

Community Integrated Care The Peele

Inspection report

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Date of inspection visit:
22 January 2019
23 January 2019

Date of publication:
02 August 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 22 and 23 January 2019 and the first day was unannounced. At the last inspection in June 2018, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the safe management of medicines and good governance.

At this inspection in January 2019, while some improvements had been made we found on-going breaches of the regulations relating to the safe management of medicines and good governance. These concerns had been identified at the previous four inspections carried out in May 2015, January 2017, September 2017 and June 2018.

The overall rating for this service is 'Requires improvement' and the service remains 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 92 people living at the home, across eight units or households (the term used by people living there and staff). The ground floor households were Rushey Hey, Hollin Croft and Brinkshaw; on the first floor, Dove Meadow and Park Acre and on the second floor, Etchells, Clover Field and Stoney Knowll, the latter provided intermediate care to people requiring short term rehabilitation usually following a hospital stay. Stoney Knowll was a partnership arrangement between the

provider and Manchester University NHS Trust (formerly the University Hospital of South Manchester).

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

The service had a manager who was registered with the Care Quality Commission (CQC) in January 2019. A registered manager is a person who has registered with the CQC 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. This registered manager had been previously registered with CQC and managed another of the provider's services.

The care home had had a series of different managers over the last five years. The lack of continuity had had an impact on the governance of the service. This was evidenced by poor audit processes, improvements not being sufficiently robust and established to ensure the provider and registered manager effectively monitored the quality of care provided. This meant people were at risk of harm and we found examples to support this.

Since the last inspection in June 2018, the provider had not taken sufficient action to ensure adequate improvements had been made and sustained. We found similar concerns regarding medicines management on the nursing households and the intermediate care household.

The provider did not have sufficient oversight of how the intermediate care household was managed. This household was operated as if separate from the other households of the care home. Quality monitoring checks were not carried out by the provider. This meant people were at risk of harm because the quality of care provided was not checked.

The new registered manager had implemented various improvements within the home since starting in November 2018 but these needed more time to become embedded.

Medicines were not managed safely within some of the households. This meant people were at serious risk of harm because the proper and safe management of medicines was not always followed.

The home was kept clean and staff were knowledgeable about and demonstrated good infection control practices. Regular maintenance and checks of the building and equipment was carried. These checks included passenger lifts, hoists, fire safety equipment and the water system.

There was sufficient and adequately trained staff to support people safely. All relevant pre-employment checks had been completed, to ensure they were appropriate to work with vulnerable people. The provider had suitable systems in place to protect people from abuse including accidents and incidents.

People were supported by staff who had the appropriate skills and competencies. Staff received an induction, mandatory training and shadowed experienced colleagues prior to working unsupervised. Staff had regular supervisions and annual appraisals. Training and professional development helped to ensure staff were competent and equipped to carry out their roles effectively.

People and their relatives said the Peele was a safe environment. Staff were aware of their responsibilities in protecting people from abuse and demonstrated their understanding of the procedure to follow so that

people were kept safe. The provider had processes and reporting systems in place to help ensure people were safe from harm and monitored. However these did not always address concerns around medicines management.

Risks to the safety of people and the staff supporting them were assessed and kept up to date. Assessments provided sufficient information to help staff support people safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had submitted appropriate applications for the deprivation of liberty safeguards to the local authority.

People's nutrition and hydration needs were met effectively. Where possible, people were supported to shop and prepare their own meals. The service acted proactively to ensure people maintained a balanced diet and that they received relevant health and medical attention as required. This helped to ensure people achieved a good quality of life and wellbeing.

People's rooms were decorated according to their individual preferences. Since the last inspection the provider had made improvements to the home's environment to help create a more dementia friendly environment. This would help people living with dementia to 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 good rapport between people, their relatives and the staff.

The care home operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

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

Care plans contained detailed and adequate person-centred information to guide staff to provide personalised care. These plans were reviewed regularly.

People and their relatives knew how to make a complaint or raise their concerns. There was a clear system in place to manage complaints. We saw records of complaints and responses to these made in a timely manner and in line with the provider's policy. The service had also received compliments from relatives and professionals about the care provided.

