

Chilworth Care Ltd

# Peel House Nursing Home

## Inspection report

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Date of inspection visit:  
12 November 2018  
13 November 2018

Date of publication:  
20 February 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

What life is like for people using this service:

- People did not always receive a service that provided them with safe, effective, compassionate and high-quality care.
- The management of risk was ineffective and placed people at risk of harm.
- People's human rights were not always upheld as the principles of the Mental Capacity Act 2005 were not adhered to.
- People were not always empowered to make choices and have control over their care and people were not always provided with support that was personalised to them.
- The service was not always well led and there was a lack of robust and effective quality assurance processes in place.
- People did not always live in a clean environment. People told us staff were kind and treated them with respect.
- More information is in the detailed findings below.

Rating at last inspection:

The service was last inspected in May 2018 where we undertook a focused inspection (report published July 2018). It was awarded a rating of Requires Improvement.

About the service:

Peel House Nursing Home is a service that provides nursing care and support. It was providing a service to 40 people, two of whom were in hospital for the duration of our visit. It is registered to provide accommodation for 52 people who require personal care or nursing as well as treatment of disease, disorder or injury.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection

Follow up: At the last inspection this service was rated 'Requires Improvement', at this inspection the rating remained the same. This is the fourth consecutive inspection whereby the service has been awarded a rating of Requires Improvement. During the inspection, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. Full information about CQC's regulatory response to the concerns found during inspections will be added to the report after any representations and appeals have been concluded. We will have contact with the provider and registered manager following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

## 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our findings below.

**Requires Improvement** ●

# Peel House 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 as part of our regulatory functions. This inspection checked 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.

**Inspection Team:** The inspection team consisted of an inspector, a specialist advisor (SPA) in nursing and an expert by experience conducted this inspection. 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:** Peel House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were 40 people living at Peel House Nursing Home, two of whom were in hospital for the duration of our visit.

The service had a manager registered with the Care Quality Commission. This means 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:** Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This inspection included speaking with six people, one relative, four members of staff, the registered manager and the two providers. We reviewed records related to the care of four people and the medicine records of five people. We reviewed staff recruitment, supervision and appraisal records for five staff. We looked at records relating to the management of the service, policies and procedures, maintenance, quality

assurance documentation and complaints information. We asked for further information following the inspection including rotas, and additional Deprivation of Liberty Safeguards (DoLS) information and these were received.

# Is the service safe?

## Our findings

People were not safe and not protected from avoidable harm. This was because risks to people had not been managed effectively.

Assessing risk, safety monitoring and management:

- Risks to people had not always been assessed, monitored or mitigated effectively. For example, one person had a choking risk assessment in place which provided no indication of how the risk was to be minimised and did not refer to a care plan for further details. For example; the risk assessment stated, 'to continue to eat the food that he enjoys in such a way that the risk of choking is minimised'. Documents demonstrated that staff had received training in dysphagia and thick and easy, which is used to thicken drinks for people who have swallowing difficulties.
- One person was at high risk of malnutrition. This person was on regular fluid charts and had a daily intake recommendation of 1500mls. We reviewed fluid charts over an 11-day period and of these there were five days where the daily recommended intake had not been achieved and was low. Care documentation explained that this person was at risk of pressure sores, urinary tract infection (UTI), constipation and malnutrition. There was a risk that poor recording could lead to a person becoming dehydrated, it is possible that staff could assume that the person has received fluids when in fact fluids may not have been given. We spoke to the registered nurses about the oversight of fluid charts and the process for completing them. We were informed that the nurses at night total the fluid intake and handover to the morning staff whether to push fluid the next day. There was no effective process in place to ensure this communication was adequately handed over or documented. The registered nurses were confident that the person would have been supported to eat and drink sufficient amounts to promote their hydration but recognised that care documentation did not support this. Since the inspection, the nominated individual informed us that they have appointed a senior carer in charge of fluid charts to increase oversight in this area.
- Records demonstrated that when people's needs had changed, their support plans and risk assessments had not been updated. For example, one person's bruising and injury risk assessment had not been updated and stated, 'supervise when walks in the corridor as they can knock themselves on the wall.' However, their recent moving and handling assessment dated 20 October 2018, noted that they were no longer able to mobilise or walk independently, there were similar examples in their mobility risk assessment, activity risk assessment and safe environment risk assessment. We found similar concerns whereby care plans and risk assessments had not been updated to reflect a change in care need. For example, one person's elimination care plan stated: 'Is incontinent of urine and wears a pad.' The care plan and risk assessments had not subsequently been updated as the individual now had a catheter in situ. Whilst we received information from a nurse that this may be verbally handed over, there was no process, documentation or governance assurance to support that it was handed over. Whilst staff knew people well, a failure to maintain accurate records demonstrate a risk that agency staff or new members of staff would be unable to provide safe care and treatment.
- Nursing staff and care workers worked hard to ensure the safety of people using the service. However, staff did not consistently have access to the correct information. We discussed this with registered nurses and the clinical lead who told us that the biggest concern for nursing staff was the lack of time to be able to

