the new system and it had led to a reduction in medicine errors..

The medicines arrived in separate boxes or bottles. Bottles of liquids were dated on opening.
The quantities received were recorded on each person's Medicine Administration Record (MAR). The team leaders had to select each tablet from its own box, according to what was listed on the MAR. Prior to this medicines had been supplied in dosette boxes, namely containers with compartments for storing the tablets needed at each separate administration. One of the newer team leaders told us the newer system took a bit of getting used to, but another team leader told us it was in their opinion a safer system than when the medicines were pre-sorted by the pharmacy, because they had to think about choosing the correct medicines and there was less scope for error if the wrong tablets were in the dosette, which had sometimes happened. We saw the system was more time-consuming than using dosettes. One person told us, "Sometimes you have to wait for your medication for a little while."

Tablets were counted when they were dispensed and a running quantity was recorded on the MAR. All of the 12 MARs we looked at were completed correctly, and short course medicines were added in handwriting with full prescribing instructions. We saw one missing signature, and the quantity of tablets remaining confirmed that a dose had been missed on 6 January 2017. All the other doses had been correctly administered and recorded. We knew from previous notifications received that The Peele would usually report any missed dose to the relevant GP for advice. As this was the only missing dose from 12 MARs over a three week period we did not consider it indicated a systemic problem with the administration of medicines.

The MAR recorded any medicines that were to be administered by night staff in the early morning, as they had to be taken a certain time before food. The signatures for these were different to the morning medicines round, which showed they had been given by the night staff in the correct way.
There was information on PRN medicines. These are medicines prescribed to be given "as required", in other words when people need them. The information sheet gave details about what the medicine was and gave limited information as to how the person would tell staff or indicate that they needed it. One person was prescribed diazepam as a PRN. The sheet stated "try distraction first, use only if very agitated / anxious. Tell [the person] why it is being offered." Similarly there was an instruction to administer a medicine if another person became anxious and restless. There was scope to record more information about how people could inform staff directly. We asked a team leader about this, who said most people could verbally state when they needed a PRN.

There was a storage cabinet for controlled drugs on each floor which conformed with regulations. These are medicines which by their nature need to be stored more securely than others. We checked the stock of controlled drugs in one of the cabinets and found it tallied with the amount recorded in the controlled drugs register. The register had been signed by two staff as required by regulations.

The Peele's policy on the administration of medicines included guidance on the disposal of unused medicines by returning them safely to the pharmacy.

There had historically been a high level of medication errors at The Peele. Responsibility devolved on to team leaders. We knew there had been disciplinary proceedings involving more than one team leader during the early part of 2016. The volume of errors had reduced considerably since then, partly due to the change to a new pharmacy and system of administering medicines. The interim manager and higher managers placed emphasis on the safe administration of medicines. Medication was one of five areas which

the interim manager had identified as a priority within the short time they had been present in The Peele. We considered that the handling of medicines now complied with the regulations.

We looked at how well The Peele managed infection prevention and control. All the units looked clean all day, and smelt fresh. Domestic staff were visible in the morning, and there were four or five on duty. We spoke to a member of domestic staff in the afternoon. Each domestic staff was allocated a unit as their responsibility to complete deep cleans. In the afternoon there were two domestic staff only until 7pm. In the afternoon as we walked into a unit a liquid had been spilt on the floor. A member of the management team asked one of the care staff to ensure it was mopped up. Staff told us they used check sheets, completed at the end of each shift. Communal bathrooms each had a file to record when they had been cleaned. All bedrooms had their own ensuite shower room and toilet which were cleaned each morning. Staff told us they had enough personal protective equipment (e.g. gloves and aprons) available. The domestic staff said they had done infection control training. We saw that all sluices and cleaning cupboards kept locked for safety reasons.