People's views about the activities on offer at the Peele were mixed. There were a range of activities and events which were meaningful and engaging but more could be done for people living with dementia. During our inspection, we observed activities such as bingo and morning coffee. Photographs evidenced other activities that had taken place at other times.

There were policies and procedures in place and staff met regularly; these helped to ensure staff had appropriate guidance to carry out their roles and an opportunity to speak with their colleagues and managers about the service.

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 were at continuing risk of harm because medicine management and medication audits were not sufficiently robust on the nursing households including the intermediate care household.

People told us they felt safe at the home. Staff knew what action to take to keep people safe.

Recruitment processes were good and helped to ensure suitable staff were employed at the home.

Is the service effective?

Good 

The service was effective.

Staff had received an induction and were suitably trained to support the people living at the home. Gaps around aspects of staff knowledge were addressed during our inspection.

The provider followed the principles of Mental Capacity Act to ensure people's rights were safeguarded. Appropriate applications for Deprivation of Liberty Safeguards were made to the relevant authorities.

People had access to health and social care services when needed. People were supported to maintain a healthy and balanced diet.

Is the service caring?

Good 

The service was caring.

There was a good rapport between people using the service and staff. Staff had a good understanding of people's personalities and their individual needs.

People were treated with dignity and respect. Staff used various ways to communicate with people supported.

The service helped to maintain people's independence according to their abilities.

Is the service responsive?

The service was not consistently responsive.

People were engaged in meaningful activities though some people told us more could be done. We found activities for people living with dementia were limited.

Care plans reflected people's individual needs and included personal histories and interests. These had been reviewed regularly.

There was an effective process in place to manage complaints and people told us they knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service had a registered manager. However, there had been several changes in managers prior to this appointment and this instability had affected the oversight and governance of the care provision.

There were processes in place to check the quality of the service provided. However, these did not effectively monitor the safety and quality of care provided on the nursing and intermediate care households.

People and their relatives said the current management team and staff were approachable. There was an open-door policy which encouraged people supported, their relatives and staff to easily engage with managers.

Inadequate ●

The Peele

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 22 and 23 January 2019 and the first day was unannounced. The inspection team consisted of three adult social care inspectors, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this occasion the expert-by-experience had experience in dementia care and older people services.

We reviewed information we held about the service such as notifications. A notification is information about important events such as safeguarding incidents which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) as one had been done prior to the last inspection in June 2018. The PIR 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 contacted agencies such as the local authority and Healthwatch to find out what information they held about the service. 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. Manchester Healthwatch told us they held no information about this service at this time.

Following our site visit the local authority contacted us and confirmed the changes in the current management structure at the Peele. They also told us social work teams had had difficulty gathering information from the home to investigate safeguarding concerns. Further information about this contained with the report.

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 16 people and three relatives who were visiting the service. We also spoke with various staff members including the registered manager, the clinical lead, eight care staff, two catering staff, activity coordinator and the head of compliance. We looked at records relating to people's care and how the service was run. These included six care records, medication administration records (MARs), five staff recruitment files, training records, policies and procedures and quality monitoring processes.

Is the service safe?

Our findings

At the last inspection in June 2018, we rated this domain requires improvement. At this inspection we found an ongoing breach of the Health and Social Care Act 2008 regulation relating to safe administration of medicines. The rating remains unchanged.

At this inspection, we found some improvements had been made. For example, the implementation of topical cream charts, box counts to ensure medicines were accounted for and records about the use of thickener medicines. However, we identified ongoing concerns during this inspection which meant medicines were still not managed safely.

During our inspection we looked at medicines and medication records for 13 people. Within the residential households, we found medicines were managed safely.

We identified concerns with how medicines were managed on the nursing households including the intermediate care household. For example, people prescribed thickeners did not have their fluids thickened to the correct consistency. This meant they were at risk of choking. Thickener medication is prescribed to be put into fluids to make sure they are thick enough to prevent a person from choking.

