Care Quality Commission

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 and 3 September 2015. The first day was unannounced which meant the service did not know we were coming that day. The second day was by arrangement.

At the previous inspection on 18 June 2014 we had found the service to be compliant with the regulations we looked at.

The Peele is a purpose built home registered to provide care and accommodation for up to 108 older people. At the time of this inspection there were 103 people in residence. Accommodation is provided on three floors, in nine units. There are three units per floor. Seven of the units provide residential accommodation. Two of those units are intended for people living with dementia. Two units on the second floor are Intermediate Care Units (ICUs) where people receive short term rehabilitation care. These units are part of The Peele but some of the staff are employed by the NHS. The Peele is in a residential area of Wythenshawe in south Manchester. It is set in its own grounds and has a car park.

Since our previous inspection The Peele had acquired a new registered manager who had been in post since

Summary of findings

January 2015. A registered manager is a person who has registered with the Care Quality Commission (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.

Following a safeguarding investigation earlier in the year, about 60 pressure mats were in use, which would alert staff if someone got out of bed. Because of the wiring call bells and pressure mats could not be used together in the same bedroom. This meant that someone who needed assistance might be prevented from calling for help. This was a breach of the regulation about providing safe care and treatment.

There had been concerns about the security of the building. We found that access was not always monitored. Recommendations made in a report by the police had not been implemented. We recommended that the provider review the security of the premises.

We saw that fire prevention and detection equipment was maintained. However, there were no Personal Emergency Evacuation Plans (PEEPs) to assist the emergency services in the event of an evacuation. This was a breach of the regulation about providing safe care and treatment.

In relation to the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, you can see what action we have told the provider to take at the end of the full version of the report.

There had historically been a high number of medication errors. Steps had been taken to reduce those. We looked closely at the process of administering medicines. We noticed that some further improvement was needed, but considered that given the size of The Peele the errors did not mean the regulation about the safe management of medicines was being breached.

We found evidence that in the recent past medicines may have been administered covertly without proper authorisation. But this was not happening currently.

We were satisfied that staffing levels were adequate. There had been a high usage of agency staff especially nurses on the ICUs, but this had reduced. Methods were used to ensure that suitable staff were employed. Staff were trained in safeguarding. The registered manager had reported safeguarding incidents and had dealt with disciplinary incidents robustly.

Records were kept of accidents and incidents and steps were taken to improve safety.

Some staff had been trained in the Mental Capacity Act 2005 and in the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS authorisations had been made.

There was a comprehensive programme of training. Some gaps had been identified, especially in moving and positioning, and staff were booked onto training courses. Supervision and appraisals were taking place.

Food was prepared by a commercial catering company within the building. People needed to choose from the menu the day before. This meant that some people were unhappy when their food arrived. In some of the units no drinks were provided with lunch. We found no problem with the nutritional value of the food being served. However, we recommended that the dining experience could be improved.

There was good access to health professionals. We recommended that the building environment, especially for people living with dementia, should be improved.

People were mostly very satisfied with the quality of care received. We heard one complaint about laundry getting lost but the registered manager explained how the problem was being addressed.

Staff behaved respectfully towards people and we witnessed an example of excellent practice in defusing tension between two residents. Measures were taken to maintain people's independence as far as possible.

The Peele was signed up to a programme to enhance end of life care. We saw a tribute paid to staff for their care and compassion when one resident had died.

Care plans were thorough and individualised to people's needs. Most care plans were reviewed regularly although we came across examples where those reviews had not taken place. Care notes on the ICUs were of a high standard.

Detailed daily notes were made to record people's health and wellbeing.

Summary of findings

Activities were offered to those who were able to and wanted to take part. One of the activities organisers also ensured that toiletries were available to everybody. Residents' meetings took place so that people could be involved in decisions about the home.

There was a system for recording and responding to complaints. There had been fewer complaints during 2015 than the previous year.

Most people were satisfied with the management of the home. The registered manager had been in post since January 2015 and was due to move on in January 2016.

The team leaders were in responsible positions and people spoke highly of their abilities.

The provider had a vision for developing the service which the registered manager had shared with staff. There were staff meetings every three months.

Regular detailed audits were undertaken both by the registered manager and by staff from the provider's head office. We saw that action plans were implemented.

The registered manager had reported incidents to the CQC and had co-operated with safeguarding investigations led by the local authority.

Summary of findings

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 safe in all respects

Pressure mats were in use but could not be used at the same time as call bells.

Recommendations made by the police about the security of the premises had not been followed. The fire detection and prevention systems were maintained but there were no individual plans to assist people's evacuation in an emergency.

There were sufficient staff. The safety of medicine administration had improved during 2015.

Is the service effective?

Requires improvement

The service was not effective in all respects.

The food was adequate but there was scope for improvements to be made to the dining experience.

The registered manager was following the principles of the Mental Capacity Act 2005 and had applied for authorisations under the Deprivation of Liberty Safeguards. Training in this area could be improved.

There were some other gaps in training, which had been identified. Measures had been taken to ensure all staff became trained in all areas.

The physical environment for people living with dementia could be improved.

Is the service caring?

Good

The service was caring.

People were mainly happy with the care they received.

Staff respected people's dignity. The service tried to maintain people's independence.

The service was equipped to look after people at the end of life and we found evidence that staff did so compassionately.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and comprehensive. They were regularly reviewed although in some cases reviews were not recorded.

Activities were available and residents' meetings were held.

Complaints were recorded and dealt with.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager started in January 2015 and had brought about a number of changes. He had kept staff informed. The team leaders had important roles and were respected by staff and visitors.

The registered provider planned to develop the service and these plans were shared with staff at regular meetings.

Audits were thorough and effective. Incidents were reported as needed to the CQC.

The Peele

Detailed findings

Background to this inspection

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

The inspection took place on Wednesday 2 and Thursday 3 September 2015. The first day was unannounced, the second day was arranged.

The team comprised two adult social care inspectors, accompanied by an inspection manager, and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion both experts by experience had experience of caring for elderly people.