At the last inspection we found a breach of regulations because there were no personal emergency evacuation plans (known as PEEPS) on individual care files, and no file of PEEPS made available to the emergency services in case of a need to evacuate the building. The provider had submitted an action plan stating how they would address this finding. We now saw that a document entitled 'level of risk during evacuation' was present on each care file. This described in simple terms the support each person needed to evacuate the building, namely how many people were needed to assist, and whether any equipment such as a wheelchair, evacuation chair, or hoist were required. A file of these PEEPS was kept at the front desk. At the front of the file was an occupancy sheet, namely a list of all the people in the home, which was renewed every day to ensure it was accurate. We commented to the interim manager that the index to the file used the names of the units but people's bedrooms were listed using a numerical code, so it was not immediately obvious where each bedroom was. The interim manager agreed to rectify this.

We saw an up to date fire risk assessment. We checked and saw that the fire prevention and detection equipment had been regularly serviced. There was a record of tests of the fire alarm system, the emergency lights, and sprinkler system. Fire drills were conducted and lessons learned.

There had been a legionella risk assessment completed in April 2015 which was due for revision in April 2017. Weekly flushes of the water system were carried out and recorded on a monitoring sheet. This was especially important in the two vacant units on the top floor because the taps were not in use. We also saw records relating to the maintenance of equipment and the lifts.

In our previous report we made a recommendation that the provider should review the security of the premises. This followed some concerns being raised by visiting professionals. This time we found the building was secure. During the day the reception desk was manned and all visitors were required to sign in. The Peele is a large home with a lot of visitors, but we were satisfied that necessary steps were taken to maintain the safety of people living in the home.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

On the record of training we saw no evidence that any staff had received training in the MCA. We knew that this had taken place in the past for a limited number of staff. The interim manager showed us a leaflet entitled "What is the Mental Capacity Act?" which they were intending to distribute to all staff as part of training in the near future.

We saw examples of staff asking for consent as they delivered care. For example, a standing hoist was used to help someone move from an armchair. Staff talked with the person about what they were doing, made sure the person agreed and checked they were happy throughout.

There were some consent forms on the care files we looked at. For people with capacity, these forms recorded their consent to various aspects of the care they were receiving. We saw for example that people had signed their agreement as to whether or not to have a key for their bedroom. There were consent forms covering access to the content of care plans, the use of photographs for example on MAR sheets, and sharing information with health professionals. However, for people lacking capacity, we did not see any record of best interests decisions.

There were no mental capacity assessments on care files. These should be used when there is any doubt about people's capacity to give consent or make specific decisions. We asked the interim manager about this, and they answered that mental capacity assessments would be done by the local authority or other funding body. This is not a correct application of the MCA. The care home should assess people's mental capacity in relation to each specific decision. The MCA Code of Practice gives advice about how to reach a best interests decision on behalf of someone who lacks capacity to make the decision themselves.

In some of the units we saw an "abbreviated mental test" had been used. This is a test with simple questions to ascertain the functioning of memory and can be used when establishing if a person has dementia. It is not the same as the two stage mental capacity assessment required by the MCA.

The lack of training in this area, and the failure to use mental capacity assessments to determine people's capacity to consent to aspects of care was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Under the legislation a provider must issue

an 'urgent authorisation' when they believe they may be depriving someone using the service of their liberty. At the same time they must apply for a 'standard authorisation', to a supervisory body, in this case Manchester City Council.

We saw a file of 40 completed DoLS applications going back to 2015. The earlier applications had lacked detail when setting out the reasons why a deprivation of liberty was considered necessary, but more recent ones contained sufficient detail. The social care lead explained to us that they had recently been in touch with Manchester City Council to find out the status of all the applications that had been made. The council had returned the list, stating that five applications had been granted in November 2016. However, the paperwork had not yet arrived from the council. In principle The Peele should have notified us of these DoLS authorisations as soon as they were notified. At our request notifications were submitted shortly after the inspection. The list of applications showed that the service was aware of its responsibility to apply for DoLS authorisations when needed.

We looked at how staff were trained and supported in their work. A record of staff training was kept centrally by the provider, but after several requests we were able to obtain a copy of the record relating specifically to The Peele. We saw that the current rate of staff who were up to date with basic training areas was low; for example 67% in moving and handling, an essential training area for care staff. That meant that one third of staff did not have up to date training in this area. It was company policy that this training should be renewed once a year, but for 18 staff their training had elapsed and for two staff their latest training was in 2012. The interim manager stated that some of the new recruits were on the training record, but that did not alter the fact that so many existing staff were not up to date with training in moving and handling.