Four out of the seven people whose medicines we looked at on one household had run out of one or more of their medicines for up to a week which placed people's health at risk. Also, there was not enough personalised information to guide staff on how to give "when required" medicines safely and consistently.

There were limited arrangements made for medicines which needed to be given before food. The records showed and a nurse we spoke with confirmed these medicines were administered at the same time as medicines that need to be taken with food. If medicines are not given as prescribed they may not work properly.

When medicines needed to be given with a minimum time interval between doses (such as Paracetamol) no record of the time they were given was made. This meant that doses may be given too close together and put people at risk of harm.

Where medicines were administered covertly (hidden in food and without the consent of the person), we found the service had considered and applied the requirements of the Mental Capacity Act and associated good practice. We saw the clinical lead had contacted a pharmacist on how to safely hide medicines but to date no specific advice or guidance had been obtained to show if it was safe to crush medicines or which food and drink it was safe to hide the medicines in. This meant that people were at risk of their medicines not being given safely.

These findings evidence a continuing breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems and procedures in place to help ensure people were safe in the home. Safeguarding concerns and action taken were recorded and monitored to identify any patterns. Appropriate referrals had been made to the local authority and notifications to CQC. The local authority performance and quality monitoring officer told us social work teams had received a poor response from the service when they requested further information for safeguarding investigations. The current registered manager had tried to collate outstanding information but the majority of requests had been prior to their time at the Peele.

Staff we spoke with knew the types of abuse and what action to take if they suspected abuse was taking place, including the use of diversion tactics for those who demonstrated behaviours that challenged services. Safeguarding training for all staff was up to date.

The provider had systems in place to record accidents and incidents that occurred at the home. These were recorded and appropriate action taken to help reduce the risk of recurrence. The newly appointed registered manager had implemented a more robust system of monitoring recurring incidents on a monthly basis and identifying any patterns or trends. For example, from their analysis carried out in November and December 2018, they found one person had sustained four falls during that period. Appropriate action had been taken to help ensure this person's safety and wellbeing. This included referrals to the GP and falls clinic, and a medication review. When reviewing the falls information, we found two examples where further analysis could have been done to monitor if a person had had multiple falls over a period of months.

Recruitment processes were safe and helped to ensure only suitable staff were hired to work with the people living at The Peele. Since our last inspection in June 2018, we found the recruitment process was managed at the provider's head office. We found this had helped to ensure the process was more robust. We looked at five staff recruitment files and found they contained all required documents relating to safe recruitment practice. These included a completed application form with full employment history and explanations of any gaps in employment, if applicable; photographic identification; two references and Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups.

We saw up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse. The provider had a system in place that alerted the registered manager two months prior to the NMC registrations expiring. We spoke to a nurse who showed us their registration details, as well as evidence of the workbook relating to their imminent revalidation. Revalidation is the process through which medical practitioners, nurses and midwives practicing in the UK demonstrate that their skills are up-to-date and that they remain fit to practice medicine.

People and their relatives told us they felt safe living at The Peele. Comments included, "It's very good here. The staff are wonderful", "I cannot thank the staff enough for taking care of [person]. I know that staff ensure [person] is safe at all times" and "Staff make sure that [person] is safe and well; [person] likes to wander around but staff are always on hand to ensure [person's] safety."

Risks to the safety of people and staff were assessed and strategies put in place to minimise them wherever possible. Care plans cross referenced to risk assessments to help ensure staff knew how to support the person safely. Risk assessments contained a good level of detail, had involved external specialist practitioners where appropriate and were regularly reviewed. Where people showed signs of behaviour that may create a risk to themselves and others, the service completed behaviour charts. These were implemented as needed and reviewed to see if actions put in place were effective in preventing or

minimising the behaviour.

Sufficient staff were deployed across the home to support people safely. The service used a needs dependency tool to assess the level of staff and skills mix required to support people safely. Staffing levels were based on the number of people in each household and an assessment of each person's needs had been carried out. People we spoke with were reasonably satisfied there were enough staff to give the care needed. Their comments included, "I suppose there are enough staff and "Well, I think there are usually enough staff. Normally we have three carers looking after ten of us, but this week we have only two."