Before the inspection we asked the registered 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. It was submitted to us on 1 June 2015. We reviewed the PIR along with other information we held about the service, including notifications received and minutes of safeguarding meetings.

We contacted the contract officer of Manchester City Council for information about the council's recent monitoring visits.

During the inspection we spoke with 18 people who were living at The Peele and 13 relatives who were visiting on the day. We interviewed 6 members of care staff. We spoke with the registered manager and with the regional manager. We also spoke with two podiatrists who were regular visitors to the home.

We reviewed a range of records about people's care and how the home was managed. These included 15 care files, staff training and supervision records, six staff personnel records and quality assurance audits which the registered manager had completed.

Requires improvement

Is the service safe?

Our findings

We asked people living in The Peele whether they felt safe. All the people we spoke with stated they did. One resident said: "I feel safe and well cared for here." Another person said: "Oh yes definitely. It's very good - the girls are very good." They added: "I'm very settled here, this is what I call home." Another person responded: "It is very clean and the staff are kind."

Similarly the visitors we met were largely positive about the home and their relative's safety. There were exceptions; four visitors (in two pairs) who asked to speak with us and made a number of complaints.

We saw records of accidents, incidents and falls. The incidents were managed appropriately with records kept of the effect on people's health and wellbeing. We noted that care plans included ways to keep people safe such as putting a pressure mat in place if a person was at risk of falls. This is a mat designed to notify staff if a person gets out of bed. Following a safeguarding investigation earlier in the year, about 60 pressure mats were now in use.

We learned, however, that the call bell system could not be used at the same time as a pressure mat, because the electrical system could not accommodate both devices. We asked whether an adapter could be used but were told this would not work. It meant that a resident with a pressure mat in their room would be unable to call for assistance. We noted on one care plan it stated: "Ensure call bell is accessible at all times", but this was for a person who had a pressure mat in their room. The registered manager suggested to us that people who needed help could step on to their pressure mats, and staff would respond quickly. But this created extra risks for people who might be unsteady on their feet.

We understood there were practical difficulties and financial implications. Nevertheless, we found that a system which prevented up to 60 people from being able to use their call bells was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to 12(2)(d).

Concerns were raised by a social worker about the security of the building in August 2014, following a number of thefts. An investigation resulted in action being taken against a member of staff and the thefts ceased. Further concerns were raised about the ease of access to the building. A police site vulnerability survey dated August 2014 made a number of recommendations, including greater control over access to the building. Some but not all of those recommendations had been implemented by the date of our inspection. The registered manager at that time stated that The Peele received approximately 2,000 visitors a month, including healthcare professionals who visited daily and needed quick access to the unit they wished to visit. The position of the receptionist's desk meant that people entering the building could be identified and asked to sign the visitors' book. However, we observed that the receptionist's desk was not constantly manned.

In August 2014 a social worker had raised a concern that on two separate occasions social workers had walked into the building and into some of the units without anyone knowing. At that time in the summer weather the main doors were left open. At this inspection the registered manager told us that the main doors were now kept closed. However, on the first morning of our inspection, one of our experts by experience walked into the building to use the facilities and back out to the car park without being challenged. Also, one of the entrances is approached via a locked gate. As we waited to gain entrance, a member of staff walked through and held the gate open for us without asking or checking who we were.

Given the nature of historic concerns about the security of the building and the ongoing issues, we were concerned about security of the premises.

We recommend that the provider reviews the security of the premises and the management of visitors and implements new measures where necessary.

We saw documents confirming that fire prevention and detection equipment, the lightning conductor and fire extinguishers were routinely maintained. The fire risk assessment was dated March 2013 when The Peele was owned by the former provider, and the recommended review date was March 2015, which had been passed. One recommendation made was that Personal Emergency Evacuation Plans (PEEPs) should be made available to all staff, and that "The PEEP assessments, which are currently placed within the service users personal files, should be reviewed on a regular basis." However, on the 15 care files we looked at we did not see any PEEPs. We were later told that the service had not developed PEEPs to record in detail individual residents' mobility and level of assistance required in the event of a need to evacuate the building.

Requires improvement

Is the service safe?

There was therefore no documentation to assist firefighters to evacuate people in the event of a fire or other emergency. Although the building was of a modern design, with fire doors which would resist the spread of a fire, it was possible that some people might need to be moved or evacuated depending on the location and nature of the emergency. The lack of PEEPs, despite the recommendation in the fire risk assessment, created a risk.

This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to 12(2)(b).

We saw certificates relating to the safety of the fixed wiring system, portable electrical appliances, gas appliances and the lift. These certificates confirmed that all these areas were well maintained and risks to people's safety were minimised. The legionella risk assessment dated April 2015 identified a number of actions required to reduce the risk of legionella and also the risk of scalding. We were informed that these actions were in progress. A log book was kept by a maintenance officer of all repairs needed or problems with the fabric of the building.

Two visitors complained about staff numbers and the availability of staff. This was supported by one resident who said: "Sometimes we have to wait a long time to go to the toilet." However, a resident on a different unit said the opposite: "I don't have to wait for the toilet."

We discussed staffing levels with the registered manager. He explained that staff were allocated to units on separate floors. The three units on the ground floor had one team leader and five support workers during the day. They were supporting up to 36 people. The three units on the first floor were grouped together with the one residential unit on the second floor. Up to 48 people could be accommodated in these four units. Two team leaders and six support workers were assigned to these units on day shifts. The two Intermediate Care Units (ICU) were staffed separately, with four nurses and three or four healthcare assistants on duty during the day. Together they provided accommodation for 25 people.

We saw staff rotas for the week of our inspection and the two weeks either side, which confirmed that the staffing levels corresponded with the figures given by the registered manager. However, staff told us that there had been times when only one team leader had worked a shift on the first floor. One team leader who usually worked on the ground floor told us that they had often had to assist on the first floor because they were a team leader short. A support worker in a different unit also said there was often only one leader on the first floor and occasionally only one in the whole building. As team leaders were the only staff who administered medicines, this put a strain on the system and would mean that medicines took longer to deliver. However, nurses from the ICUs could be called on to provide assistance when needed.