Similar rates of training applied in the other core subjects: emergency first aid was 77%, safeguarding 81%. These were low rates of training. However, all the team leaders had up to date training in medication.

The interim manager stated all the new staff would embark on the Care Certificate as part of their induction. The Care Certificate is a nationally recognised qualification for staff new to working in care. The training record showed that eight staff had completed the Care Certificate in 2015 and 2016.

We asked to see records of supervision. We saw on staff files some records of supervision carried out by the senior nurse in the ICU. The interim manager stated that very little supervision had taken place in 2016. This was confirmed by staff who told us they had not received a supervision for a long time. They told us they would go to their team leader if they wanted advice. But this would not be a satisfactory substitute for a formal supervision session. The interim manager stated it was their intention to ensure supervision took place. There was already a schedule on the wall of their office, although only one supervision had taken place so far in 2017. The person concerned had said this was their first supervision for 12 months. The interim manager and the provider's Director of Older People's Services agreed that supervision was a vital part of supporting staff to perform their duties. Annual appraisals, an opportunity to take a broader view of the year just finished and the year to come, had also not taken place. We were shown a new 'toolkit' which was intended to integrate supervision and appraisals in a rolling cycle but this had not yet been implemented.

The poor ratio of staff who had completed up to date training, together with the low level of supervision and appraisal in 2016, constituted a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed mealtimes on three of the units and asked people about the quality of the food. The food was supplied by an external provider which delivered twice a week. People had to order their food the night

before. They were given a choice, but in some cases the staff made the choice on their behalf. Several people told us they couldn't remember what they had ordered when it arrived. One person said, "This place serves very good food, but I don't ever know what's on the menu though." There was no menu on display in any of the units we visited. On request, staff showed us a menu listing all meals planned for the day, the names of people on that unit and their individual choices.

Kitchen staff told us there were only fixed numbers of each dish available. For example the choice of evening meal for 19 January was Lancashire hotpot or beef casserole. One unit was allocated up to six portions of each dish. There were nine people living on the unit. Therefore if everyone chose the same option there would not be enough for everyone to have their first choice, unless there was some available from the allocation to another unit. We mentioned this problem when giving feedback to the interim manager, who stated that The Peele ordered 25 more portions than needed in order to ensure people could have what they wanted. However, it was the view both of people living in the home and staff that people could not change their minds when they saw the food arriving, but had to stick to their previous choices.

Most people said the food was good and hot. One person said, "The ham and cheese slice was nice but the plate was swimming with beans. I like beans but not to that extent." This indicated that staff needed to check what people wanted before serving the meals. Two staff said the food was better quality now with the new company than it had been before.

One person said, "I had a problem with the food at first but now the staff know me. I receive blended food as I have trouble swallowing." The kitchen staff told us they were informed by the care staff of any dietary needs, for example soft, or pureed food, or requirements for people who were diabetic. They then ordered meals to meet these needs. The meals came in frozen and already pureed or of soft consistency.

Everyone had a malnutrition and dehydration care plan in place. This detailed support required to eat and any dietary requirements. Food and fluid intake charts were kept for those people who needed them. These were detailed lists of food groups for each meal (main meat, potatoes, vegetables, pudding, and drinks) and included the quantity consumed of each item, however daily totals were not added up.

Staff told us they sometimes ran out of basics for the unit kitchens, for example bread, milk, butter, sugar, or jam. The kitchen staff said the order had to be countersigned by a manager and this sometimes caused delays in placing the order. Staff now had to go to the kitchen to ask for snacks such as crisps, or chocolate biscuits. These were now monitored. One member of staff told us they did not like having to do this as they felt they were being quizzed about why they wanted the snacks.

In our previous inspection report we recommended that the provider researched ways to improve the eating experience at The Peele. We noted that the service had changed its catering provider, but the provision of food was still not meeting people's needs. The food itself was of a reasonable quality, but people could not change their minds when the food arrived. This was a breach of Regulation 9(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access healthcare outside the home. We spoke with a GP who told us that they or their team were regular visitors to the home. They said there were always staff around who knew the person they were visiting, even when agency staff were working. They added the home contacted the GP surgery appropriately and at times that enabled them to plan their visits to the home. We saw evidence that people had regular appointments with dentists, opticians, podiatrists, speech and language therapists and other medical professionals.