During both days of our inspection, we observed the staffing levels were adequate to support people's assessed needs within the home. The registered manager told us they still used agency staff but that number had been reduced. Staffing figures provided by head office confirmed the reduction in agency usage. Where possible, we found the home used the same agency staff to ensure continuity of care. Staffing rotas we looked at and agency staff on shift confirmed this. One agency worker told us they had worked at the home for over three years and mainly on the same household. They said, "It's a good place. I like working here, the staff are friendly and they treat agency staff as if they were permanent." Staff we spoke with told us the agency staff they worked alongside were mostly 'regulars' and that they made a positive contribution to the care of people living at The Peele. There were appropriate checks in place to help ensure the agency staff's suitability. Staff handovers helped to ensure all staff including agency staff knew the concerns of people living at the home.

Each person who lived at The Peele had an up to date 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. Staff told us and we saw PEEPs were reviewed as part of the monthly care plan review process, or if a person's circumstances changed. We found PEEPs were only kept within people's care plans and not readily accessible in the event of an emergency. We recommended to the registered manager that PEEPs should be kept in a more accessible location.

People were safeguarded from harm because the appropriate equipment checks and maintenance were carried out. Systems were in place to manage emergency situations such as fire and escape routes were identified and well maintained. There was evidence of regular testing of the fire alarm system, emergency lighting, escape routes, sprinkler systems and regular fire drill simulations were carried out. Equipment used within the home had been inspected and serviced in line with the manufacturers' instructions. This included the passenger lifts, gas safety and fire safety. Regular checks were also carried out on electrical items and the water system, including a legionella risk assessment.

The home was clean and well maintained. Staff had access to personal protection equipment (PPE) as required. Staff fully understood all aspects of infection control and the home had robust policies and procedures to minimise the spread of infection. We asked staff about their training and responsibilities in relation to infection control. They told us the management of infection control was everyone's responsibility and that they had received training in 2018.

Is the service effective?

Our findings

From our inspection in January 2019, we found the service continued to provide effective care.

There was evidence to demonstrate that staff were supported to carry out their roles effectively and the provider had an improved overview of their professional development needs. However, on one of the nursing households we found some staff had not always followed procedures to support people effectively. These concerns were addressed during our inspection and we were satisfied with the improvements made. Staff told us and training records confirmed staff received training appropriate to carrying out their roles. Topics included safeguarding, moving and handling, food hygiene, infection control and medicines. The registered manager had identified where there were gaps in staff training and ensured these staff had updated their training. However, during this inspection we identified concerns with how staff on the nursing and intermediate care households managed people's medicines. These concerns have been discussed in the Safe domain.

We saw the registered manager had booked additional training in dementia. They said this training would have a positive impact on the care people living with dementia received at the home because staff would receive 'hands-on' exposure to what it was like to live with dementia.

The provider's supervision and appraisal process allowed staff to receive professional support in a consistent and regular way. Records we looked at showed where medicines errors had been identified, these were addressed through supervision and competency reviews. Staff received regular supervision and annual appraisals in line with the provider's policy. One of the agency staff we spoke with said they had also been given an appraisal last year which we confirmed through our record checks.

Newly recruited staff had received an induction and shadowed experienced staff when they first started work. Staff new to care completed the care certificate which is a nationally recognised set of standards to be worked towards during the induction training of new care workers. The staff we spoke with said they had found their induction helpful. One staff member said they had asked for their induction to be extended as they did not feel they were ready to work on a household and this was granted. We spoke with an agency support worker who said they had received an "excellent" induction when they first started working at The Peele.

People we spoke with said they were happy with the care provided by staff and had confidence in the staff's skills and experience. They said, "All staff are well trained and supportive" and "If there's anything I want they will get it for me" and "I like it very much. The staff are brilliant."