At night there were two team leaders covering the seven residential units, together with six or seven support workers. We saw that there was a higher use of agency staff at night; on three nights during the week of our visit three or four of the staff were scheduled to be from an agency. In the ICU units at night there was one nurse and two health care assistants on duty.

One member of staff said to us: "There are good enough staff when they are permanent but this weekend it was mostly agency. Agency staff are not always suitable." A healthcare assistant working on an ICU unit told us that there were often agency nurses working, especially at night. They added: "They don't take as much responsibility as regular nurses. They can vary a lot. Agency nurses don't help us with tasks like washing and dressing, like regular nurses do."

We discussed the use of agency staff with the registered manager. He told us that the usage of agency staff had gone down. There had been a problem earlier in the year over the recruitment and retention of registered nurses to work in the two ICU units, but this had been alleviated with a change in terms and conditions. He stated that of the roughly 3,150 hours per week currently worked by staff, usually 150 to 200 hours were provided by agency staff. This was a relatively low percentage, which meant that The Peele was not over-reliant on agency staff.

One member of staff told us they were not entirely happy with current staffing levels. They said they did not always have time to sit with people and talk during the day. The registered manager also explained that he did not use a dependency tool to calculate the numbers of staff required. This meant that if a person's needs increased, their unit would not automatically be allocated more staff to help support them. However, if there was a need for one to one support (whereby one member of staff would stay with a resident the whole time to support them), this could be arranged provided it was commissioned by the funding

Is the service safe?

body. We saw that this was happening in the case of one person. Also, more staff could be assigned when a general need was perceived. This had happened recently with a change to assign an extra support worker on both floors for four hours, in order to allow the team leaders more time to administer medicines. A team leader confirmed that this had happened and it had made the process of administering medicines calmer. This showed that where a need was identified the registered manager had introduced more staff.

We looked at the recruitment records for three staff members who had recently started working at the home. We saw that each staff member had completed an application form which requested job applicants to account for any gaps in their employment. Staff had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. 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. In each of the files we checked we found that the staff member's identity had been established and two references from previous employers had been requested. Each of the files contained an assessment and a score sheet of their job interview. This meant that the necessary checks were made to ensure that staff were suitable to work with vulnerable adults.

We asked staff about their knowledge of safeguarding and whether they knew what to do if they suspected or witnessed any form of abuse. We saw from the staff training record that the majority of staff had received training in the safeguarding of vulnerable adults within the last three years. There were about eight out of the approximately 140 care staff employed who had last received the training more than three years earlier. Staff told us they felt confident they would recognise signs of abuse and knew how to report it. They told us they were regularly reminded about their responsibility to report any abuse.

We knew from our records that the registered manager was aware of his duties under the regulations to report safeguarding incidents both to the Care Quality Commission (CQC) and to the relevant local authorities. In 2015 up to the date of our inspection there had been 46 safeguarding notifications received. These related to a variety of events. Many were notifications of medication errors and omissions, others related to incidents of aggression between people living at the home. A few concerned allegations of disrespectful conduct by staff towards residents. We had been kept informed of the outcome of investigations. The registered provider supplied investigating officers from outside the Peele when needed and in some cases disciplinary action had been taken against staff, up to and including dismissal. This showed there was a robust approach taken towards dealing with staff who failed to maintain the conduct needed to keep people safe.

We looked at the ordering, storage and administration of medicines to determine whether they were safe. Medicines were administered by team leaders on the seven residential units and by nurses on the two ICUs. One resident told us: "I always get my medication on time." We observed medicines being administered, and talked with two team leaders about their role. All the team leaders had received training in medicines administration, while the NHS was responsible for training the nurses on the ICU units. We learnt that several new team leaders had recently been promoted, and they had shadowed an experienced team leader in order to learn about medicines. We spoke with one recently appointed team leader who told us they felt fully supported in their new role and confident about administering medicines correctly. We noted, however, that their initials had not yet been added to the list of staff who administered medicines on that unit and recorded their initials on the Medicine Administration Record (MAR) when a medicine was given. This had the potential to cause confusion in the event of a check being made about who had administered medicines.

Medicine trolleys were kept securely on the individual units. Controlled drugs were stored appropriately in line with regulations.

The Peele had for some time, including prior to the appointment of the current registered manager, had a fairly high level of medication errors. The registered manager told us that one of his priorities when he had taken over in January 2015 had been to improve performance in this area. In June 2015 The Peele had switched to a new pharmacy to supply the medicines. Now each person's medicines were supplied in dosette boxes, which are individual containers for storing scheduled doses of medicines. The intention behind the changes had been to reduce the number of errors and also to speed up medicine rounds. The provision of an extra member of staff on the

Requires improvement

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floor during medication rounds had also meant that team leaders were able to concentrate on the task without being called away. This showed that the registered manager had taken action to reduce the number of medication errors to safeguard the health and wellbeing of people who use the service.

We noted some issues with medicines management. Some medicines were prescribed 'PRN' which means 'to be taken as required'. Most people who were prescribed medicines this way had a 'PRN protocol' attached to their MAR or in their care plan. This was an explanation of when the medicine should be offered or given. We found one person who was prescribed two medicines PRN, but there were no PRN protocols for them. This meant there was a risk that they might not be given their medicines at the right time, or conversely might be given them when they did not need them.

We found that one person who was prescribed paracetamol was often refusing it, but this was not recorded on their MAR. They also did not have a PRN protocol for codeine. Finally, we saw that the MAR for one person specified that one medicine, Adcal, should not be taken within two hours of another medicine, Levothyroxine. We asked the team leader how this instruction was followed and they stated that all the medicines were given at the same time. This meant that this person was not getting their medicines as prescribed by their GP resulting in an increased risk of adverse side effects being caused by taking the medicines together.

