Community Integrated Care

The Peele

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5, 7 and 8 September 2017 and the first day was unannounced. This meant the service did not know we were coming. At the last inspection carried out in January 2017, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person centred care, need for consent, staffing which included training and supervision, governance systems and failure to display the current inspection rating. The service had not submitted an action plan to us (CQC) demonstrating how these concerns would be addressed. At this inspection in September 2017, we checked and found improvements had been made to remedy two of the breaches, namely, person centred care and display of current inspection rating. However we found ongoing breaches in governance, the need for consent and staffing which had been identified at the previous two inspections carried out in May 2015 and January 2017. In addition at the inspection in September 2017, we identified additional breaches of the regulations in relation to providing safe care and treatment and fit and proper persons.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

The Peele is a purpose built care home that is registered to provide care and accommodation for up to 108 older people. At the time of this inspection there were 69 people living at the home. Only six of the nine units or households (the term used by people living there and staff) were occupied. Households on the ground

floor were Rushey Hey, Hollin Croft and Brinkshaw; on the first floor – Dove Meadow and Park Acre and on the second floor, Stoney Knowll – which provided intermediate care to people requiring short term rehabilitation usually following a hospital stay. The intermediate care household was a partnership arrangement between the provider and the University Hospital of South Manchester. The registered manager told us the partnership agreement had expired and there were discussions taking place regarding the future of this collaboration.

People's bedrooms had en-suite facilities but there were communal bathrooms and toilets on each floor. Each household had its own lounge and dining area and a small kitchen.

The home is situated in a quiet residential area of Wythenshawe in south Manchester and set within its own grounds which include an accessible garden area and onsite parking.

The service had a manager who was registered with the Care Quality Commission since June 2017. 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.

People told us they were well looked after and that the Peele was a safe environment in which to live.

We found examples where recruitment processes could be strengthened to help ensure appropriate care staff were employed.

Staff supported people to take their medicines safely. There was an updated medication policy which provided easy-to-read guidance to staff who administered medicines. We found that improvements were needed in the management of medicines that are controlled drugs and medicines for thickening drinks. Records of the temperatures at which medicines were stored were poor. This meant people were at risk of harm because the proper and safe management of medicines was not always adhered to.
Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

Risks to people's safety were assessed and kept up to date. These assessments provided sufficient information to help staff support people safely.

Incidents and accidents were recorded and necessary action taken to help reduce the risk of recurrence. Systems in place were effective in helping to ensure people were protected from risk of harm.

Suitable arrangements were in place to ensure hygiene standards were maintained within the home. Staff were knowledgeable about and demonstrated good infection control practices. The home was well maintained. Regular maintenance and checks of the building and equipment was carried. This included lifts, hoists, fire safety equipment and the water system.

People and relatives told us staff carried out their duties well. Training records showed staff had received an induction and we saw some training considered mandatory by the provider in areas such as safeguarding and moving and handling of people had been carried out. There was little evidence to demonstrate what continuing training, if any, staff had undertaken since our last inspection in January 2017. Not all staff had had supervision or appraisals since February 2017. Failure to provide appropriate professional support to staff was a breach of the regulation.

The service did not always demonstrate that it was working within the principles of the Mental Capacity Act 2005 (MCA) to ensure they sought the consent of people or their legally appointed representative before providing care and support. Applications under the Deprivation of Liberty Safeguards had been made. We found that that some authorisations had expired which meant people may have been illegally deprived of their liberty. This was a breach of the regulation relating to need for consent.

People were satisfied with the food and drink on offer at The Peele. They told us staff ensured their nutritional needs were met. This helped to maintain people's good health and wellbeing. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed. We were satisfied that the home was proactive in helping to ensure people's medical and health needs were met as required.

People's rooms were decorated according to their individual preferences. In light of the home catering to people living with dementia, we found the provider had made insufficient improvements in the home's physical environment to create a more dementia friendly environment. This would help people living with dementia orientate themselves more effectively within the home.

People we spoke with were happy and settled living at The Peele and they said the care they received was supportive and kind. Relatives were also happy with the care provided.

The atmosphere at the care home was warm and welcoming. Across all households, we observed several positive interactions and good rapport between people and the staff. It was evident to us that staff knew the people they cared for and supported.

People were supported by staff in a friendly and respectful manner. Staff responded promptly when people asked for assistance and were seen to support people in a patient and unhurried manner.

People and relatives told us the service responded to their needs in a person centred way. We identified examples where the provider did not consistently ensure people's needs were met in a person centred way. We concluded that this did not demonstrate that the hallmarks of a caring organisation.

There were some activities arranged within the home and the community which helped to stimulate people's wellbeing. However people told us these were insufficient and that they wanted more opportunities to participate in activities outside of the home. We found this to be a breach of the regulation relating to providing person centred care.

People told us they knew how to make a complaint or raise concerns. There were systems in place to manage complaints and we saw these were investigated in line with the provider's policy and procedures. We noted not all complaints had been recorded in the complaints log.