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

People were not unlawfully deprived of their liberty as appropriate applications had been made to the local authority for DoLS authorisations. Mental capacity assessments and appropriate best interest discussions had taken place to agree medical interventions or additional monitoring which had a potential impact on dignity and privacy. This included decisions around covert medication, that is medicines given to the person without their knowledge. The registered manager had implemented a more robust system of monitoring DoLS applications to and authorisations from the local authority. At this inspection, staff we spoke with had a sound understanding of MCA and DoLS in relation to providing effective care and support and were aware of people who were subject to a DoLS authorisation. We were satisfied the service was working within the principles of the MCA.

People told us and we observed staff always sought their consent before providing care or support. One person said, "Yes (staff) do ask. For example, they would say 'I need to put the ointment on your leg. Is it alright if I do it now?'" Staff also told us about the importance of obtaining a person's consent before undertaking any task.

People's needs and choices were assessed in line with current legislation and best practice to ensure care and support was delivered effectively. Care records we looked contained detailed initial assessments carried out before the person moved into the home. Assessments of people's needs were comprehensive and identified expected outcomes such as personal care, nutrition, falls, continence, communication and medication. We saw the process had involved the person, relatives and relevant professionals as required. The service proactively managed people's health and wellbeing needs as required; this included nutritional screening, pressure care and falls. For example, care records evidenced that people's concerns were regularly monitored if risks such as malnutrition or sustaining regular falls had been identified. Also, during our inspection we spoke with a GP who had come out to assess a person's medical condition because of concerns raised by the home.

People's healthcare needs were met effectively. Each file contained a health and wellbeing plan which was regularly reviewed. People's records confirmed they had good access to a range of health and social care professionals including GPs, dentists, district nurses, and speech and language therapists. Routine healthcare appointments were attended and individual health needs were well managed. People and their relatives said, "Staff always come with you to a medical appointment. They've called a doctor for me a couple of times" and "I have an appointment at the hospital at the end of the month. They'll arrange for a black cab that takes my electric mobility scooter, and the manager is coming with me himself."

People were supported to have a balanced diet. Where required we observed staff supporting people in a caring and unrushed manner. People told us the food provided was good and that they always had a choice of meals on offer. We observed mealtimes on two households and saw some people engaged in animated conversation with each other. Dining tables were tastefully set with table mats and cutlery. The provider used an offsite catering company to prepare and deliver meals to the home. The home's catering staff were responsible for heating and presenting the food in line with the catering company's guidelines. There was a four weekly menu which contained options for people with different dietary needs such as pureed diets, vegetarian, diabetic and cultural requirements such as halal foods. Sufficient stock was ordered on a weekly basis to cater for any changes to people's requirements. We saw some food such as soups and jacket potatoes were prepared in house. Each day of our inspection, we observed staff asking people what meals they wanted. We saw hot or cold drinks and snacks were always available between main meals.

The Peele is a large purpose-built care home which provides care to older adults including those living with dementia. People's bedrooms were 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. 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 was an activities room and a library / general purpose meeting area for people living at the Peele, their relatives and visitors.

Throughout the home we saw there was appropriate signage and reminiscence items to help people living with dementia orientate themselves within the home's environment, maintain their dignity and promote independence and confidence. There were memory boxes but few were well filled. We concluded that while the basics were in place more could be done to help promote a more dementia-friendly environment.

Is the service caring?

Our findings

From our inspection in January 2019, we found the service continued to be caring.

People and their relatives said they found the staff were very kind and considerate towards them. Their comments included, "Staff are wonderful; I have a good relationship with them all, even the agency staff as they usually send the same staff and we get to know them", "[Person] is completely relaxed; staff let her live a life of her choice; they are so good to her" and "Staff work tirelessly to ensure the people living on this unit are content and enabled to carry out the daily life of their choice."

The atmosphere at the home was warm and friendly. Daily routines were flexible with people rising and retiring when they wished. People chose where they spent their time, either with others in the communal lounge or the privacy of their own rooms. This was respected by the staff.

People were well presented and appeared comfortable in their environment. We observed good interactions between people and staff and that staff knew the people they supported well. For example, we saw staff understood how people indicated their emotions and acted promptly to address any signs of distress. One relative told us, "The love, support and attention provided to [person] has been excellent. I have seen many positive changes in [person's] behavioural pattern since she had arrived at the home. She has become much more settled, much less agitated, had gained some weight as her appetite had improved and has become settled and happy beyond belief."