One of our experts by experience reported that three residents had told him that staff just gave them their medicines and then walked away, without observing whether they had taken them. One person said: "They make sure I have enough water and go." This was a serious allegation, because staff should observe that medicines are consumed and should only sign the MAR when they are certain this has happened. We noted that a previous registered manager had placed on every medication file the instruction "Please make sure you watch people take their medication. You cannot leave them until you are sure they have swallowed their tablets." This meant that staff had been advised to ensure they observed medicines were taken; equally it suggested there had been a problem about this not being done in the past.

The following day we talked with the team leader on the unit where this had been reported. The team leader stated that they might sometimes take a step back after giving the person their medicines, but they always observed to ensure they were consumed. Our conclusion was that residents' perception that they had not been observed consuming their medicines was not necessarily correct. We noted that no-one had suggested that they did not in fact take their medicines.

We considered that these issues around medication were relatively minor. The number of medication errors had to be considered against the size of the home and the volume of medicines being given on a daily basis. There had been some other serious safeguarding issues earlier in the year relating to medicines, including a substantiated allegation that incorrect doses of Warfarin had been given on several occasions. Particular staff who had been involved in a number of allegations had been disciplined and/or dismissed. The change to a new pharmacy and the use of dosette boxes had produced beneficial results with a reduction in the number of medication errors and safeguarding referrals.

The building was clean and we did not detect any unpleasant odours, except for in the downstairs reception area. We checked several toilets which appeared clean, and we saw that people's bedrooms were clean and tidy. One member of staff commented: "Some of the cleaners won't clean the room when the person is in it. I don't think the home is clean enough." But those residents we asked told us they thought their bedrooms were kept clean.

Requires improvement

Is the service effective?

Our findings

The staff training record showed that one staff nurse (out of six) and one team leader (out of 18) and 14 support workers (out of over 80) had received training in the Mental Capacity Act 2005 (MCA) and DoLS (Deprivation of Liberty Safeguards). Staff we spoke with could not recall receiving training in these areas. Staff both on the dementia specialist units and on the residential units required at least a basic understanding of the MCA and of DoLS.

We looked at 15 care files and checked to see whether people's consent to care and treatment had been obtained. We saw for example that where they had mental capacity and could physically sign, people had signed their agreement as to whether or not to have a key for their bedroom. We saw completed consent forms in the care files covering access to the content of care plans, the use of photographs for example on MAR sheets, and sharing information with health professionals. These consent forms were routinely signed by people or their next of kin. However, unless a next of kin has a relevant power of attorney, they cannot give consent on behalf of a person who lacks capacity to consent themselves.

The 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. Mental capacity assessments should take place to assess a person's capacity for each individual decision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Under the legislation a provider must issue an 'urgent authorisation' when they believe they may be depriving someone using the service of their liberty. At the same time they must apply for a 'standard authorisation', to a supervisory body, in this case Manchester City Council.

We 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 that one person had previously been receiving their medicines covertly. This means, when a person who lacks mental capacity refuses to accept medicines, they are disguised in food or drink. For this to happen, a best interest meeting must be held involving a GP; meetings are also often attended by a nurse or manager from the service and the person's relatives. We saw that a question had been raised by a medical professional about the legal basis upon which medicines were being given covertly to this person. There was a letter from a GP, which alone did not constitute a proper basis for giving medicines covertly. There was no mental capacity assessment to determine whether the person had capacity to consent or refuse medicines. There was no written evidence of a best interest meeting. We asked the team leader on the unit about this, and they said they thought there had been a best interest meeting. The person in question was no longer receiving medicines covertly, and in the absence of firm evidence we could not be sure there had been a breach of the regulation which includes guidance that the arrangements for giving medicines covertly must be in accordance with the MCA.

Although there were two units which specialised in supporting people living with dementia, we saw that people in other units also showed signs of cognitive impairment. However, these people had not had a mental capacity assessment, and in most cases we found no evidence that applications for DoLS authorisation had been considered. We saw that one person did have a DoLS application and was protected by best interest meetings and a comprehensive support plan.

When the registered manager submitted information to the CQC in June 2015, it was stated that 36 people at the service were subject to an authorisation under the Deprivation of Liberty Safeguards. We discussed this statement with the registered manager. He explained that what it had meant was that applications had been made for standard authorisations, and in the meantime the service had implemented urgent authorisations. At the

inspection he confirmed that 40 applications for standard authorisations had been submitted in April 2015, but only one had been approved, the day before our visit, which related to a person who was no longer living at The Peele.

This meant that the service was now acting within the principles of the MCA, at least in terms of making DoLS applications when needed. The service had not notified the CQC about any DoLS application being refused or accepted, as they are required to do, but this was because no relevant application had been decided. We studied the provider's policy on 'Mental capacity and DoLS' which set out clearly and accurately the procedures for assessing mental capacity and for applying for DoLS authorisation when appropriate.

The Peele employed a Training and Learning Co-ordinator who oversaw induction training and ongoing training for staff. We did not meet this person as they were absent on the days of our inspection. Staff who had recently joined The Peele told us told us about a comprehensive induction programme, including shadowing a more experienced member of staff for 30 hours and receiving training in core areas. We saw very detailed notes about all aspects of care planning were given to staff and that e-learning was available to supplement these notes.

One support worker told us they had received refresher training in all areas during 2014 but so far had not received any training in 2015. The regional manager explained to us that improving training had been a priority.

We saw the training matrix. This recorded the latest date staff had received training in each area. Staff had received up to date training in core areas such as fire safety, infection control, health and safety, first aid, customer care and communication and safeguarding. The provider offered a specialist course in 'Managing aggression and potential aggression', in other words techniques for dealing with challenging behaviour. This was planned for all staff by March 2016. Team leaders had received training in the administration of medication. We were told that all team leaders would receive further specialist medication training from the provider by March 2016. Other subject areas had been taken by relevant staff. Most care staff had received dementia awareness training, which was appropriate due to the age profile of the people living at The Peele. We noticed that the subject area described as 'Moving and positioning' had a significant number of gaps both among team leaders and support workers. This is a vital area within a residential home. The registered manager told us that these gaps had already been identified. He had arranged for eight team leaders to be trained to assess staff members' competency. Training for all staff in this area by March 2016 was being planned.