The care home had had a series of different home managers over the last three years. Staff told us this had been unsettling and destabilising. Audit and improvement processes were not sufficiently robust to ensure the provider and registered manager effectively monitored the quality of care provided. The lack of oversight and good governance by the provider and registered manager meant we found on-going and additional breaches of the regulations at this inspection.
There were policies and procedures in place to help ensure staff were supported to undertake their role effectively.

During this inspection, we found six breaches in the Health and Social Care Act (HSCA) 2008 (Regulated

Activities) Regulation 2014 in relation to fit and proper persons, safe care and treatment, need for consent, person-centred care, good governance and staffing training. You can see what action we have told the provider to take at the back 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?

Requires Improvement

The service was not consistently safe.

People told us the home was a safe environment and that they felt safe living there.

Some aspects of medicines management need to be more robust.

Not all pre-employment checks were satisfactorily done to help ensure suitable staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People and their relatives told us they had confidence in staff's ability to do their jobs well.

In some care records, there was no evidence to confirm people, or where appropriate, their representative had consented to care and support provided.

Staff told us they had received appropriate induction and training. We did not see sufficient evidence to demonstrate there was a systematic approach to staff training.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and their relatives told us that staff were kind and that they were well treated. However we identified examples where the provider did not provide suitable assurances of being a caring organisation.

The atmosphere at the home was comfortable and we observed that people had a good rapport with staff.

People and their relatives were involved in the making decisions about care provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us there was the need for more activities at the home and within the community.

Residents' meetings and surveys were used to capture people's views on the service. Participation and response rates using these methods were poor. The registered manager was exploring other options to improve gathering people's feedback.

People and relatives told us any complaints or concerns raised were taken seriously and resolved in a timely manner.

Is the service well-led?

Inadequate

The service was not well-led.

People and their relatives said the home's management and staff were approachable.

Monitoring systems did not effectively identify concerns about the quality of care provided. Concerns identified had not been addressed in a timely manner. There was a lack of good governance and oversight by the provider and registered manager to ensure the quality of care was adequate.

Policies and procedures were in place to help staff carry out their roles effectively.

The Peele

Detailed findings

Background to this inspection

This inspection was unannounced and took place on 5, 7 and 8 September 2017. The inspection team consisted of an adult social care inspector, a medicines inspector 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 service. Both experts by experience had experience of caring for people who used care home services.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including previous inspection reports, safeguarding referrals and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority contracts and commissioning teams to find out what information they held about the service. We received information of concern from Manchester Clinical Commissioning Group regarding how safeguarding concerns had been addressed, which we followed up at this inspection. We also contacted Manchester local authority about safeguarding concerns raised following our site visit. We reviewed information sent to us by the public health team, Manchester local authority; their infection control audit had been carried out in May 2017. Their feedback on the service can be found within this report. We checked the Manchester Healthwatch website and contacted their office to see what information they held about the service. However the organisation did not have information about this care home. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

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

We spoke with 21 people and seven relatives who were visiting the service, the registered manager and the deputy manager, three care staff, the maintenance man, kitchen staff and the activities coordinator. We observed the way people were supported in communal areas and looked at records relating to the service

including six care records and daily record notes, medication administration records (MARs), five staff recruitment files, training records, policies and procedures and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us the service was safe. Their comments included: "The staff use the stand aid with me and I require two members of staff, I thought they might cut corners and try and manage with just one member of staff if they were busy but they haven't which impressed me", "I feel safe because they look after you", "I feel safe as the staff always walk with me; everyday (I am) getting better with the help of the physiotherapist" and "I feel [person] is safe as the staff look after (them) so well".

We looked at five staff recruitment records. Each contained a completed application form, two forms of identification including photographic identification and pre-employment checks carried out such as references collected and DBS checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions or cautions noted against the applicant. We found two instances where gaps in employment history were unexplained. Also in one staff's records we noted they had been barred for a period from a professional body for poor practice. While they had been reinstated following an investigation and had undertaken necessary action to improve their practice, the service had an obligation to undertake its own risk assessments to ensure that people were not at risk of harm. Failure to ensure recruitment practices were sufficiently robust to prevent unsuitable staff from being hired was a breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We raised both issues with the registered manager who assured us they would follow up on the risk assessment and look into the gaps in employment history.

We saw evidence that the provider had done the appropriate checks with the Nursing and Midwifery Council (NMC) to ensure all nurses employed at the service were authorised to work as a registered nurse. Also, the registered manager received regular email alerts to check those authorisations that were due for renewal. These checks helped to provide assurance that the staff employed are suitably qualified and fit to work with vulnerable people.

Our medicines inspector visited all six households within the home. We looked at medicine records and arrangements for storing medicines. We watched staff giving people their medicines and saw they administered medicines safely and in a kind and respectful way. The home's medicine policy had just been re-written in August 2017 and was easy to read.

Medicines that should be taken in the early morning were administered at 7am. People received their other 'morning medicines' when they chose to get up and records were made to ensure they had their medicines at safe time intervals during the rest of the day.

We looked at 22 out of 66 medicine charts. Four charts had been handwritten. Only two of these charts had been initialled by two members of staff as per the home's policy (checking by a second person reduces the chance of a mistake). Staff counted and recorded the amount remaining each time they administered a medicine and we didn't see any 'gaps' in the administration records. Records showed that people received their medicines as prescribed.

Some people were prescribed a powder to thicken their drinks because they had difficulty swallowing. The use of thickener was recorded on people's medicine charts in the intermediate care household but was not recorded in the other households. In kitchens of two households, we saw containers of thickener, appropriately stored, but with the pharmacy label (and therefore the person's name) removed. There were lists in the kitchen that told staff who needed their drinks thickened but instructions on how much powder to use for each person were incomplete. We heard one staff member ask another how many scoops of thickener powder they should add to a person's tea. This information was in each person's care plan but was not easy to find when they were busy. Staff did have access to this information but did not consult them on the day of the inspection attended by the medicines inspector. If a person is given a drink that is not thickened to the right consistency they could be at risk of choking. We spoke with the registered manager about these risks and saw that full instructions for thickening drinks and medicine charts to record when given were placed in kitchens before the end of the inspection.

Controlled drugs (CDs) were stored in the way required by law. CDs are medicines subject to stricter legal controls because of the risk of misuse. The stock balances of the three CDs we checked were correct. However, we found that three containers of a CD dispensed for one person in May 2017 were not recorded in the CD register. The person had not taken any of this medicine and staff could not find any records about when or why the medicine was prescribed. The absence of any record had not been noticed through the home's audit programme. If there is no record of a CD stored in the home this increases the risk of misuse. We asked the registered manager to investigate and take the appropriate action. Following our site visit, the registered manager sent us a full report of their investigation and subsequent action taken at the home to ensure controlled dugs were appropriately managed.

Medicines were kept securely. At the time of the inspection all medicines were stored at the right temperature. However, there were gaps in the records of both medicine storage room and medicine refrigerator temperatures. The maximum and minimum temperatures of fridges were not read and recorded. This meant that records did not show whether medicines had been correctly stored and were therefore safe to use. We noted this was an action that had been identified in the infection control audit completed in May 2017.
We identified concerns about the way thickening powders were used and how controlled drugs were recorded. We also saw that temperatures of rooms and refrigerators where medicines were stored were not consistently recorded. These concerns, the use of thickeners, recording of controlled drugs and temperatures meant that the home was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the care records for six people and we saw that appropriate risk assessments were in place to manage areas of people's care such as nutrition and hydration, skin integrity and mobility. These assessments provided sufficient information to help staff support people in a safe way. We saw risks were reviewed every six months or when there were changes in a person's circumstances. For example, where someone had a risk of developing pressure ulcers, action was taken to make sure they were regularly repositioned, whether sitting in a chair or in bed. Equipment, such as pressure relieving mattresses, specialist cushions and profiling beds, had also been provided to minimise risk. We saw risk assessments for such areas as physical care needs, clinical care (including pressure ulcer prevention) and mobility and dexterity. Staff understood the needs of each person and the strategies which had been agreed to protect them from harm.

We saw that behaviour charts were completed for people who showed any signs of behaviour which may pose a risk to others. These were implemented as required and reviewed to see if there were actions which could be put in place to prevent or minimise the behaviour. This practice showed the service was acting on

keeping people and staff safe by identifying risks and taking action to minimise them.

Prior to this inspection, we received information from Manchester Clinical Commissioning group which highlighted safeguarding concerns about theft and neglect. During our visit we checked how the registered manager had addressed these and other safeguarding incidents. We discussed the incidents with the registered manager and looked at their documentation including investigation reports. Following our site visit we contacted the local authority and spoke with a social worker who shared information about the investigations and outcomes of these safeguarding concerns. The local authority was satisfied with the actions taken by the home. Based on the evidence presented, we concluded the service had taken necessary steps to help ensure people were kept safe from harm.

Staff we spoke with were able to tell us what steps they would take to help ensure people were kept safe. There was an up to date policy and procedure in place to guide staff in safeguarding people from harm.

We saw that there were systems in place to record incidents and accidents that occurred at the home. We noted these were recorded and appropriate action taken to help reduce the risk of recurrence. We were satisfied there were effective systems in place that helped to ensure people were protected from risk of harm.

Most people and relatives we spoke with said there was sufficient staff to deliver care and support safely. They said, "They (staff) always answer the bell quickly when you ring; you are taken to the toilet when requested; don't have to wait", "(Staff) very busy but not that busy that I am left waiting" and "If I press buzzer I don't have to wait long. They arrive within minutes".

Two people we spoke with said they did not think there was always enough staff. One person said, "I don't think there are enough staff sometimes but girls from floor below come up to help, seem to be run off their feet, sometimes asked to wait a few minutes".

During our inspection, we observed people were attended to in a timely manner and there was sufficient staff on each floor to look after people according to their needs. This meant people received care and support when they needed it.

We observed that the home was visibly clean and well maintained, and free from malodorous smells. We looked at communal toilets and bathrooms and found that these were clean and tidy. We observed daily rosters which identified when these areas were checked and cleaned. People and relatives remarked at how clean and tidy the environment was kept. One person told us, "The place is spotless". Another person said, "Oh yes; they clean every day and there's no dirt or smell." One relative told us, I have no concerns about him living here and the place is kept nice and clean."

We saw that staff observed good hygiene practices, such as washing hands and wearing aprons and gloves, as appropriate.

Prior to our site visit we received the most recent infection control audit report carried out in May 2017 by the public health team, Manchester City Council. The service achieved an 83% score which meant it complied with acceptable infection control standards. We noted the audit had identified areas which required improvement such as infection control training and annual infection control statement. We asked the registered manager to provide evidence of what actions had been undertaken since the audit. We did not receive a full progress report on all the actions required however the registered manager provided a list of staff who had been booked on infection control training and during our inspection we observed staff in

attendance. Following our site visit, we saw that more than 50 per cent of staff had completed this training and further training was arranged.

We saw people had personal emergency evacuation plans (PEEPs). PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire. PEEPs were kept up to date and in the reception area within easy access should they be needed. No personal information, except for the person's name, room number, and evacuation needs were recorded so data protection was not breached.

The laundry was properly equipped and well organised. There was a clear system in place to keep dirty items separate from the clean ones. We noted there was a rack of unclaimed clothes and asked the laundry staff about this. They told us, "It's got better" and that they periodically asked people and relatives to identify them. They told us and we saw the home had a clothes labelling system in place which should help to ensure people's belongings were returned to their rooms when laundered.

We looked at records relating to equipment within the home and saw it was serviced and maintained in accordance with the manufacturers' instructions. This included the lifts, gas safety, fire safety and hoisting equipment. Records we looked at showed regular checks were carried out on electrical items and the water system, including a legionella risk assessment. Health and safety legislation requires care homes to carry out risk assessments for the legionella bacteria which cause Legionnaires' Disease. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us the service was effective and staff were trained to do their jobs well. They said, "The staff know what they are doing; I am confident [person] is in good hands", "I think they are well trained they know how to help my husband", "All the staff are very nice and helpful and as far as I am concerned they know what they are doing" and "I am a nurse and I know by watching what goes on that [person] is well looked after personally and effectively in a very professional manner by all the staff and nothing is too much trouble".

At the last inspection we found a breach of Regulation 18 in relation to inadequate levels of staff training and professional support such as supervision and appraisals. At this inspection we checked to see what improvements had been made in supporting staff in their role. We noted limited improvements in the area of supervisions however it was not evident what improvements had been made in training.

At inspection in September 2017, we had sight of the service's action plan dated 30 March 2017 in relation to how the service intended to meet the regulation. We had no record that this action plan had been submitted to us. The action plan stated "A Training matrix will be kept up to date to identify staff who require training/refreshers. Dates will be booked in for staff whose training has lapsed / expired." We asked to see this training matrix. The registered manager provided us with a list of 22 staff who were enrolled for Infection Control training in September 2017 and a list of 12 staff who had done Mental Capacity Act and Deprivation of Liberty Safeguards training in August 2017. These lists did not indicate if staff had attended nor we were provided with any other evidence that the registered manager had oversight of the current training requirements of staff. Following our site visit, we received a copy of the training matrix which identified the provider had a system in place to ensure adequate oversight of the training needs of staff. We saw where training needs had been identified, staff had been booked on these courses. We were satisfied the provider had systems in place to ensure staff received appropriate training support in relation to topic areas the provider considered mandatory.

The registered manager told us and we saw from various notices that a range of training was arranged. However we were not sure that all staff had received the necessary training to carry out their role. One person told us "The carers have induction courses and when they start they have someone with them to show them what to do." Staff we spoke with confirmed they had had an induction and mandatory training in areas such as Moving and Handling of People, Safeguarding and Emergency First Aid. We saw the care certificate was used to induct staff new to care. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care.

We looked at supervision and appraisal records following our last inspection in January 2017. Staff we spoke with said they had had supervision though it was the first time in several months. Records we reviewed also confirmed that between February 2017 and July 2017 there had been little in the way of supervisions and appraisals. The registered manager confirmed that this was an area which required improvement. Following our site visit, we asked the provider to clarify what staff supervision had taken place within that period. Records provided to us demonstrated that some staff had not had supervision within this period. The

provider told us some supervision documents had been archived and in the absence of these testimonials from managers could be provided. We found the provider had not maintained a suitable overview of professional development needs of the staff deployed throughout the home.

At the inspection in January 2017, we were shown a new 'toolkit' which was intended to integrate supervisions and appraisals in a rolling cycle. This meant staff would have three supervisions a year and the last session would be considered the annual appraisal. Supervision or one-to-one's helps to ensure staff have the necessary support and opportunity to discuss any issues or concerns they may have. An appraisal is a formal assessment of a staff member's performance, usually done each year. We saw the system was implemented in June 2017 and the registered manager at the Peele had started using it in August 2017.

We saw and staff confirmed that supervision was a meaningful discussion between themselves and their manager about their performance, organisation values and operational issues such as health and safety and person centred care. The registered manager showed us a data dashboard which identified staff who had had supervision and those who were due. We acknowledged there was now a more systematic approach in place to support staff in their roles. However staff had been without regular supervisions for more than six months and the service did not have an overview of the competency of the staff deployed throughout the home or their learning and development needs.

We asked the registered manager how they supported nursing staff with their revalidation. Revalidation came into effect in April 2016; it is the process that helps to ensure nurses can demonstrate safe and effective practice and thus maintain their registration with the Nursing and Midwifery Council. The registered manager told us the provider ensured nurses had access to relevant industry journals and training. The registered manager told us nursing staff received clinical supervision from the advanced practitioner who worked within the intermediate care household (Stoney Knowll). The advanced practitioner nurse confirmed this when we spoke with them. They stated the arrangement was not formalised and we saw no documented evidence to confirm that appropriate clinical supervision was taking place.

This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At the inspection in January 2017, we found the service failed to use mental capacity assessments to determine people's capacity to consent to aspects of their care. There was also a lack of staff training in this area. We checked to see what improvements had been made and found that not much had changed.

Staff we spoke with demonstrated some awareness and knowledge of mental capacity and best interest decision making. Training matrix identified that 44 per cent of staff had completed training in MCA / DoLS. The registered manager said Skills for Care resource material had been provided to staff and that mini training sessions had been carried out by the registered manager, deputy manager and team leaders to refresh staff knowledge in this area. We saw no evidence to substantiate this information and staff we spoke with did not indicate they had participated in such sessions.

We reviewed four care plans of people living in the residential households and none of these contained any

evidence that consent to care had been given. Where people were deemed to lack capacity to make specific decisions, we saw no capacity assessments or best interest decisions had been done. In two care records, we saw a 'mini-mental test' consisting of 10 questions and generally used to give a rough idea of the mental state of a person. This test is not the same as the two stage mental capacity assessment required by the MCA. We spoke with the registered manager about assessing people's capacity to make specific decisions and they said they would request support from relevant professionals such as social workers. We noted this action had been stated within their action plan to address the issues we highlighted at the last inspection. However we found no evidence to support that any action had been taken since January 2017.

Audit reports we reviewed identified that consent for aspects of care provided, for example use of falls prevention measures had been sought from others such as relatives on behalf of the person. However we did not see evidence in people's care records such as lasting power of attorney documentation or best interest meetings held to substantiate that consent was appropriately authorised. An 'attorney' is a person with delegated responsibility for their relative to act on their behalf.

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 authorisation procedures for this in care homes 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.

We saw the home had made 34 DoLS applications to the local authority. We noted the home had not carried out their own assessments of people's capacity. We asked the registered manager how they decided who needed a DoLS if they had not done a capacity assessment. They told us local authority social workers carried out these assessments. This meant there were inadequate processes in place to assess whether appropriate referrals for DoLS were being done.

We noted and pointed out to the registered manager that five authorised DoLS had expired in February 2017, March 2017 or May 2017. The registered manager told us they would be reapplying to extend these authorisations. This meant people were potentially being deprived of their liberty without the appropriate authorisations.

The concerns identified above were a continued breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with and care records confirmed there was good access to a range of health care professionals including GPs, podiatrists and occupational therapists. One person told us, "If I'm not well, they (staff) call the doctor from a local group practice who is very nice." A relative said, "The continuity of care, contact with health professionals and the management of (their) care safely and effectively are excellent."

Staff told us as the key worker for designated people they were responsible for ensuring any medical or health appointments needed were arranged. We were satisfied that people's healthcare needs were being arranged and met as required.

At the previous inspection in January 2017, we found the service was in breach of Regulation 9 in relation to person centred care because people's dietary preferences were not always met. At this inspection, we checked to see what improvements had been made. We found the service had made satisfactory improvements in meeting people's needs and reflecting their preferences.

We saw in all households menu choices were displayed. All the people we spoke with said that mainly the food was good and that they were always given choice of meal, when they wanted it, and had lots to drink. One relative who visited everyday said they had a meal both at lunch time and tea time and that "the food was fine". Comments about the food included: "The food is fine we get soup a lot but the cooked meals are good and there is always a sweet on and I get plenty to drink", "I didn't like the haddock today and I didn't want soup so they did me chips and chicken", "The food is great no complaints plenty of choice no problem" and "I am a fussy eater, picky, but they always find me something". We saw those people who required support to eat and drink were provided this in a caring and attentive manner by staff supporting them.

We observed the dining experience on various households and at different meal times. Dining tables were tastefully set with table mats, cutlery and condiments. On some households, the table setting included a small vase of flowers. Meals were prepared offsite by a catering company and delivered to the home. The home's catering staff were responsible for heating and presenting the food in accordance with the catering company's guidelines. The catering staff told us and we saw some food such as soups, sandwiches and sweets (desserts) were prepared by kitchen staff. Staff said and people confirmed that if they did not want what was on the menu that day they had a choice of other food options. The catering company operated a four weekly menu which contained options for people with different dietary needs such as soft and fork-mashable diets, meals suitable for vegetarians, diabetics and cultural requirements such as halal foods. We saw people's food likes and dislikes were captured in daily food diaries.

The registered manager told us based on the feedback from people's food diaries, they had contacted the company and made changes to the current menus. This however was not reflected in the documents we looked at. The registered manager told us they had scheduled a tasting session in October 2017 after which new menus would be developed.

We noted in both the main kitchen area of the home and in the household kitchenettes, there was up to date information about people's dietary needs including any allergies someone might have.

Following a food hygiene inspection in January 2016, the home had been rated a '5' which is the highest award.

We were satisfied the care home had taken necessary steps to ensure people's dietary needs were being met in a safe and person centred way.

The Peele is a large purpose built care home which provides care to elderly people including those living with dementia. The home consists of nine self-contained units referred to as "households" that accommodated up to 13 people. At the time of our inspection in September 2017, three of these households were vacant.

Each household had a communal lounge and dining area and a small kitchen where breakfast, drinks and snacks were prepared. On the first floor, there were two large rooms with tables and seating, one of which was used as the activities room. We saw that people could access both of these rooms should they wish to spend time outside of their household.

People's bedrooms were homely and comfortably decorated according to their own tastes. Each room had en-suite facilities and there were also communal bathrooms and toilets which people could access.

At our inspection in May 2015, we made a recommendation that the provider implements the latest research

on providing a suitable physical environment for people living with dementia. In January 2017, we reported some improvements had been made in this area. At our inspection in September 2017, we noted the dedicated dementia households had been closed. However from reviewing care records and speaking with staff we noted we saw people in other households showed signs of cognitive impairment. On one of the households, we observed memory boxes which contained special personal items such as photographs and ornaments outside people's rooms. Memory boxes are a way of presenting objects and the memories associated with them and are used to engage people living with memory problems like dementia or Alzheimer's disease. We noted dementia-friendly signage on communal toilets but not elsewhere. This meant the provider had not done enough to help ensure the environment in which people living with dementia lived adequately promoted and maintained their confidence, dignity and independence. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service caring?

Our findings

People and their relatives were very positive about the care and support at The Peele. They said staff were "like family" and that they delivered compassionate and caring support. Their comments included: "I think the staff don't just treat it as a job, they seem to really care about the people they are looking after", "Staff very kind, very helpful", "I can have a good chat and a laugh and a joke with them", "Yes, they treat me well and I know most of them and they know what I like" and "No complaints whatsoever; it's perfect here. They really look after me well and I am on first name terms with all of the girls (staff)."

People said they were treated with dignity and respect. One person told us, "Staff respect me, (they) definitely do. I also can see it with other people who live on the unit. They (staff) interact and have conversations during meal times, like a family; not stuffy". Relatives were also complimentary in the way staff treated them when they visited their family. One relative remarked, "They (staff) were also nice with my (relative) when we used to bring (them) in to visit [person]." We observed staff knocking on people's doors prior to going in and people told us staff were respectful when carrying out personal care duties.

People told us staff encouraged them to maintain their independence and they were free to make their decisions to suit themselves. One person said, "I'm not rushed. You're allowed to do things in your own time when you're ready; I'm being encouraged to gain independence". Another said, "I just like to read my paper and stay in my room. I'm a bit of a loner, always have been."

We acknowledged people and their relatives told us staff were kind and caring. However, as reported in the previous section, the provider had not maintained improvements to help ensure all people living at the home received care and support that met their individual support needs with dignity. We concluded this oversight did not demonstrate the hallmark of a caring organisation.

During our time on all households we saw staff interacting with people in a friendly, caring and understanding manner. The atmosphere was calm and relaxed and people's daily routines were flexible and based on what suited them. One person told us, "The staff are great with me. I can lie down in my room if I want or go into the lounge and see what's going on."

Staff we spoke with were very knowledgeable about people's preferences. For example, on one of the households we noted at the lunchtime meal, staff knew who liked smaller portions and what meals they preferred. One relative told us, "[Person] is such a proud man and very private but they (staff) know that and are very kind, caring and understanding with (them); they (staff) are brilliant. Several times throughout the days of our inspection visit, we observed people and staff engaged in friendly banter. We saw that staff also acknowledged people as they went about their duties by smiling and waving to people as they passed them. One person told us, "When I first came I was reluctant to leave my room but staff encouraged me and I now sit and talk with people in the communal area". These comments and our general observations during our site visit demonstrated that people and their relatives felt cared for and supported in a compassionate manner.

People and their relatives told us the service involved them in decisions regarding care and support provided and that the service ensured they were provided with information and explanations. For example, one person told us, "Staff brilliant, easy to talk to, make you feel at ease, nothing too much trouble". A relative told us they were able to talk with staff about any issues they may have and said, "I had a good chat with the team leader yesterday". People and relatives told us information about what they required was gathered during their initial assessment. We were able to confirm this when we looked at people's care records. This meant that people and relatives felt included and were consulted in making decisions about the care they received.

We looked at how the service supported people at the end of their life. The registered manager said the service with the help of district nurses had supported people at the end of their life. They told us some staff were currently pursuing Six Steps End of Life Care training. We spoke with a staff member who was currently enrolled in the training. This meant the service demonstrated commitment to ensuring people were able to stay in their home at the end of their lives.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they were happy with the care provided as it responded to their specific needs. They told us staff knew them well and knew what their individual needs were. One person told us, "I like to read a paper every day so they get me a paper." A relative gave us an example of how the service ensured their family member received person centred care. They said, "The physiotherapist was excellent (and) they have got [person] on (their) feet again. [Person] couldn't walk when (they) came in". This relative had one criticism which was speech therapy was not offered. They told us this issue was discussed with the staff team who made the appropriate referral but to date the service had not been provided. Following our site inspection, the registered manager provided further information which demonstrated the service had followed up on the initial referral to ensure the person received the appropriate care and treatment.

People told us there were activities at the home such as bingo and movies but they wished there was a wider variety of activities and more trips out. They told us, "(We) could do with more activities but there was a singer a few weeks ago and it was very good", "I would like more trips out like when we went to Blackpool or on the (Marple) canal", "We play dominoes and have a chat up here (in the library) every afternoon but I would like more organised activities" and "I am in a wheelchair and I would like to get out more but they don't seem to have the staff to do it because they are busy in the home." During our inspection, we observed the balloon tennis activity which was attended by 9 people who thoroughly enjoyed the experience.

The service employed an activities coordinator who worked four days a week and had help from another staff member on two of those days. The activities coordinator told us they had been on sick leave for three weeks and this had affected the scheduling of activities. They spoke with us about the challenges faced with organising activities across such a large home and being able to engage with people who were not able to attend activities in the activity's room. They told us they also spent some time in the mornings going around speaking with people on a one-to-one basis and doing various activities of their choice with them.

We noted there was a board in the reception area informing people what activities were taking place each day. On each household, people were informed of the activities taking place each day and we saw staff taking those people who wished to participate to the activity room. The activities coordinator told us due to lack of resources some of these activities did not take place and the number of trips out had decreased.

We acknowledged that the home provided some activities which helped to stimulate people and encourage community involvement. While the activities carried out were meaningful to those who chose and were able to participate, they were insufficient. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that people were able to keep relationships that mattered to them such as regular visits from family and friends. Their comments included: My son and some neighbours visit me regularly" and "Yes my two brothers come to visit me and my daughter comes as often as she can."

We asked the registered manager how people and relatives were able to comment on the quality of the

service provided. They told us a questionnaire had been sent out in March 2017 however only 10 out of seventy questionnaires sent had been returned. We noted the information had not been collated partly due to the small number and that in the main the responses were positive. We noted that one questionnaire raised complaints which had not been noted in the complaints records. We asked the registered manager about this and they said this issue had been dealt with via a telephone call and that the service had resolved the issue to the satisfaction of the person and their relative. We pointed out that there was no evidence to support this.

Resident and relative meetings were scheduled monthly. These meetings provided people and their relatives with another way of giving feedback about the service. We saw two meetings had taken place in May 2017 and June 2017 and issues discussed included use of agency staff, the last CQC report, and family involvement at the home. We saw these meetings were not well attended and the registered manager said they were looking at ways to improve attendance. Not everyone living at the Peele seemed to be aware of residents meetings. One person told us, "I don't know anything about meetings if I have any query I just ask and it's sorted out." The registered manager said there was an open door policy at the home so people and relatives were always able to approach them to discuss any concerns they may have.

We reviewed six care records to see how the service was supported people's individual needs. Four care records related to people living on the residential households and two care records related to people living on the intermediate care household. Care plans reflected the support required according to the person's clinical, personal and social needs. For example, personal care, mental health or eating and drinking needs. The care records in the residential households contained more information around the person's likes and dislikes, social history, hobbies and interests. Daily notes and hand over records we looked at contained sufficient information to inform staff about each individual. We found care plans contained sufficient information to guide staff to deliver the care needed and we saw these were reviewed regularly or when a person's circumstances changed.

We asked people if they knew how to make a complaint. Everyone we spoke with said if they had any complaints they would be comfortable to talk with the staff team. We checked the service's complaints records and saw two complaints had been received in May 2017 and July 2017 respectively. In both cases we noted the service had dealt with the issue in a timely manner and in accordance with the provider's policy. We concluded the service had systems in place to manage complaints in the appropriate way. However we found evidence (noted in the paragraph above) that these systems were not always used correctly to collate complaints for quality monitoring purposes.