The views of people, whenever possible, and their relatives were sought in relation to decisions about the care and support provided. They had been provided with sufficient information and explanations during the initial assessment and could speak with the registered manager or team leader if they needed further information. Their response to the support provided to them was used when reviewing the care plan to help ensure their needs were being met. People's care plans identified how they expressed their wishes and choices. They identified things individuals did not like so staff were aware and could minimise the likelihood of these. For example, one person disliked noisy environments and felt they were being ignored by staff or other residents. Their care plan described strategies for staff to respond consistently to them and we observed staff doing so. Cultural or religious needs were identified and individual and diverse wishes, such as dietary needs were met. The staff understood the need to involve the people and their relatives in making decisions about the care provided. One told us, "It is important to remember this is their home and we are honoured to be here caring for them."

The service was located within a diverse and multicultural community. The provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. People's care records contained relevant information about the protected characteristics such as ethnicity, religion and cultural beliefs. Staff told us they were aware of the provider's policies and procedures around equality and diversity and had also received the necessary training. One staff member told us, "Every resident is different, as are my colleagues, this should make no difference to the way they are cared for or respected as a fellow professional."

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. People told us, for example, that staff demonstrated this by always addressing them by their preferred name, not ignoring them, and knocking on their door and waiting to be invited to enter before they came in.

People were supported to maintain their independence according to their abilities. People told us staff helped them maintain independence by encouraging them to do whatever they could and not rushing them, even if it took a bit longer to do. One person told us, "I can do most things, but the staff will help if necessary."

Confidential information relating to the people supported and staff were stored securely and could only be accessed by staff authorised to do so.

Is the service responsive?

Our findings

At the last inspection in June 2018, we found some improvements in the way activities were organised. Though improvements had not been sustained, we found people were not at risk of social isolation.

People could engage in a range of activities taking place within the home and the community. These included bingo, dominos, chair exercises, celebration of holidays such as Christmas and people's birthdays and trips out. Since our last inspection we saw the home had acquired four chickens. This had been requested by people living at the service.

However, some people and staff told us more could be done. We observed that more activities for people living with dementia could be explored. Comments included, "The activities here are good – there's always something to do. I like to go shopping. They take me quite often", "I do whatever is going. We could do with more things to do. More outings say; they don't need to be to anywhere special. I did enjoy the trip to Blackpool; we saw the illuminations", "My husband likes bingo but doesn't like chair-aerobics", "I play all the games but I don't go out" and "I spend a lot of time with my friend. We watch TV and like going out. There isn't really enough to occupy all the time."

At the previous inspection in June 2019, the Peele had been involved in a pilot project with Manchester local authority to help improve activities and recreation on offer within homes. At this inspection we found the progress made up to that inspection had stalled. The one-page activity profile which identified the activities people enjoyed had not been continued. No recent surveys about people's interests in activities had been carried. The Peele currently employed three activity coordinators though one was currently not at work. The current activity coordinators were both new in post. One staff who started in October 2018 said they were trying to develop a more structured schedule of activities but did not have a full knowledge of what people's needs and wishes were. They kept a record of activities that had taken place to help plan future activities based on what worked well. We asked if all activities were held in the activities room and how did the service engage with people who chose not to attend these. The activity coordinator said they offered one-to-one interaction such as pamper sessions, reading to or playing puzzles with those people who chose not to participate in group activities. Not everyone wanted to engage in activities. In these cases, we saw care staff engaged with people either having a chat or reading to them.

Care plans contained sufficient information to support people responsively. We looked at six care plans and each contained details of the level of support required to meet the person's health, personal and social needs, as well as consideration of their protected characteristics and communication needs relating to any disability or impairment. There was a 'This is Me' page offering a profile of the individual and showed details about their social history and interests. The care plans contained sufficient information to guide staff to deliver the care needed and we saw these were reviewed monthly or when a person's circumstances changed. One person told us, "Yes, I've seen my care plan and I was involved in writing it. I'm also involved when it's reviewed." The staff we spoke with said the review process included both the person supported and a relative when appropriate.