One healthcare assistant on an ICU told us they had recently had a supervision session with a nurse, but this was the first such session in 2015. Another member of staff told us they had started working at the home two years earlier and had received one appraisal (January 2015) and one supervision during that time. We saw on other staff files that they had been receiving supervision every three months. This meant they were supported in their work and able to discuss issues with their line manager. They also received annual appraisal reviews. In the information submitted to CQC in June 2015 the registered manager stated that 100% of staff employed for more than two years had received an appraisal within the last 12 months.

We looked at the quality of the food and how well people were supported to have a balanced diet and enough to eat and drink. We observed lunch being served in four of the units.

The catering in The Peele was contracted to a private company which cooked meals in the kitchen on the ground floor. They were then delivered to the nine units in the home. At its most recent environmental health inspection The Peele was given a Food Hygiene Rating Score of 5, which is the highest rating. Score ratings are based on how hygienic and well-managed food preparation areas are on the premises.

We asked people who lived in the home about the food. Their answers varied. One person said: "I can't eat my dinner. It's solid. It's absolutely disgusting. You would send it back if you were in a café." This was in relation to the Welsh rarebit served that day. However, our expert who ate the lunch, commented: "The soup which was pureed and the Welsh Rarebit were both good."

Another person said: "The food is very variable. One or two meals have been very good. You get the odd thing overcooked." Someone else said they would like more choice with their meals. Similarly another person said: "I get what I'm given there is no alternative meal. So I then just have the sweet. Overall not very good."

Visitors' perceptions of the food also varied. One visitor described the food as "good" and said that "choice is

Is the service effective?

given." Two other visitors however said "dreadful food" and "It's terrible. There is never any fruit." Dining tables were set with mats, artificial flowers and cutlery but no condiments. There was no sign of any fresh fruit on display in the dining area.

The Peele operated a menu system whereby people chose their meals the day before. This worked well for some people. One person said: "The menu comes round the day before and I am very happy with the food." However it was a problem for other people who could not remember what they had ordered the next day or changed their mind. We spoke with diners on one unit, and they had forgotten what they had ordered the previous day, and they did not know what their lunch was going to be. The lunch we saw was a choice of soup and a sandwich or Welsh rarebit. Staff told us the system meant that people could not change their choice on the day or when they saw others being served. Staff also did not know what was being served until it arrived. We observed that staff gave people what had been ordered but did not respond to their wishes at the time. However, one resident told us: "The food is good, if I don't like it, they make sure I have something else."

We observed at lunch that one person said "I would like some soup please", but was told she could not have any because there was not a cross against her name (on the menu choice). She was not given any soup even though she said she would like some. This demonstrated an unsympathetic and rigid adherence to the rules.

Individual preferences were not always well catered for. One person asked for brown bread for their Welsh rarebit because they said white bread "can give me a reaction." When the meal came it was on white bread. One resident said they preferred fresh vegetables at each meal but despite requests from care staff the catering staff did not respond to this. Staff also said they had asked that extra portions of both choices be made available to allow people to have their choice at the time of the meal. The catering company had not responded to this request.

In some of the units water or tea was served with the meal. But this was not always the case. On at least one unit there were no glasses on the table and no drinks offered or given. We observed that one person asked for water and after repeating the request six times he was given a glass of water. Nobody else in that unit had any drinks with their meal, although one person received a cup of tea afterwards. Receiving sufficient liquids is vital for people's health. We did see that people were offered drinks at regular intervals during the day. A cold drinks machine was on the hatch in each kitchen and people could help themselves. Many people however would need assistance to fetch a drink and some were unable to communicate their need for a drink.

On one of the ICU units staff told us there was often a shortage of food because the portions were too small. The staff got around this by ordering extra portions from the kitchen.

At our previous inspection we observed on one of the units for people living with dementia everybody received the same meal. It appeared that the menu list had been completed by a member of staff who had ticked the same box for everyone. Although we did not see the same happening this time, the same system was in operation and it was possible that people's choices were limited. We also recorded last time that the registered manager told us that the catering company was planning to create photographs of dishes which would help people, especially those living with dementia, to choose between different meal options. We did not see any such photographs on this visit.

We considered that The Peele was offering adequately nutritious meals and drinks for the people living there, and there was no breach of regulations. However, it could do more to make eating a more enjoyable experience for many people.

We recommend that the provider researches ways to improve the eating experience at The Peele.

We noted that diet and food intake was monitored where weight loss had been identified as a risk. At the date of the PIR 10 people were assessed to be at risk of malnutrition and/or dehydration. Where this was the case people were given supplements and a fortified diet. People's weight was being monitored monthly if it had been identified as a risk. We saw that one person had lost 3kg in one month and their weight was still only being monitored monthly, whereas we would have expected more frequent checks.

We saw on care files that people had regular access to healthcare professionals to look after their holistic health needs. Records were kept of visiting healthcare professionals including the district nursing team, opticians, GPs, chiropodists, the mental health team, physiotherapists, speech and language therapists,

Requires improvement

Is the service effective?

dieticians and the audiologist. People also went regularly to the dentist. We noted that the podiatrists on the day of our visit were offering diabetic foot screening, risk assessments and support with ulcers as well as routine foot care.

The units which specialised in supporting people living with dementia were not decorated according to best practice. The Peele had made some changes since a previous inspection which had focused on the needs of people living with dementia, for example by installing black toilet seats which are easier to see. However, doors were not in different colours, there was no signage to help people navigate and the décor did not reflect an era which might stimulate memories. Memory boxes (small boxes usually outside bedroom doors containing a family photograph or memento) were in use on the dementia units. However we noted that people diagnosed with dementia also lived on other units in the home and memory boxes were not in use there. The registered manager told us there were plans to improve the environment for people living with dementia.