Inadequate

Is the service well-led?

Our findings

At our last inspection in January 2017, we found The Peele did not display the rating from their last inspection (carried out in September 2015). This was a breach of the regulation. We checked at this inspection and found the home was displaying its rating both within the home and on the provider's website.

Following the last inspection in January 2017 we asked the service to submit an action plan outlining how it intended to ensure they corrected the issues we identified. The registered manager told us the document had been submitted in March 2017. We checked our records prior to this inspection and following and found no record of receiving this action plan.

At the previous inspection in January 2017, we found quality checks were not sufficiently robust to provide adequate oversight of the care and support delivered to ensure these were safe and effective. At this inspection we checked to see what improvements had been made in this area. The registered manager showed us the new quality assurance matrix introduced by the provider to help improve the quality monitoring process. This process included monitoring visits from the provider's quality team. During the inspection, the regional manager and quality partner visited to follow up on actions the home had taken since the previous inspection in January 2017. The regional manager told us there were several levels of oversight from team leaders, deputy and registered managers, the regional manager and the quality team. The quality partner said from July 2017 and we saw they had started to carry out monthly monitoring visits which focussed on key areas such as training, medication and reviewed actions. The July 2017 monitoring report identified actions required for medication audits, DoLS applications, supervisions and training.

We saw there were a variety of checks in place to monitor the quality of care provided. These included audits of medication and the catering system, and clinical governance monitoring which looked at pressure area management and reasons for hospital visits. While we acknowledged there were systems in place to monitor quality they did not always effectively do so as they failed to identify the issues we found at our inspection such as issues with medicines management, training including no oversight of the competency of staff. We noted as well not all action that had been identified through the audits had been addressed as prescribed or recorded as completed. Examples included the findings of the infection control audit and the legionella risk assessment. We also considered the continued failure to identify the lack of mental capacity assessments, best interest decisions and gaps in training demonstrated failings of the quality monitoring system.

The home had a manager who was registered with the CQC since June 2017. They were passionate about improving the service and told us part of that improvement process involved having a steady home manager. Staff spoke highly of the new registered manager indicating they were "approachable" and "understanding". However they told us about the inconsistency of home managers and that this had had a negative effect on staff. Our records showed that since July 2014 to the present date the service had had four registered managers.

Given the ongoing non-compliance with and additional breaches of the regulations we concluded there was a lack of oversight and good governance by the provider and the registered manager.

The concerns discussed above meant the provider was in breach of Regulation 17(1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed an open and transparent culture within the home. People and their relatives were complimentary about the service and said that it was well managed. They told us the management was visible and approachable. Comments included: "The Manager [name] walks around and I can talk to the staff whenever I want; I have no problems to report", "The service has been excellent, can't grumble; staff (are) lovely, very understanding, very caring", "From top to bottom the staff were brilliant and it was a safe and secure environment for [person] to live in. In fact we are going to officially thank the home for caring for my (relative) and we are going to write to the CQC praising the care (they) received here" and "Overall I am quite happy the staff are good and it's like my home."

Prior to our site visit, we checked our records and we saw the registered manager met their legal obligations to notify the CQC of any incidents and accidents that occurred at the service.

There were policies and procedures in place to effectively support staff in their roles. The registered manager told us and we saw that key policies and procedures were kept in a folder in the reception area and accessible to staff. We noted these documents were up to date and fit for purpose. This meant staff had adequate resources and motivation to develop and drive the improvement of services, thus creating better outcomes for people using the service.

We saw that there had not been many staff meetings since our last inspection. Staff meetings give staff the opportunity to discuss operational issues and share work experiences with their line manager and peers. Records showed that there was a meeting in July 2017. The May 2017 meeting had been cancelled due to no staff attendance. We noted team leaders met in May 2017, June 2017 and August 2017 and their discussions included the new supervision model. The registered manager told us due to annual leave and summer holidays the August 2017 staff meeting did not take place. The registered manager showed us the new schedule of monthly staff meetings to commence from September 2017.

Both the registered manager and deputy manager told us they felt supported by the provider organisation. This was evidenced by the presence of the regional manager who had been newly appointed and the quality partner. As mentioned previously in this section, both were in attendance to support the service with their quality improvement plans.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured the physical environment adequately promoted person centred support and maintained the dignity and confidence of people living with dementia. The provider did not ensure there were sufficient appropriate, meaningful and varied activities organised or facilitated for the people living at the care home. Reg 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Thickening medicines were not used and recorded in a safe way. Some controlled drugs were not recorded. Temperatures of rooms and refrigerators where medicines were stored were not recorded properly to ensure medicines were fit for use. Reg 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all pre-employment checks were done to help ensure suitable staff were hired. Reg 19(1)(3)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

Lack of systematic ongoing training, supervision and appraisals.
Reg 18(2)(a)