

Harbour Healthcare Ltd

Peel Moat

Inspection report

2 Peel Moat Road
Heaton Moor
Stockport
Cheshire
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Tel: 01614422597

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 1 August and was unannounced. This meant the provider did not know we were coming.

Peel Moat is a care home with accommodation for up to 31 people who require personal care, some of whom are living with dementia. At the time of the inspection 25 people were living in the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had breached Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have features to support people living with dementia, such as reminiscence material, items of visual or tactile interest, or dementia-friendly signage.

We have made a recommendation that the service seek advice and guidance about the adaptation, design and decoration of the service.

We found some risk assessments for people who were at risk of choking were not reviewed. This meant we could not be sure those people's care was appropriate or person-centred as their needs were not properly assessed.

We found that medicines were not being managed safely. Medicine records did not always give clear information for staff to follow. Some medicine administration records (MAR) showed gaps in recording. Temperatures for storing medicines were not always at a safe level.

We found the service did not have risk assessments relating to the building and work practices for staff to refer to.

The provider's quality assurance process did not pick up shortfalls in medicine audits in relation to the safe storage of medicines. We found the audit document was not fully completed.

Staff training was not up to date. Staff told us and records showed they were not receiving regular supervision. The registered manager advised that only four staff members had received an appraisal in the last year.

People and relatives were complimentary about the service and made positive comments. They were happy

with the care and support they received at Peel Moat. One person said, "I'm delighted with the care here. The girls are brilliant." One relative said, "I'm happy because I know [family member] is safe and well looked after."

Recruitment practices at the service were thorough and safe. The service obtained necessary checks before employing staff. For example, checks had been made with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

The registered manager used a dependency tool to ascertain safe staffing levels. They told us, "I also use common sense to increase staffing when activities are on." There were enough staff employed to make sure people were supported. One person told us, "I have a buzzer, I press it and they come, they are pretty quick." Another commented, "There is always staff about."

Staff had an understanding of safeguarding and whistleblowing and told us they would speak to management if they had any concerns. They felt confident that management would listen and act on any concerns they raised.

Systems were in place for recording and managing safeguarding concerns, accidents and incidents these identified trends or patterns. People and relatives told us they knew how to make a complaint. One person told us, "I would speak to the manager if I was not happy." We found records to show complaints were responded to in a timely manner.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people are not restricted unnecessarily.

People were supported to maintain their general health and wellbeing. We saw that referrals had been made to healthcare professionals when needed, and people had been assessed by the GP, dietician and speech and language therapist.

Care plans were personalised and reviewed regularly. Changes in need were acknowledged and care plans updated. Relatives felt involved in their family member's care and were able to speak with staff. For example one relative commented, "They always let me know if [relative] is not well." Staff were knowledgeable about people's care. For example, one staff member was able to describe how they supported a person with their nutrition.

People, relatives and staff gave us positive feedback about the registered manager. They told us the registered manager was approachable and always willing to listen and help. One relative told us, "He's laid back and nice but also efficient. If you want something sorting he'll do it."

People had accommodation which allowed privacy. Rooms were furnished in accordance with people's choices and preferences. The home was clean with communal areas for people to sit and relax.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not managed in a safe way.

Risk assessments for the building and work practices were not in place.

There were enough staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not receiving regular supervision and appraisal.

Staff training was not up to date.

People were supported to maintain their general health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

We observed staff were caring towards the people they supported.

People and relatives told us they were happy with the care.

Staff were knowledgeable about the people they supported.

Good ●

Is the service responsive?

The service was not always responsive.

Some people's risks were not always assessed therefore some care plans were not person-centred.

Information about people's welfare was communicated in a timely manner.

Requires Improvement ●

The service responded to complaints.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance process did not always identify shortfalls.

People, relatives and staff felt the registered manager was approachable and always willing to listen and help.

Requires Improvement ●

Peel Moat

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 August and was unannounced. This meant the provider did not know we were coming. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch are the independent national consumer champion in health and care.

During our inspection we spoke with six people who used the service and four relatives. We spoke with three members of staff including the registered manager and the provider's representative (care quality lead). We also spoke with two health care professionals who were visiting the service.

We viewed a range of records about people's care and support needs and how the service was managed. These included the care and support records of three people and medicines records for eight people. We looked at the training, supervision and appraisal records for four staff, and records in relation to the management of the service.

Is the service safe?

Our findings

We asked the registered manager about risk assessments for the premises. They told us they didn't have a file with these in as the provider had recently introduced a new computer system, although risk assessments weren't on the computer system yet. We asked the registered manager if they had previous risk assessments to refer to. They told us, "I don't think we've got those." This meant the governance arrangements had failed to ensure staff had up to date documentation to follow to ensure safe working practice.