We recommend that the provider implements the latest research on providing a suitable physical environment for people living with dementia.

Good

Is the service caring?

Our findings

We looked at the compliments book on reception which contained comments both from people using the service and from relatives. Within 2015 these comments included: (from someone who had stayed on the ICU) "I have found staff very kind, and caring and truly lovely." A district nurse had written about the ICU: "Staff are very helpful, the surroundings extremely good and the facilities." Relatives of people in the residential units had written: "My dad is happy and content. Thank you to all of the staff", "Exceptional care. Mum is thriving, very happy. Started a new and very happy chapter in her life. Care is first class as are the staff", and, "Dad is his usual happy self due to the excellent care."

There was a record of a compliment paid by a grandson of a resident who described staff as "Faultless and delivering a high standard of care." Another family member had written "What was most remarkable was the level of kindness, empathy and genuine concern." They had praised a particular team leader.

We met two visiting podiatrists who told us: "This is an excellent home. The staff are great."

We also met two sets of visitors who asked to speak with us. Both expressed criticisms of aspects of the care their relative was receiving. One complaint was that clothing was constantly going missing, despite the family being willing to take them home to wash them and putting labels on everything. They had put a note on the inside of the door saying "Don't send clothes to the laundry", but they said this had often been ignored. We checked the relevant care plan which did not carry any instruction about separating that person's laundry. As a result, they said, their relative had almost no clothes to wear at one stage.

We raised this issue with the registered manager who agreed to meet with the family. We understood later that this meeting did take place, although not as soon as the family wanted. The registered manager explained to us that it was not practical for the family to take all their relative's clothes home for washing because items of clothing would not be returned in time. He added that he had introduced new systems in the laundry which had reduced the number of times when clothes went missing, but that with a home of this size it was difficult to eliminate such incidents.

The other pair of visitors also complained about the loss of items of clothing, about unchanged bed linen and the lack of uniforms worn by staff. The registered manager had explained to us that The Peele was going through a transition to all staff not wearing uniforms. They could wear name badges but these were not compulsory. The idea, he explained, was part of encouraging staff to develop meaningful relationships with residents rather than focus on tasks. There had been consultation with residents and their families. A problem with this approach we perceived was that it was not always easy to distinguish staff from visitors, and it could be disorientating for residents, if they could not immediately identify staff.

We observed staff were very busy but frequently paused to speak to people and check whether they required support. When directly supporting people staff behaved in a patient, unhurried manner and spoke with them in a friendly, caring fashion. We saw staff knocking on bedroom doors before entering. Staff we spoke with said they always closed the door and curtains whilst giving personal care and placed a towel over the person's body, to protect their dignity and privacy.

During our inspection we observed a situation of tension between two residents who got in each other's way. We saw a member of the care staff defuse the situation very calmly, by escorting one of the people to another part of the room. This was an example of good care, demonstrating patience, kindness and understanding.

The registered manager explained that his philosophy of care, which he was trying to encourage in the home, was to support people to be as independent as possible. One example he gave was that The Peele was not using bed rails at the time of our inspection. These are raised sides to the bed which prevent people falling out, but also stop people getting out of bed independently. He said The Peele was using other techniques in preference to keep people safe in bed, primarily beds made by a certain manufacturer which could be lowered very close to the floor. In conjunction with the pressure mats mentioned earlier in this report, these were designed to maintain people's freedom to get up independently, so far as they were able. We saw these beds in bedrooms during our inspection. We would observe that a policy of never using bed rails may not be appropriate in all cases, and that person-centred care involves an assessment of each person's specific needs, which may for some people include bed rails.

Good

Is the service caring?

Staff told us that residents were asked where they would like to sit, what they wanted to do, what they wanted to wear, whether they wanted support or not, and what time they wished to get up. Three residents confirmed to us that they could go to bed and get up when they chose. We saw that the bedrooms and bathrooms were pleasantly furnished and contained many personal items such as photographs, pictures and soft toys on the floor. All of these can create a sense of belonging and enhance people's wellbeing.

The Peele was accredited with the Six Steps programme. This is an end of life programme in the North West, designed to enable care homes to improve end of life care. Approximately 35 staff had received specialised training in palliative care. At the date of the PIR five residents had a DNAR form in place. This is a form which instructs staff and healthcare professionals not to attempt to resuscitate people in the event of a cardiac arrest.

However, the registered manager told us that in some cases people who were reaching the end of life had to move to a nursing home. We were concerned about whether people were aware of this practice and whether their preferences were requested and followed. We saw in end of life care plans details of whether people wanted a church service, whether they wanted a burial or cremation and which family member would make arrangements, but we saw no recorded discussions about where they preferred to die.

The family of a resident who had passed away in The Peele in February 2015 had written a tribute to the care provided: "We all feel very blessed that Mum had a place here at The Peele – the level of care, love, patience and resilience of your staff is something to behold. You have a wonderful team here providing outstanding care. Mum's last 24 hours were full of tender care – staff popping in to see her, hug her and kiss her forehead. The staff were with us in the final journey and we really appreciate all they did." This was a testimony to excellent care for someone at the end of their life.

Good

Is the service responsive?

Our findings

We looked at 15 care files in total with a view to seeing how well The Peele delivered person-centred care. We also reviewed the provider's very detailed guidance notes for staff on completing all sections of the care plan.

One aspect of person-centred care is to build up a detailed history of a person's past life, in order to enable staff to develop a meaningful relationship with them and to understand what and who is important to them and how they want to be supported. Care files had a 'Getting to know me' section in which information about the person's history, their relationship circle and their hopes for the future were recorded, enabling care staff to build rapport with the person concerned. It included information about what was working and what was not working for people, broken down into ten 'outcome areas'. The information was used to personalise people's care plans.