The Peele was purpose built in 2005 to serve the needs of elderly people including those living with dementia. Although a large home, there were separate self-contained units of up to 12 or 13 people, so the numbers of people were not overwhelming. The communal area in each unit was open plan, but people could stay in their bedrooms if they wanted privacy. There were also large rooms including an activity room on one floor available for use of all the people using the service.

Memory boxes were on the wall outside people's bedrooms. These contained special items which the person or their family had chosen. There were discreet typed name cards on each door. Signs were placed on toilet doors and the activity room, and a smoking room in each unit. One of the units was intended for people living with advanced dementia. This had adaptations such as 'fiddle boards' which are intended to stimulate activity. We saw some people were holding dolls, which can bring great comfort for some people living with dementia. These features all showed that thought had been given to meeting the needs of people living with dementia. Some of the units had individual touches, such as a collage on the wall at the entrance with pictures of all the people living on that unit. This created a homely feeling. We were told this was the work of relatives of people on that unit, but the staff were looking to see if they could do something similar on other units.

Good

Is the service caring?

Our findings

People living in The Peele all told us they were well cared for and well looked after. Some of their comments included: "All the staff know me and are very good and look after me. I like the attention. I get plenty of cups of tea." "The staff always knock on the door before they come into my room." "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help."

One person said, "Staff look after me well, I have seen my GP and have been to a hospital appointment yesterday." Another person said, "When I was not so well, staff called someone for me and they took me to hospital." The visiting GP we spoke with said, "I feel people are being well looked after; staff genuinely care." Everyone looked well dressed and groomed.

Other people said, "Everyday staff are always nice, with jolly jokes and that, I have nothing at all to complain about, they all come and say 'Hi'." Another person described staff as, "Very sociable, very approachable." Someone else said, "Staff often ask me what I like."

We read a complaint by a relative which had been received in 2016. Despite raising a number of issues, the complainant wrote: "I should say that we can't fault the caring nature of the staff at The Peele."

Throughout the day in all the units we saw a relaxed and cheerful atmosphere. Because of their numbers, staff did not appear rushed and had time to stop and chat with people as well as ensuring their needs were met. This included an agency worker who told us they had been working at The Peele regularly for eight months. They were kind and compassionate towards a person who was in some distress, reassuring them and using distraction techniques.

We saw occasions of humour and people enjoying the staff's company. One member of staff asked one person if they wanted to push another person's wheelchair when going to the activity room. They were glad to do so and the two people were chatting all the way down the corridor.

Staff gave examples of how they maintained people's privacy by closing bedroom doors and curtains when providing personal care. They also gave examples of supporting and encouraging people to do tasks for themselves to maintain their independence. This included encouraging people to wash themselves, to eat independently and to stand and mobilise so far as they could do so safely. When people did need help with eating, we saw staff supported them to eat in a dignified way, sitting next to them, talking and going at the person's pace.

There was a desk for staff to complete paperwork in the open lounge area. Telephone calls were made from here which meant personal information might be discussed for example with the family or GP, which might be overheard by others. One team leader said they and other staff tried to lower their voice when on the phone so they could not be overheard. We came across an example where staff were extremely sensitive about some confidential information and made sure there was no risk anyone else would become aware of it.

We looked at how well the Peele supported people nearing the end of life. We knew from death notifications that some people had died in The Peele while others were transferred to hospital. The six units on the ground and first floor were residential units which meant that if nursing support was needed for people at the end of life it was supplied by the district nursing team. During our visit the interim manager stated clearly to a GP that the district nurses needed to provide pain relief if the person who was probably nearing the end of life was to remain in The Peele. This showed a determination to ensure that people's needs would be met.

We saw that some people had DNACPR forms in place. If so, they were prominent at the front of care files. These are forms which instruct paramedics, staff and others not to carry out cardiopulmonary resuscitation if someone has a cardiac arrest. The forms we saw were correctly completed and valid. A list of all the DNACPR forms was kept in the team leaders' office for ready access by paramedics if needed.