adequately review and update care files and care plans. It caused the registered nurses concern, one nurse told us, that staff, "Are always doing their level best for the residents." Both nurses demonstrated that time for administration is secondary to safe staffing levels and the home's resident's dependency.'

- A failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Environment and premises:

- Several upstairs bedrooms had no window restrictors in place, of those that did have restrictors in place these were either broken or not of a standard that met regulations for window restrictors in care homes. We spoke to the registered manager about this and they said they would replace all of the window restrictors and purchased some on the day of the inspection.
- We checked the door to the boiler which had a sign on it saying keep locked. This was not locked at the time of the inspection. Boiler cupboards are locked to prevent people tampering with settings. Pipes in boiler rooms can get very hot causing a risk of harm to people accessing the cupboard. There was a risk of fire if any combustible materials are placed in boiler rooms. We also viewed two bedrooms which were used as store rooms, these contained old equipment piled high from floor to ceiling. Both of these rooms were unlocked and accessible by anyone, this meant there was significant risk of harm to people entering these rooms due to the likelihood of heavy items falling on them. The registered manager stated that these rooms should be locked and rectified this immediately.
- The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The clinical room was very small and not fit for purpose due to a lack of storage, lack of work top and a large air conditioner unit taking up space. There was an old fridge no longer in use taking up space under the work surface meaning that the current fridge was on the floor near the doorway which made it difficult for staff to access. Registered nurses stated that they found it very difficult to work in.
- All medicines destruction and disposal were recorded on loose sheets of paper. The sheets were not in a folder and were out of date order. This meant that people could not always be assured that their medicines were being disposed of in a safe and timely manner.
- A failure to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user and their medicine was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Despite the concerns above, the management of covert medicines was safe. One person was given covert medicines, this was managed appropriately in line with the Mental Capacity Act (MCA) and had been signed off by the GP and CPN.
- People's medication records confirmed they received their medicines as required and this was checked by two staff.
- Registered nurses completed training in medicines administration and their competency was checked annually to make sure they continued to practice safe medicines administration.

#### Preventing and controlling infection:

- People and relatives told us the home was clean and tidy. One relative told us, "[Person] room is always

nicely tidy and clean and they are decorating at the moment. It is personalised." Despite this we found concerns about the cleanliness of the home and infection control practice.

- Staff were observed wearing lunch aprons while supporting people to their bedroom or bathroom for personal care. This meant that people were at risk of cross-contamination.
- We viewed three shower rooms which were cluttered and dirty. One had black marks with the appearance of mould. One had a broken shower rail and old chipped equipment that was in current use. In one of the shower rooms there was a step up into the room which was not highlighted and was a trip hazard. Handwashing gel was not available in one of the shower rooms. This presented as an infection control risk to people. We saw that the refurbishment of shower rooms was on the general action plan managed by the provider. Since the inspection the nominated individual has told us that they have removed equipment and decluttered the bathrooms. They also advised that an individual control team have been formed and have met for their first meeting.
- Some of the chairs in the conservatory were old and worn, upholstered in material which was not wipe down or washable material and could pose infection control risk. We spoke to the nominated individual's about this and they told us that the chairs belong to people and that they would seek consent from people to remove this furniture
- Peoples rooms were mostly tidy, clean and inviting although some carpets were stained.
- The failure to assess and mitigate the risk of the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Safeguarding systems and processes

- When we asked people if they thought the service was safe, one person told us, "It's not a bad place to live". Another person told us they felt safe but stated, "I've not settled in yet. They say make it your home but it will never be that." A visiting relative told us that they had no complaints about their relative's safety.
- The provider had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed that the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

### Staffing levels

- People were protected from the employment of unsuitable staff because the provider followed safe recruitment practices however documents demonstrated that one person had been employed despite having a negative reference however, there was no risk assessment in place for this. The registered manager explained that they knew this staff member and were confident to employ them. They said they would put a risk assessment in place. All other recruitment checks relating to this person were in place.
- At the time of the inspection there were 22 care staff employed to support 40 people.
- The provider had ensured enough staff were on shift so that people received support in a timely way. People told us there were enough staff. When asked if there were enough staff one relative commented, "Seems so down here, plenty around."

### Learning lessons when things go wrong

- The registered manager told us, "We have a safeguarding forum which shares information about things that have gone wrong."
- When things went wrong the registered manager responded appropriately using the incident as a learning opportunity.



# Is the service effective?

## Our findings

People's care, treatment and support does not always achieve good outcomes, doesn't promote a good quality of life and is not based on best available evidence.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.
- The staff were able to talk about the principles of the MCA 2005 however; the registered manager was unable to demonstrate how they were adhering to the principles of the MCA 2005. For example, where capacity assessments had been undertaken and people were deemed to lack capacity, the registered manager was unable to demonstrate that best interest meetings had taken place. We spoke to the registered manager about this and they advised that they would look into ensuring best interest decisions were made at best interest meetings and documented in future. Subsequent to the inspection, the nominated individual advised that best interest meetings were now taking place.
- Some people living at Peel House Nursing Home had DoLS authorisation's in place. DoLS authorisations had been applied for others and were awaiting assessment. There was a standard care plan for all residents who were under a DoLS with regard to leaving the home and the key pad however these did not make reference to other DoLS which included lap straps on wheelchairs and bedsides which were in use for several people.
- The failure to work within the principles of The Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some elements of the environment were dementia friendly, for example; red toilet seats were in use and some bright coloured dishes used at lunchtime. There was some dementia friendly signage on toilet/bathroom doors, however, further work was required to ensure the environment was consistently dementia friendly. For example, some doors and walls were painted in the same colour. The registered manager told us that work was underway to make the home more dementia friendly.
- A number of people had memory boxes on their bedroom doors. For people living with dementia, memory boxes can prompt conversation and provide emotional and mental stimulation. Two of the memory boxes outside of people's bedrooms appeared to be broken and the contents loose and sitting at the bottom of the box. We spoke to the nominated individual about this and they told us, 'a couple had the glass removed

from them due to those people wanting access to their items inside'.

#### Staff skills, knowledge and experience

- Staff were competent, knowledgeable about people's needs, skilled and carried out their roles effectively. People told us, "They're very good, they get me up and dress me" and, "They know when I should be awake and when asleep and remind me."
- Relatives told us they could spend time alone with their family member.
- Staff had completed an induction and had opportunity for supervision and appraisal. The registered manager knew some staff had not received regular supervision and a plan was in place to address this.
- Staff received training which included the following, moving and handling of loads/people. MCA and DoLS, Infection, prevention and control, safeguarding adults, health and safety, fire awareness, hand hygiene and dysphagia as well as the opportunity to complete the Care Certificate. Clinical training was available for nurses in subjects which included diabetes, syringe drivers, first aid and diabetes among others.

#### Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- One person told us, "I've just had breakfast, the normal sort of breakfast. Toast and that sort of thing, it's nice" We observed this person enjoyed banter with a carer who brought round a trolley with hot drinks, cake, biscuits, fruit and yoghurts. They chose a slice of cake. Another person told us, "There's a menu. I don't like chicken so for lunch I've asked for sausages." We observed this person did receive sausages with vegetables at lunchtime which demonstrated that people had a choice and were able to change their mind at short notice.

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

- People's needs were assessed before moving into Peel House Nursing Home. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics, for example, expressing sexuality.
- Staff knew people well and supported them to make choices. We observed people being offered a choice of food and records demonstrated that people chose to have baths or showers.

#### Staff providing consistent, effective, timely care

- Staff told us they worked well as a team and described the handover process where they could pass on information to each other about people's changing needs as well as the use of a communication book.
- Information was handed to other agencies if people needed to access other services such as optician, dentist and 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from other people such as their relatives.
- People were able to communicate their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed where they were unable to verbally communicate.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and using dignity blankets when supporting people to transfer. We observed during the inspection that staff knocked on people's bedroom doors before entering.
- People and staff told us people were treated with respect. One person told us, "They treat me pretty well, I've got one or two favourites, they're pretty good here." A staff member commented, "Encourage to do what they can, little things like brushing their teeth, helping to put clothes on, give verbal prompts, we encourage them to do as much as they can here" and, "We also encourage them to do everything they can with their mobility and keep their independence."

Ensuring people are well treated and supported

- People and relatives were positive about the staff and said they were treated with kindness. One person told us, "They all look after me very well, they're lovely." Relatives comments included, "[Person] was 97 in February; a table was laid up for us in the conservatory and all the family came in, the staff told me they've contacted Buckingham Palace already so [person] gets a telegram from the Queen."
- Staff recognised when people were distressed and provided support. We observed positive interactions between staff and people.
- People and relatives told us their family could visit any time. One person told us, "My daughter and son come in, they can just come when they like, sometimes they have a cup of tea with me." A relative commented, "We are always offered tea and biscuits. We could have lunch with mum if we book it."

## Is the service responsive?

### Our findings

People did not always receive personalised care that responded to their needs

Personalised care:

- Staff demonstrated that they knew people well and knew what was important to them. For example, a member of the care staff gave [person] a mug of hot chocolate to drink during the afternoon. The person was very pleased and said, "They know I love my chocolate drink." One person told us, "They are very good, you can't expect human beings to be perfect, but on the whole they're very good."
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process and pre-admission assessment failed to give any consideration to the characteristics defined under the Act. For example, gender, race and sexual orientation. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager updated the assessment documentation to reflect this during the inspection.
- People's likes, dislikes and preferences were documented in their care plans however, care plans and risk assessments were not always accurate and up to date or did not contain sufficient detail to ensure they received personalised care. For example, one person's falls care plan stated 'We will endeavour to maintain safety at all times' however, there was no information on how, when and where to do this. Another care plan stated, 'Tends to press his buzzer quite often' however, the care plan lacked detail as to what, when, why and how they were supported with this. We viewed care plans relating to personal care that lacked detail and contained standard statements which was not personalised to individuals. During the inspection, we were told that one person was periodically on one to one observation/support over the last few weeks due to unpredictability and concerns. However, this was not reflected in their care plan or on behaviour charts. The care plan lacked person-centred detail. This meant that if an unfamiliar agency member of staff was asked to carry out one to one support they would have very little idea of likes, dislikes, triggers for agitation etc. which could put them at risk. Subsequent to the inspection, the nominated individual told us that they were in the process of reviewing and updating all care plans.
- The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Whilst consideration had been given to making the environment dementia friendly, consideration had not been given to care planning and providing care plans in an accessible format. One of the nominated individual's told us they had talked about the accessible information standard and planned to introduce accessible information in the near future. This meant that people were not consistently being provided with information that they could access and understand.

Improving care quality in response to complaints or concerns:

- People's relatives told us they knew how to make a complaint; and they felt these would be listened to and acted upon. One relative told us, "We've had the odd occasion when clothes go missing, but they're very good about it and try to make sure things don't get mixed up. We even talked to the owner about it as we

like to take her washing home."