People were supported to maintain relationships with their relatives and friends. The service had no restrictions on families and friends visiting if the person was happy with this. One relative told us, "I am free to come and go as I please and always feel welcome. I never feel in the way, in fact I almost feel a part of the unit."

Complaints and concerns were managed effectively. We looked at complaints received since our last inspection in June 2018 and found they had been dealt with appropriately. The registered manager had implemented a tracking system since they started at the home. This helped them monitor trends in complaints raised. Everyone we spoke with knew how to make a complaint if it were necessary but said they would speak to a member of the staff before making a formal complaint. Comments included, "I've not needed to make any complaints; there's nothing to complain about. If there were, I would" and "If I have something to say about my life here or the care that I get, I tell the manager."

People, their relatives and professionals were complimentary about the home and the staff. We saw several thank you cards and comments from relatives. One relative wrote, "Lovely atmosphere this evening on visit to my [relative]. I cannot put into words the comfort I take away knowing my [relative] is in such caring hands." We saw one professional had written to the registered manager commending how a staff member facilitated a person's hospital appointment. They said, "[We] were so impressed with [name of staff] we wanted to get in touch...to pass on some feedback. He alerted us ... that the patient had dementia in a discreet manner. He constantly ... reassured the patient in a very kind and calming way."

The service met the Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. People's communication needs and preferences were assessed and recorded in their care files.

Staff had received training in end of life care to help ensure people were supported to remain at the care home if they chose to. Training records we looked at confirmed staff had completed training in The Six Steps end of life care.

Is the service well-led?

Our findings

At the last inspection in June 2018, we rated this domain inadequate. At this inspection we found an ongoing breach of the Health and Social Care Act 2008 regulation relating to good governance. The rating remains unchanged.

At our last inspection in June 2018, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. At this inspection, while we acknowledged some improvements had been made in this area we found sufficient evidence to support an ongoing breach of the regulation.

There had been a lack of consistency and stability in the management structure at the home to help ensure issues identified at the last inspection were thoroughly addressed. At this inspection in January 2019, there was a new manager in post. Our records showed that since July 2014 to the inspection date the service had had six registered managers. This registered manager came from one of the provider's other services and their position at The Peele was on a temporary basis until a suitably qualified candidate was identified. The registered manager told us a new manager had been recruited and that they would be staying on at the service until March 2019 to provide a full handover.

There have also been changes at the provider level since the last inspection in June 2018 such as the appointment of a new regional director, which may have contributed to the lack of oversight of this service. In previous discussions (held in April 2018) the provider assured us changes within the management structure within the home and the organisation would help to improve the governance of the service. However, this was still not the case.

The provider lacked oversight and carried out no quality monitoring of the intermediate care household (ICU) which was included within their registration with CQC. We did not see any audits of care plans and medication records being carried out. This household was operated as if separate from the other households of the care home. This meant people were at risk of harm because checks were not carried out to monitor that the quality and safety of care provided to ensure it was of good standard.

ICU provided care and support to people requiring short term rehabilitation usually following a hospital stay. ICU was partnership arrangement between the provider and Manchester University NHS Foundation Trust. The registered manager and one of the clinical leads told us this arrangement though lapsed was due to be reviewed shortly. An email from the ICU's case manager stated that they carried out their own quality audits for NHS governance purposes but that these were not intended to replace the provider's own audit process. The clinical lead told us going forward they would be carrying out their own quality assurance checks.

The provider had an audit programme which involved internal audits carried out by staff at the Peele and themed and quality audits carried out by the provider. These included audits of medicines, training, care plans, and nutrition and catering. We found audits did not consistently identify and monitor concerns relating to the quality and safety of care provided. For example, medication audits were not effective in

identifying general medicines management issues such as out of stock medicines and poor record keeping regarding the use of thickeners. As discussed previously these audits did not assess the effectiveness of the processes on the ICU and identify concerns to help improve the quality of care.