The GP we met was positive about the home's end of life care. They said, "The staff have no fear of providing end of life care."

Requires Improvement

Is the service responsive?

Our findings

We looked at five care files to assess the quality of the care plans and related documents. The pre-admission assessment was kept on the file; this was the assessment created before the person moved into The Peele and showed that staff from The Peele had visited the person (for example in hospital) to ensure The Peele could meet their needs before they moved in.

There was an 'individual profile' which gave basic information about the person, including contact details of family members. We also saw on one file a 'This is Me' leaflet, created by the Alzheimer's Society, which is intended to build up a picture of the person's history, family life, interests, hobbies and so on. The one we saw was blank except for the person's name, which negated the purpose of having the document on the file.

The care plans themselves were divided into different pages for each area of care. The pages were numbered to make each section easy to find. The separate pages included maximising independence (relating to mobility), personal hygiene needs, eating and drinking, oral hygiene, night routine and sleep, mental health needs and a stool record chart. Additional pages were added when needed, for example diabetes, incontinence support or catheter care. Each of the pages included pre-printed guidance for some areas that were considered consistent for everyone. Additional information specific to the person had then been added. There were also a set of care-related risk assessments on each file. These included nutritional and weight assessments, Waterlow assessment (assessing the risk of pressure ulcers), falls risk and a behaviour chart.

Together the care plans and risk assessments represented a detailed but accessible care plan for each person which could be readily understood by new staff, agency staff or professional visitors. The use of pre-printed templates made the plans seem less individualised, but there was a level of person-centred detail in all the files we looked at.

We asked people if they knew what was in their care plans and the common answer was no, they did not. One person said, "No, I haven't seen my care plans, I don't know about a keyworker." Although the keyworker system was drawn up with everyone assigned a keyworker, none of the people we asked could remember who their named keyworker was. Five other people said they either did not know they had care plans or did not know what was in them. This indicated there was scope to involve people more in the creation and review of their care plans. On the other hand, four of the visitors we spoke with had all been involved in their relative's care plan and had expressed their relative's likes and dislikes, and were happy that these were being adhered to by the staff. One visitor said, "We talk to staff about our concerns we have about mum. I'm not sure if we attended a care plan meeting recently."

One team leader told us that in early 2016 the care files were not up to date, but there had been a big drive to update and review them since the summer of 2016, using the latest paperwork for everyone. We saw that care plans were now being regularly reviewed, and the reviews recorded on an evaluation sheet. The reviews were meaningful in that changes to care plans were made when needed. Team leaders told us these changes were made known to the staff who worked on that particular unit.

Daily notes were written two or three times a day and were concise. There was an observation chart filled in hourly, including checks that a drink, snack and call button were in reach, whether fluid had been drunk and a snack eaten, continence needs addressed, if needed that people in bed had been repositioned, that walking aids were in reach and the area around each person was clear. There was a record of personal hygiene support provided, and an equipment check record that pressure mats, including chair sensor or bed sensor were in place as needed. We examined these records in two of the units and found they were all completed. This meant that people's needs for comfort and safety were being met.

We asked people whether they were given choices about everyday matters such as what to wear, where to sit and so on. One person told us, "Staff offer you a choice, I don't know what we could do without [named staff], she is exceptional." Another person said, "I can choose when I get up and I make my own decisions on what I want to wear." Care plans referred to giving people choices. Staff explained how they gave choices regarding clothes, what to eat, what activities, including showing people the alternatives for example the choice of foods available for breakfast.

We asked people including visitors about activities within The Peele. One person said, "I can't do much because I can't walk. I like quizzes, bingo, shopping and go upstairs for movies." Another person said, "I keep my own counsel, staff often ask me to go upstairs for things, but I like to stay in my room, do some crosswords." This showed that the person was invited to take part, but given the choice. One visitor said, "My mum is happy, she goes to lots of activities: she enjoys playing bingo, card games." There were four activities staff; two were on duty during each day Monday to Friday. There was an impressive activities board in the main lobby. We saw that there had been a host of activities in December 2016, including a Christmas party, a New Year's Eve party, a visiting magician, three musical entertainers, and a pantomime event. Twelve people had attended a church service and a school choir had attended to sing carols. These events showed community involvement.

We noted that the number and variety of activities varied according to people's ability to access them. There was a large and well stocked activity room on the second floor which was intended for use of all the people in The Peele. On the first day of our inspection there was a showing of a film which 15 people attended. Two activities staff were present. A large screen was in place and to create a cinema atmosphere crisps were provided and lunch of chips and bread and butter. All 15 people in the room appeared to be enjoying the film and the food.

We noted however that there were another 51 people in The Peele who were not present for the film. The film did require the presence of both activities staff, but they told us they visited the units at other times of day doing more individual activities with people. One of the activities staff said to us, "It is very difficult to engage all residents at once because of their numbers, level of abilities and their willingness to engage in planned activities. Where possible we do one-to-one activities with those who are bed bound, generally consisting of 'a natter', doing nail care, or playing cards or dominoes." One member of staff commented that activities tended to finish at 3pm and the activity room was then locked. This was something which could be easily remedied by allowing staff access to the room when it was locked. We found therefore that there was a range of activities but there was scope to encourage more people to participate and develop more activities on the individual units.

People living in the home told us they could not recall attending a residents' meeting. One person said, "I don't know of any meetings, I was never invited." We asked to see minutes of residents' meetings and received two sets of minutes from July and August 2016. It turned out that these were meetings for relatives where the registered manager who was new at the time introduced themselves. A number of relevant topics were discussed. The interim manager confirmed there had been no meetings since then.

We asked people living in the home if they knew how to make a complaint. One said, "If I was unhappy, I will shout. I don't know who the manager is." Another person said, "I don't have any concerns, if I do, I just go and call staff." We looked at a file of complaints commencing from June 2016. No earlier ones were available. These were formal written complaints which had been dealt with by the registered manager who was currently on leave since November 2016. We saw that the complaints had been investigated and that appropriate action was taken. Apologetic and sympathetic replies had been sent to the complainants. We asked the interim manager about any complaints received since they had been in post. They told us about two verbal complaints which they had dealt with, one of which had also been reported to the CQC by the relative. These were verbal complaints, which had been responded to appropriately. The interim manager had not yet added them to the complaints file but told us it was their intention to do so. There were only a few complaints recorded on the file since June 2016, which meant no analysis had yet been deemed necessary.

Inadequate

Is the service well-led?

Our findings

Following our last inspection in September 2015 The Peele received the rating of 'Requires improvement'. It is a requirement of the regulations that providers display the rating from their last inspection conspicuously within the home and also on their website. The rating was not displayed within the home. The interim manager was aware of the requirement to display it and showed us a vacant place on the wall behind the reception desk where they said it had been previously displayed. It should have been in a place where all visitors to the home could easily see it. The Peele had a page on the provider's website which also did not display the rating, when we checked immediately prior to the inspection. Failure to display the rating both on the website and in the home was a breach of Regulation 20A(2)(c) and 20A(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about audits and saw a record of care plan audits that had all been done in November 2016. This had resulted in a number of care plans being rewritten. A detailed checklist was completed and if needed an 'action required' sheet was completed. This checklist was fit for purpose.

We asked about medication audits and after some searching the interim manager told us that none had been done since September 2016. Stocks of medicines were counted by team leaders on a daily basis, and there was a monthly check that these were correct. However, by company policy there should also have been a weekly audit of medicines management. The interim manager said there should be an audit of one unit on each floor every week.

The failure to complete audits was serious in view of a history of medication errors at The Peele. We were mindful that the number of reported medication errors had gone down in the second half of 2016, but we considered this may have been partly due to the lack of audits identifying such errors. We also considered that the failure to identify the lack of mental capacity assessments, the shortfalls in training, and the lack of choice in meals demonstrated failings in quality management systems. This was therefore a breach of Regulation 17(1) and 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The interim manager went on daily walks around the building and noted any repairs needed. Several bedrooms were in the process of being refurbished. We asked how useful the analysis of incidents and accidents by head office was in terms of identifying risks and methods to reduce them. The interim manager said he had not yet received access to the head office data on accidents, but would be doing so shortly.