There were eight days in July 2016 when the temperature of the room and fridge where medicines were stored had not been checked. There were 12 days in July 2016 when the temperature of the room used to store medicines was above recommended limits. NICE guidelines 2014 Managing medicines in care homes, recommend care home providers monitor the temperatures of storing and storing conditions of medicines. This meant that we could not be sure that medicines had not deteriorated and become ineffective. The medication audits had not picked up this issue. This meant that governance arrangements had failed to identify shortfalls.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some medicine administration records (MARs) did not contain clear application instructions for staff to follow when applying topical medicines. Thickening powder administration did not state how many scoops or to what consistency fluids should be.

MARs were not always completed correctly and we found some gaps in recording. We found where paracetamol had been prescribed the person's notes showed on five occasions that these were out of stock. However the MARs recorded as N/R (not required). Inconsistencies in the recording meant that we could not be clear if people had been offered the medicine and if they had required it. The service had failed to ensure that these types of medicines were in stock for when people may require them. We felt this posed an issue as the medicine was out of stock, resulting in the person being at risk of not having the prescribed pain relief available to them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records showed only 22 out of 29 staff members had completed safeguarding training which also included whistle blowing training. This meant that we could not be sure that all staff had the knowledge of what action to take in the event of an allegation of abuse or how to whistle blow on poor practices.

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

Staff knew how to raise concerns and were confident the manager would respond. One staff member told us

they would have no hesitation raising safeguarding concerns. They told us, "I would speak to [registered manager] straight away. I feel confident they would deal with concerns appropriately."

People and relatives we spoke with felt the service was safe. One person said, "I am alright here, it's safe enough." Another person told us, "Staff help me to manage, which is great." A relative said, "I'm happy [family member] is safe here. They are always clean, presentable and comfortable. I'm happy with their room." Another relative told us, "I'm happy because I know [family member] is safe and well looked after." One visiting health care professional told us they felt people were safe in Peel Moat.

We looked at staff recruitment records. These showed checks had been made with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether applicants had a criminal record or were barred from working with vulnerable people. References had been obtained and completed application forms, employment history and proof of identification were on file. This meant the provider followed a robust and safe procedure when recruiting staff.

We examined current and recent staffing rotas. One staff member told us, "We have enough staff most of the time but an extra pair of hands is always useful." The service was provided over three floors and staff were deployed to cover specific floors. People told us they felt there was enough staff. One person told us, "I have a buzzer, I press it and they come, they are pretty quick." Another commented, "There is always staff about."

We reviewed an action plan for infection control which contained some actions following an audit carried out in November 2015. During our inspection we spoke with the infection control nurse who was re-auditing the service. They told us, "The provider has a very good housekeeper who has put systems in place. I don't have any major concerns." We saw staff were provided with personal protective equipment when supporting with personal care. Infection control procedures were covered in staff members' induction training.

Staff had access to people's current personal emergency evacuation plans (PEEPs). A business continuity plan along with copies of PEEPs were kept in a grab bag for staff. This meant staff had information available in case of an emergency.

The service had current certificates in place in relation to health and safety for the premises. For example, gas safety and electrical installation certificates. Maintenance records were in place for pieces of equipment used to support people's needs, for example, hoists. The registered manager told us additional smoke detectors were due to be installed soon. They said, "Work is always done straight away when it comes to people's safety."

Is the service effective?

Our findings

Staff told us, and records confirmed that regular supervision sessions had not taken place. Supervision sessions are meetings between an individual and their manager where performance and development is discussed, support is offered and best practice is promoted. One staff member told us, "I've had supervision recently but before that it was pretty poor." Records we viewed showed only five staff out of 29 had received supervision this year. This meant we could not be sure staff received appropriate support to enable them to carry out their role.

The registered manager provided an up to date training matrix. This confirmed that not all staff's training was up to date across a range of subjects. For example, 19 out of 29 staff had not completed dementia training. This meant the provider did not ensure that staff were supported to access the appropriate training necessary to enable them to carry out their roles effectively.

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

People did not always receive the support they needed to meet their nutrition and hydration needs. Some people's food and fluid intake was recorded, where appropriate, on a daily food and fluid chart. Whilst food and fluid charts noted people's target fluid intake for the day, people's total intake for the day was not recorded. This meant we could not be sure if people had received enough to drink to maintain their well-being, or whether appropriate action had been taken if they had not received their target fluid intake for that day. These shortfalls had not been identified within the audit process which meant the governance process was not effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service did not have features to support people living with dementia, such as reminiscence material, items of visual or tactile interest, or dementia-friendly signage. We recommend that the service seek advice and guidance from a reputable source about the adaptation, design and decoration of the service for people living with dementia.