We saw evidence on some care files that both residents and their families were involved at the time of pre-admission assessment and contributed to the recording of people's choices, preferences, and support needs. However, this had not always taken place. Two visitors we spoke with were not sure whether they had been consulted about the care plan of their relative, and added they had not met the current registered manager of the home (who had been in post since January 2015).

The initial care plan was produced by the team leader following the pre-admission assessment. All the care plans we reviewed contained pre-admission assessments. Each one included an assessment of needs and notes on preferences for food, getting up and going to bed and communication abilities and needs.

Care plans were thorough. People's needs were specified under the headings of eating and drinking, night routine and sleep, maximising independence, oral hygiene, falls, catheterisation, managing pain, anxiety, sensory impairment, socialisation, finances, medication and skin integrity. We saw that the instructions for supporting each person were detailed and individualised such as "Do not rush or outpace him" and "[Name] requires reassurance from staff when she returns from outings with her daughters as she can become distressed and confused."

The home's policy set out a timetable for reviews: an initial review within 6 weeks of the resident arriving in The Peele, followed by monthly reviews by a named keyworker, a 6 month 'outcomes review' and an annual person-centred review. We saw from care plans that they had been subject to regular review, usually monthly. The reviews were undertaken by the individual's keyworker. Lists were posted in each unit to remind keyworkers which residents they were responsible for. However, we found evidence that not all care plan reviews were up to date. One care plan had no record of having been reviewed between January 2015 and April 2015 or since July 2015. Another had not been reviewed since April 2015 and a third not since November 2014. We noted that following a review a social worker had recorded "Only issue is care plan needs updating/ reviewing."

We raised this question with the registered manager who told us that sometimes staff vacancies meant that care plan reviews were not done. The obvious solution to this would be to ensure that the keyworker role was re-assigned when staff left or were on extended leave.

We saw evidence that relatives and people with Power Of Attorney were taking part in care plan reviews.

Daily notes or 'communication sheets' were completed at least three times a day to record events as they occurred. Different headings were used, as required, namely socialisation, diet and fluid, position and change, bath and shower, bowel charts (when relevant), body mapping of injuries and ABC charts (these are used to record any incidents behaviour that might challenge others, to try and identify triggers and trends). We saw that these communication sheets were in use on people's care files. Completion was not always regular. On one person's bath and shower sheet we saw the last entry was on 5 August 2015 – four weeks prior to the inspection. We asked staff about this who said that the person definitely had had a bath or shower since then and it must be recorded somewhere else, although we were not shown where.

On the ICUs documentation provided by Wythenshawe hospital was in use. This included a patient information sheet, a nursing needs assessment, a rehabilitation assessment and a range of risk assessments. The care plans were shorter than on the residential units and more focused on short term rehabilitation and discharge planning. A treatment plan was devised by therapists

Good

Is the service responsive?

(occupational therapists and physiotherapists in the main) with weekly therapy goals. Two sets of progress notes were kept by nurses and the medical teams. We found that these care plans and records were of a high standard.

On the residential units we saw that information about people's preferences recorded in their care plans was translated into action. For example, we noted that one person preferred care to be given by female staff and we saw this preference was respected during our inspection. Another person liked to wear long dresses and again we saw she was doing so.

With regard to involving relatives, two people visiting a resident living with Alzheimer's, said that they had not been informed that the resident had had a fall or that a doctor had been called. They told us that they had found out by chance. This showed that family members were not always involved in their family member's care.

We asked people living in The Peele and their relatives about the activities that were available. Residents told us about a variety of activities. One said, "I do puzzles and listen to the radio." Another said, "I like playing games, bingo, watching the entertainer. There is one entertainer who is coming with animals next Tuesday." Other people they told us they preferred not to get involved, "I read magazines; I don't go to any home activities. I can't stand arguments."

We saw the weekly plan of activities which included events on each day of the week. The Peele employed two activities co-ordinators, one of whom we met. Staff told us the co-ordinators organised bingo, card games, films, jigsaws, walks around the home and through the gardens and outings on a canal boat and to Blackpool. One of the large meeting rooms on the first floor of The Peele could be used as a cinema to show films on a big screen. The second day of our inspection was advertised as an Alzheimers Day when everyone was asked to wear something blue. We saw many staff and a few residents getting into the spirit of the event.

One staff member commented that "There is not much in the way of activities here." Another member of staff shared the same view: "Activities are poor. The two activity staff do not come onto the units except with the sweet trolley." This matched our perception that in some of the units people were sitting or dozing with not a lot to occupy them. But one of these people said "I choose not to take part in any activities." We found that there were more activities suitable for people on the residential units, than for those living on the dementia specialist units.

We noted that units varied in the amount of stimulation being provided by staff. Most of the residential units had music playing in the background or a TV programme to watch. However one of the units, Brinkshaw, was particularly active with staff playing card games, encouraging people to sing along to traditional folk songs; a jigsaw was on the table and people were reading newspapers or magazines.

One of the activities co-ordinators' roles was to keep the toiletries trolley stocked and to ensure that everyone in The Peele had access to fresh toiletries (for example, toothpaste, shower gel). These had to be paid for as they were not part of the care funded by local authorities. We asked what happened if a resident could not afford to pay for these items. We were told that staff, in particular keyworkers, ensured that everyone received the basic toiletries they needed, funded by money raised within The Peele. This was a good example of the staff responding to people's needs.

We asked people whether they attended residents' meetings. One person said: "I don't go because I'm not sure that there is one." Other people were not sure whether such meetings happened. We asked to see minutes of residents' meetings and were shown minutes dating from early March 2015, and another set from 1 June 2015. They were held on individual units, for about 12 residents at a time. We saw they had been offered a vote about whether or not staff should wear a uniform – as previously mentioned, uniforms were being phased out at the time of our inspection. They were also asked to comment about whether staff should wear name badges. This showed that residents were consulted about issues in the home.

Staff members told us they tried to resolve complaints immediately but if this was not possible they consulted their line manager. When people complained about the food at lunch we heard staff responding by saying they would report the comments to the kitchen but they offered no apology.

We looked at the record of formal complaints. We knew from the PIR that in the calendar year to 1 June 2015 there had been 14 formal complaints submitted. At the

Good

Is the service responsive?

inspection the registered manager told us there had only been five so far during 2015. This showed that there had been a reduction in the number of complaints in 2015. We looked at the complaints received in 2015. We found that they had been dealt with courteously and promptly, except in one case where the response had been delayed. The registered manager told us that the delay was due to the time it took to arrange a meeting with the complainants to discuss their concerns.

We asked whether any lessons had been learned from these complaints. The registered manager explained that because there had been relatively few complaints in 2015 and they had related to different areas, there had not been any trends or general lessons to learn. He added that in the past there had been many complaints about the laundry and clothes going missing which was why he had implemented a new system in the laundry.

We were satisfied that there was an effective system for dealing with complaints.

Good

Is the service well-led?

Our findings

Most staff, residents and visitors we spoke with were satisfied with The Peele and the way it was being managed. A resident said: “I’m quite impressed. I would recommend it to others.” One visitor said “I can’t fault it.” When asked whether the registered manager was approachable, people gave mixed reactions. One visitor said “Yes I see him a lot.” But another person said: “He tends to stay in his office.”

A pair of visitors who were very critical of the home said: “It's not very good - it’s gone down and down”. They complained about medication errors and one visitor said they had recently found tablets on the floor of her mother’s room. They both agreed that, “The place used to be much better.” However, most of the 13 visitors we met were very positive and complimentary about the home and the standard of care provided.

The registered manager had taken over from his predecessor in January 2015 and had become registered with the CQC in April 2015. He informed us that he already knew he would be moving on to another post in January 2016. This meant that there would be a loss of continuity in what was a large and complex service. We discussed this also with the regional manager who was present on the second day of our inspection. She conceded that it was not ideal for the registered manager to be moving on so swiftly, but assured us there would be a planned handover to his successor, and that she would be exercising a close monitoring role.

Because of the size of the service a lot of responsibility rested with the team leaders. There were ten day team leaders and eight night team leaders. They were responsible for three or four units during their shift, and as well as administering medication they ensured that people’s needs were being met. We learnt that when there was a particular reason a team leader would be assigned to stay on a particular unit. Two visitors who in other ways were critical of The Peele spoke very highly of one team leader, describing them as “excellent”.

We spoke at length with two team leaders during our inspection. They told us they felt supported by the registered manager and also by their colleagues. One said, “I had a concern yesterday and the manager was good, he gave me a solution.”

The registered manager shared with us his and the provider’s vision for developing the service. He said the intention was to develop more personalised care and to enable staff to develop more meaningful relationships with residents. The registered manager gave this as the reason for the move to staff not wearing uniforms, which was due to apply to all staff the week after our inspection finished. He was also planning to change staff job titles from ‘day care assistant’ to ‘care and activity worker’ in order to highlight that the job was not only about meeting personal care needs but about providing activities and stimulation for people living in The Peele. He added that it was more difficult to implement changes in the ICUs upstairs because some of the staff there were employed by the NHS, not by the provider. Nevertheless, the provider was responsible for the whole service.

Staff meetings were held quarterly. Because of the number of staff two separate meetings were held each time. We saw minutes of staff meetings held in April and July 2015. The April 2015 meeting was the first led by the current registered manager. The registered manager stated he wanted an open culture where staff felt able and comfortable to share concerns. At the July 2015 meeting the registered manager had shared the provider’s plans with staff. This particular meeting was held for staff on the first floor. The registered manager explained developments and related them to the implementation of the Care Act 2014. He explained that the planned change in the job title also meant a change in job description and that it would alter how staff supported people. This meant that staff were fully informed about planned changes and the provider’s reasons for introducing them. The registered manager had also taken the opportunity to reinforce the message about getting medication administration right.

We saw evidence that a range of audits of the quality and safety of the service were completed both by the registered manager and by the regional manager and other staff of the provider. The registered manager was required to produce a detailed monthly clinical governance report to the provider, about significant events such as falls, medication errors, any pressure sores, weight loss, safeguarding concerns, hospital admissions, any deaths, and management information about staffing, bed vacancies and related matters. The regional manager told

Good

Is the service well-led?

us that this information was analysed at head office and any unexpected data was investigated further. This meant that the provider was monitoring the quality of the service and its performance.

Weekly medication audits were carried out on each unit. The pharmacy which supplied medicines to The Peele did an independent audit every month. We saw this was detailed and informative. Every six months the service used a 'service quality assessment tool', an in depth audit which recorded progress and problems in multiple categories, similar to those in the monthly clinical governance report. Based on the findings action plans were produced and their implementation monitored.

In relation to falls, the registered manager told us that the provider was developing a programme to collate data from all its services with a view to improving its falls prevention strategy. Earlier in the year following a serious safeguarding incident it was identified that one motion sensor was faulty, although the fault had not caused the incident itself. The provider had responded positively by replacing motion sensors with pressure mats in The Peele and in six other homes as well. There were now 60 pressure mats in use at The Peele. This demonstrated an active approach to dealing with problems and preventing a recurrence.

As a registered service The Peele was subject to registration requirements to report notifiable events to the CQC. These include serious injuries, deaths, DoLS applications that had been authorised by the local authority and safeguarding events. The registered manager and the deputy manager had reported these events to us during 2015 in sufficient detail and had also responded to requests to supply updates and outcomes.

We knew from having been present and from minutes of meetings that the registered manager participated positively in safeguarding meetings held by the local authority and demonstrated a willingness to learn from experience. Although there were ongoing issues, particularly over medication errors, the positive steps taken in 2015 had reduced their number and significance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment were not provided safely because equipment was not safe for its intended purpose. Call bells and pressure mats could not be used in the same room. Regulation 12(1) with reference to 12(2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks of fire or other untoward events because individual emergency evacuation plans had not been written. Regulation 12(1) with reference to 12(2)(b)