One visitor told us, "I believe the home is improving." Another said, "I'm not sure who the new manager is, but everyone is good, supportive and helpful." Another visitor said, "Staff are always available for when you are not sure about things."

Relatives and most of the people we spoke with who lived at The Peele did not know who the manager was. The interim manager told us they were keen to get to know everyone. They had only been in post for two months. In the 16 months since the last inspection there had been four managers, including the present interim manager. Staff told us this rapid turnover had an unsettling effect on the home. They said that

different managers had different rules, for example about how staff could wear their hair. This was coupled with the shortage of permanent staff resulting in the high usage of agency staff. This was now being addressed by the successful recruitment drive in December 2016.

We saw from minutes of meetings that the registered manager who started in May 2016 had attempted to create what they called a fresh start. At the time of their arrival –senior management had decided on a temporary suspension of new admissions to The Peele, which was the main reason why the number of people living in The Peele had reduced from 103 at the last inspection to 66 at this one. The aim of the suspension was to allow the registered manager to stabilise the staff, reduce the use of agency staff and remedy the breaches of regulations and other areas for improvement found at our last inspection. This programme was now being carried forward by the interim manager. Now that the new staff had been recruited there was a plan to reintroduce admissions gradually.

Partly because the interim manager was new they were being supported by senior managerial staff from the provider, who were present during our inspection and were present several days each week. This demonstrated awareness by the provider of the need to maintain the quality of care and reputation of The Peele.

During 2016 we had attended safeguarding meetings relating to two incidents where concerns were raised about the competency of agency staff, and the quality of the handover they received at the start of their shifts. One incident had been compounded because on that occasion only agency staff were on duty in a particular unit. The Peele had also deployed agency nurses and in one case the agency nurse made a clinical decision which delayed an ambulance being summoned.

The interim manager told us that the findings of the safeguarding meetings had been taken on board, and that the service had reduced the number of agency staff and would continue to do so. They had reached an agreement with the agency that where possible the same staff would be used regularly at The Peele, which meant that they became familiar with the people living in the home and with the systems. Moreover, the service had introduced an agency induction checklist which was required to be completed by the team leader for every new agency worker. They had to attend for an extra hour before the start of their first shift in order for this to be completed. We saw the file of these completed checklists. These initiatives demonstrated a willingness to respond to issues identified in safeguarding meetings and take steps to reduce the likelihood of a recurrence.

There was no deputy manager, but two leads (one covering the ground floor and one covering the first floor), a head of housekeeping and other administrative staff. The staff relied heavily on team leaders who were in a responsible position within each unit. One team leader said there had been three team leader meetings since they had joined five months ago. A more experienced team leader said these were held when a new manager joined and then tended to tail off. They said one staff meeting had been held since the new manager took over. Staff said these tended to happen when a new manager came and then were not held often.

The Peele regularly sent in notifications to the CQC about deaths, serious injuries and other notifiable events. These usually included an excellent amount of detail. There had been five DoLS authorisations in November which had not yet been notified to us, but this was understandable as Manchester City Council had not yet provided a formal record of authorisation which would specify any conditions. Notifications were sent in after the inspection at our request.

We concluded that the breaches of regulations identified at the last inspection had been rectified, but the

new breaches found at this inspection demonstrated the need for further improvement. The rapid turnover of managers meant that systemic improvement had not been made, and The Peele required a period of stability. The interim manager had identified five priority areas which were on the wall in their office. These were supervision, finances, mandatory training, medication and care planning. These were appropriate priorities in view of the findings at this inspection. The imminent introduction of so many new staff at one go created its own risks. We noted the level of senior management support and the willingness of staff to embrace change, but considered that the provider had not yet demonstrated that The Peele was able to provide high quality care.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not always meet their preferences in terms of the provision of food Regulation 9(1)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act 2005 Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The most recent rating of the service provider's performance was not displayed on the provider's website or in the premises Regulation 20A(2)(c) and 20A(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate levels of training and supervision to enable them to carry out their duties Regulation 18(2)(a)