These findings evidence a continuing breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Head of Compliance told us concerns about the audit tools used had been recognised at senior management level and the provider was looking to address this. The registered manager showed us the action plan identifying concerns raised during their/provider audits and at CQC inspections, the action taken, and timescales for completion. We found that some of these actions in particular relating to medicines management had been ongoing since the last inspection. In other cases, however we found appropriate action had been taken to address concerns raised by audits such as staff training and care plan documentation.

The registered manager told us record keeping had been poor and that they "had to start from scratch". The information we received from the local authority performance and quality monitoring officer confirmed this. Since starting in mid-November 2018, the registered manager had implemented the provider's "18 QA file" recordkeeping system which was a methodical organisation of operational paper records. They also implemented a tracker system for most of these records for example safeguarding, DOLS, and complaints to summarise each record within the file, the action taken and any outcomes or follow-ups required.

People and relatives we spoke with thought the home was well organised and managed. They said they the registered manager was polite, helpful and approachable. One person told us, "The care is very good; the staff are wonderful." Another said, "We get on well, staff and residents."

Staff told us they felt supported by their allocated line managers and that the overall leadership was good. Staff said there had been several changes to the management structure over the past few months but they felt there was now a relaxed atmosphere within the home and the current registered manager and clinical leads were very approachable. Staff said the registered manager and other managers were always available to listen as well as keep them regularly informed of developments within the service and the organisation. Comments included, "[Registered manager] has done an amazing job; (they) were so supportive during a personal tragedy affecting my family" and "The management team are always there for us."

People and their relatives had the opportunity to provide feedback about the service provided in various ways. There was a schedule for regular residents' and relatives' meetings and we saw the minutes of the most recent residents' meeting. The registered manager told us they had recognised attendance at relatives' meetings was poor and wanted to improve on this. They said in addition to displaying notices throughout the home, they had contacted relatives via email and on the phone and spoken with them when they visited. The first relatives meeting was being held on the first day of our inspection and we saw that several family members attending. Another initiative started by the current registered manager in January 2019 was a dignity and respect survey. Results of these were positive.

In the main reception area of the home we saw a "You said, We did" display which showed how the service had dealt with feedback from people, relatives and staff. For example, people had suggested starting a sweet shop and we saw this was now in place and working well.

There was a registered manager in post as required by the provider's registration with CQC. They were supported in the daily running of the home by a deputy manager for residential services and two clinical

leads. From speaking with people and their relatives and the staff team and looking at records, we found the registered manager had made several improvements. These included training initiatives to reduce the use of agency and better rota management to help ensure continuity of care to people supported and maintain staff morale and wellbeing.

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. The provider also complied with the legal requirement to display its most recent rating.

Staff had adequate guidance, support and information to help them carrying out their roles. Minutes of meetings confirmed staff met regularly. Staff we spoke with found them useful as they offered the opportunity to discuss concerns and suggestions relating to their work with colleagues and the management team. Minutes were taken for those who were unable to attend and separate meetings were held for night staff. During our inspection, we were invited to attend the daily 'Safety Huddle' meeting attended by a nurse from each unit, the residential manager and the clinical lead. The registered manager also attended when possible. Topics discussed included, incidents that had occurred overnight; GP interventions; staffing; infection control; safeguarding; pharmacy issues; end of life and admissions and discharges. However we found the concerns we identified during our inspection had not been raised during this meeting. This meeting took place seven days a week and when management were not in attendance, notes were prepared and passed to them on their return.

There were policies and procedures in place to further support staff in their roles. We reviewed these and found they were regularly reviewed and up to date.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were still not always safely managed on the nursing households. Reg 12(1)

The enforcement action we took:

Warning notice to be served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The lack of stability within the management structure at the service and provider level had affected governance and oversight. Provider does not have thorough oversight of intermediate care household including quality monitoring. Quality monitoring systems did not effectively identify serious concerns in medicines management and provide adequate oversight of the general medication system.

The enforcement action we took:

Warning notice to be served