People were supported to maintain their general health and wellbeing. We saw that referrals had been made to healthcare professionals when needed, and people had been assessed by the GP, dietician and speech and language therapist.

People told us the food was good. One person told us, "We're well fed here. The food is lovely." Another person said, "Lunch was nice. It was just enough for me."

We observed lunch during our visit. Meals were cooked fresh each day and served by kitchen staff in the dining room. Most people who used the service preferred to eat their meals in the main dining room,

although people could also eat in the lounge or their room if they preferred. The representative of the provider told us, "People can have their meals in their rooms, the lounge or the dining room, wherever they want." We heard a staff member say to a person who became anxious in the dining room, "If you want your lunch in your room that's fine." This meant people were given choices where to take their meals.

In the main dining room tables were set with table cloths, cutlery, napkins and condiments. People were offered a choice of hot and cold drinks. Meals looked fresh, hot, appetising and nutritious. People had a choice of jacket potato, tuna and salad or beef stew, roast potatoes and cauliflower followed by fruit cocktail and ice cream. Staff asked people if they needed assistance and were given a choice whether they wanted a napkin to protect their clothes or not. Staff regularly checked that people had everything they needed throughout the meal. We heard staff ask, "Are you enjoying your meal? Is there anything else I can get you? Would you like more to eat or another drink?"

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People had been assessed in line with the MCA to determine whether a DoLS authorisation was required. Applications had been submitted to the relevant local authorities where appropriate.

Is the service caring?

Our findings

One person told us, "I had my doubts before I moved in here as I didn't think it would be for me, but it's great here. The staff are good and everyone gets on well." A relative said, "I'm delighted with the care here. The girls are brilliant. They have great affection for [family member] and are really caring. I think they should be paid more." Another told us, "I'm happy with [family members] care. The staff are friendly and very good."

Staff were observed to be caring whilst supporting people in the home. When using moving and assisting equipment they did so in a dignified manner. When people were supported with eating and drinking staff used prompts at a pace appropriate to them.

We found personal care was attended to discreetly and clothing changed to maintain dignity. Staff clearly understood people's preferences and were knowledgeable about the care they required. For example, one staff member was able to describe how they supported a person with their nutrition. One visiting health care professional told us, "I feel the staff know people well here."

Staff explained to people what they were going to do before they acted and gained consent either verbally or by gestures. We observed staff knock on bedroom doors before entering. Staff used people's preferred names. One person commented, "They are lovely girls, aren't they. Always making sure we are alright."

When reviewing records regarding people's involvement in decisions, we felt these should contain more detail on how people were involved in decision making. We discussed this with the registered manager who advised this was being addressed through the 'Getting to know me' document which was being given out to people and families. These documents had been initially given to new people who were now residing in the service.

Staff spent time with people in the communal areas, engaging in conversations and having a laugh and a joke. We observed staff crouch down to eye level and hold people's hands gently when speaking with them. It was clear from people's relaxed body language, facial expressions such as smiles and behaviour that they were comfortable in the presence of staff.

The service had accessible information regarding advocacy for people who lived there.

Is the service responsive?

Our findings

Before people came to live here their needs were assessed. Their pre-admission records contained details regarding communication, breathing, circulation, nutrition, continence, mobility, tissue viability, hygiene, behaviour and social needs. Some people required special diets and were at risk of choking whilst eating, but this risk was not always assessed and monitored appropriately. We found four people who required a specific consistency of food were deemed not to be at risk of choking. When we spoke to the registered manager about this they acknowledged these four people were at risk of choking and said they would review the choking risk assessments immediately. This meant we could not be sure those people's care was person centred as their needs were not properly assessed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Of the records we examined care plans were personalised and reviewed regularly. Changes in need were acknowledged and care plans updated. For example, detailed interventions for staff to follow for a person living with seizures.

During our inspection we observed the morning handover where night staff pass on information to day staff. This contained a good level of detail. For example, staff reported that several people sounded 'chesty' so they were added to the list for the GP to review later in the day. Staff also noticed one person had a series of small blisters on their leg so queried shingles so they were also added to the GP list. The handover covered people's welfare (what support they had needed through the night), medical information, accidents/incidents and pressure care.