- Records demonstrated that complaints were responded to in writing within the specified timeframe. All complaints we looked at had been responded to appropriately and to the complainant's satisfaction.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives in developing care and treatment plans. A sufficient number of nurses had received training on end of life care and healthcare professionals were involved with people as appropriate.

- The provider provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.

- The provider supported people's relatives and friends as well as staff, before and after a person died. Relatives felt involved and listened to in the last days of a person's life. Several thank you cards were held at the home from relatives who had been grateful for support at the end of their relatives lives.

## Is the service well-led?

### Our findings

Leadership and management did not consistently assure person-centred, high quality care and a fair and open culture:

- We found the quality assurance processes to be ineffective and did not always pick up on the issues identified at inspection. These included concerns with, records, risk management, and a lack of person centred care. Care plan audits were in place but these were not completed consistently. The registered manager told us that the person who completed the quality assurance audits left in August 2018 and that they had been missed. They told us that they had just started looking at who would be taking on the audits going forward.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. We observed that the Speech and Language Therapist (SLT) team were involved with several people and referrals were made by the nurses as required. However, information from SLT guidelines was not always accurately reflected in support plans and risk assessments. This meant that there was a risk that people's SLT guidelines were not followed putting them at risk of being supported with their nutrition in an unsafe manner.
- We could not be assured that systems and processes were continually reviewed to make sure they remained fit for purpose.
- There was a failure to maintain accurate and fit for purpose care records. These included missing, incomplete, inaccurate and conflicting care plans and risk assessments that were not detailed. There was a risk that if accurate and contemporaneous records were not put in place, this could negatively impact on people's health, safety and well-being.
- A failure to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff; Working in partnership with others:

- Records demonstrated that people or their relatives had been involved in decisions about their care or the running of the service. Surveys to gain feedback about the service had been sent out at the end of 2017. Feedback from relatives was positive. We saw minutes of two team meetings for staff both of which demonstrated that staff feedback was actively sought and feedback to the staff was shared.
- The registered manager told us that there were a few links with the local community, they commented, "We have had a wonderful vintage tea party on August bank holiday weekend which was our first big event which will be followed by a Victorian Christmas fayre in December." They also told us that children from the local school visit twice a year and that two students will be spending two weeks at Peel House Nursing Home to support them with their Duke of Edinburgh award. This means that people had links with other resources and organisations in the community to support their preferences.

Continuous learning and improving care

- Peel House Nursing Home has been inspected on four separate occasions since 2016. At each inspection,

the service has been awarded a rating of Requires Improvement. The provider has failed to demonstrate continuous learning and improvement to improve the rating to 'Good'.

•We spoke to the nominated individual's about the areas for development we had noted such as record keeping and risk management some of which had not been picked up by the provider's audit processes. They told us that they were committed to improving the service. One of the provider's told us they had started employee of the month award and a newsletter periodically to improve staff morale. Another nominated individual told us "We are taking governance and well-led very seriously." They told us they were reviewing the way clinical audits were set out. They commented, "We know where we are and where we want to be, we are making improvements, it is a work in progress," and went on to say it couldn't all be done at once because they wanted to embed the systems robustly.

Plan to promote person-centred, high-quality care and good outcomes for people

•Person-centred care was not always promoted in the service and people did not always receive high quality care. This has been demonstrated in the other domains of this report. One person told us, "The staff are quite kind and thoughtful, they brought me a bright lamp so I can read in my chair." This person told us that unfortunately it is not always left near enough to their chair so they can't reach to switch it on. They said they have to remember to ask staff daily to do this. The people we spoke to told us they did not have any experience of assessments, care planning and outcomes. However, some family members had signed care plans.

•Some staff were task orientated. Staff were observed putting cloth serviettes round people's necks at lunch time without seeking permission.

•Staff told us they felt supported by the registered manager and the manager's assistants. One staff member told us, "[Registered manager] always strives for people to improve and always has the homes best interest at heart with every decision that she makes. She will come and support on the floor."

•Staff demonstrated commitment to the people living in the home and told us they wanted to provide good quality care to the people living there. The manager told us they were determined to make improvements at Peel House so people experienced a good quality of life.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Failure to work within the principles of The Mental Capacity Act.