The service had an activities coordinator. They provided us with a folder of photos of people participating in various activities. For example, cake decorating, arts and crafts, themed lunches to celebrate Valentine's Day, chocolate making, dressmaking and trips out. A notice board displayed available activities for the day.

The coordinator told us they do one-to-one activities with people, particularly those who spent a lot of time in their room. This included spending time chatting with them or going through old photos with them if their communication was limited. They felt that activities at the service were geared up for people living with dementia. We observed some activities in the home; people were engaged in making wall plaques. One person told us, "I have made this, isn't it lovely. I can put it in my room."

We asked relatives if they had made a complaint. One relative said, "I've only had to complain once and that was something minor. It was resolved appropriately and I was satisfied. If I had any problems or concerns I would speak to [registered manager] straight away." Another relative told us, "I've got no complaints at all. If I did have any I would speak to [registered manager] or the provider. [Registered manager] is good. He's friendly and very easy to talk to. I would have no problem speaking to [registered manager] about anything."

People knew how to complain. One person told us, "If I had a complaint then I would talk to the manager

about it. I have nothing to complain about, they are very nice here."

The service organised a residents' meeting in November 2015 however only two people attended. The meeting went ahead with changes to the menu being discussed. No other meetings had been organised. People told us they would speak with the registered manager if necessary. One person said, "I can put my opinions to the manager any time, [manager] is always helpful."

The provider had a process in place to capture the view of people and relatives. A survey was completed on an annual basis. The last survey was in October 2015, the results contained positive comments. We observed relatives speak with the registered manager during the inspection, discussing their family member's positive outcome. The registered manager told us, "If there are any concerns or issues from the survey then an action plan would be developed with head office." The registered manager had clear knowledge of the people and was responsive to relatives.

Is the service well-led?

Our findings

We looked at the quality assurance systems used by the provider to ensure systems and processes were effective in monitoring and improving the quality of the service provided. The provider's systems were not always effective. For example, a recent audit of the clinic room where medicines were kept was incomplete and had not identified that the temperature of the room sometimes exceeded recommended limits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a registered manager who had been in post for several years. The registered manager and the provider's representative (care quality lead) assisted us for the duration of the inspection. During the inspection we asked for a variety of documents and information which were provided promptly.

The registered manager completed monthly quality audits covering areas such as care plans and training which were submitted to the provider's care quality lead who then analysed the information. The quality lead told us they had identified a trend in accidents and incidents and taken appropriate action. For example a number of unwitnessed falls had occurred in people's bedrooms at night so the registered manager had increased the number of night visits staff made. Actions from provider audits were summarised in a service improvement plan which had timescales set for completion. For example, to review resident and relative involvement in care plans which had been started by the registered manager

The provider's medicines audit of 30 June 2016 identified several areas of improvement and weekly audits and new processes were put in place to address this.

The registered manager completed a daily walk around the service which was followed by a heads of department meeting to address any issues identified. We observed a meeting taking place during the inspection. Areas of concern were raised with staff for immediate action.

There were opportunities for staff to give their views about the service. Records confirmed team meetings were held regularly, although minutes of the last staff meeting on 28 July 2016 showed that minutes and actions of previous meetings were not discussed and there was no agenda. Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting.

People, relatives and staff gave us positive feedback about the registered manager. They told us the registered manager was approachable and always willing to listen and help. One person told us, "Oh [manager] is OK, they always pop in to see me." One relative told us, "He's laid back and nice but also efficient. If you want something sorting he'll do it." Staff commented on the registered manager. One told us, "Management is very supportive here, I have been here years, I would have left if it hadn't been alright." Another commented, "[Manager] is easy to talk to, strict but rightfully strict. They say get a brew and sit and have a chat to residents. That is how they are." Further comments included, "You can count on [manager]."

We discussed the future of the service. The registered manager felt that there were some areas that did require development and the service improvement plan set these out. The improvement plan had been reviewed in June and July 2016. There were some actions that had gone over their timescales but a record of progress had been recorded. This meant that the provider was monitoring the continued development/improvement of the service

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Nutritional assessments were not completed to allow for person centred care planning.</p> <p>Regulation 9(3)(b) A person's care and treatment must be designed to make sure it meets all their needs.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medications were out of stock but recorded as not required.</p> <p>Regulation 12(2)(f) People's medicines must be available in the necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure risk assessments were in the service to manage the health, safety and welfare of people who use the service. Audits failed to identify and remedy shortfalls in medicines management.</p> <p>Regulation 17(2)(b) Providers have systems and processes that enable them to identify and assess risks to the health and safety of people</p>

who use the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff training was not up to date.

Regulation 18(21)(a) Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment.