

Community Integrated Care The Peele

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Peele is a care home providing personal and nursing care to 62 older and younger people and people living with dementia, at the time of the inspection. The service can support up to 108 people.

The Peele is a large adapted building consisting of nine separate households. At the time of the inspection, three households were closed. Two of the households supported people with nursing needs.

People's experience of using this service and what we found

People felt safe while living at The Peele. Medicines were safely managed, and people received their medicines as prescribed. Risks were assessed, monitored and reviewed. Staff were recruited safely and oversight of the recruitment processes had been greatly improved. People felt there was enough staff on duty and people were supported by a consistent staff team. The health and safety of the premises was continually reviewed. The home was clean and housekeeping staff worked hard to prevent the spread of infection.

Staff received appropriate induction, training and supervision to enable them to carry out their job role. Staff told us the training was good and they had received robust training to enable them to effectively complete care plans. Assessments of needs were completed to ensure the service could meet people's needs. People were supported to eat and drink with dignity. Choices around food and drink were captured in care plans. People were complimentary of the food. People's personal health was regularly monitored and referrals for health interventions were requested promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People's and relatives' comments echoed this. Staff were aware of people's needs and preferences and had been involved in developing people's care plans which enabled staff to get to know people better. We saw kind and dignified interactions throughout our inspection.

Care plans captured people's needs, choices and preferences. Care plans were regularly reviewed. Life histories had been formulated in conjunction with families and staff which had promoted conversations between the staff team and the people they support. Activities had improved and activities were based on people's preferences and needs. The home had built links with local schools to enable people to interact with the young. Complaints were listened and responded to. People were supported effectively at the end of their life.

The registered manager had been supported by the wider management team to improve the home since

the last inspection. Improvements in care planning, medicines and oversight meant the home was now meeting the regulations of the Health and Social Care Act 2008. The staff team were complimentary about the work that had been undertaken to improve the home and consistently told us the registered manager had been at the helm of the improvements and they were well supported. Quality monitoring audits had improved and were regularly completed which gave a greater oversight of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 5 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 5 October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Peele

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors and an assistant inspector on the first day of inspection and three inspectors, an assistant inspector, a medicines inspector and medicines support services on the second day of inspection. An Expert by Experience attended for both days of the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Peele is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, the residential manager, the regional manager, the head of nursing, two nurses, four team leaders, 11 care workers and kitchen staff.

We reviewed 10 care plans and associated risk assessments. We looked at the management of medicines and medication administration records. We viewed quality audits and analysis, five recruitment records of newly employed staff and information relating to the health and safety of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

After the inspection we spoke with the local authority performance and quality improvement team who had been supporting the home since the last inspection who validated our findings on this inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found medicines had not been safely managed on the intermediate care household. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection, there had been positive changes to the management of medicines which had been sustained and further procedures put into place to ensure people received their medicines as required and in a safe manner.
- Drinks thickened with thickening powder were now recorded accurately on a fluid chart making it clear when a drink needed to be thickened.
- Medicine patches that needed to be rotated to different areas to reduce side effects were recorded correctly on a body map.
- Medicines administered to the skin by carers were recorded on a Topical Medicine Administration Record (TMAR). Some of the TMARs had not been completed fully, however the home had highlighted this in their own medicine audits, which was added to an action plan and discussed at team 'safety huddles'.
- Medicines being given 'as required' had care plans in place for staff to know how they should be given. We found 'as required' medicines given to reduce anxiety, did not explain how to use other de-escalation techniques before the medicine was given. The provider changed this on the day of the inspection to improve how this was managed. De-escalation techniques such as talking or diverting attention can sometimes reduce the need for medicines for anxiety or agitation.
- We sampled a selection of medicines from each household which showed stock levels to be correct.
- Regular audits of medicines across all households were in place and highlighted areas for improvements. This meant the provider was continuing to monitor and improve the safe management of medicines for the people they supported.
- People told us they felt safe with the management of their medicines, one person said, "I take my tablets and they (staff) stand right next to me to see that I have taken them."

Staffing and recruitment

At our last inspection, we found the recruitment of staff was not always completed safely and there was high use of agency workers who had not been inducted to the service. We also found staffing levels on some households were not sufficient. This was a breach of regulation 9 (person centred-care) and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9 and 19.

- The home was now fully recruited of permanent staff members and staff were recruited safely with appropriate pre-employment checks in place. Monthly checks for nursing staff were also in place to ensure they remained valid to practice.
- Since the closure of three households, the deployment of staff to provide consistent care to each household had improved and staff told us this had enabled them to get to further know people living at the home and form relationships. Rotas showed consistent levels of staff on duty. One staff member said, "There is now no agency, this is a massive change. It has 100% benefitted the residents the most, they recognise the staff more."
- We spoke with the registered manager to ensure staffing levels would remain appropriate should the three households reopen, and they told us dependency levels and deployment of staff will be continually under review.
- People told us staff were responsive when they needed them. One person said, "I ring the buzzer if I want something, they are there straight away." A relative said, "There is always staff around and there is an improvement, it's regular staff now."

Systems and processes to safeguard people from the risk of abuse

- People felt safe while living at The Peele. People and relatives told us they felt comfortable to raise any concerns they had in relation to the safeguarding of vulnerable people.
- Staff received training in safeguarding vulnerable adults from abuse and could describe what action to take should they suspect such concern. All staff said the management team would act on any concerns they had.
- Comments from people included, "I do feel safe because I know I won't come to any harm here!", and, "I feel very safe, I love it here." A relative told us, "They look after [name] well. [Name] is safe enough here, I have no worries about that."

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and reviewed.
- Improvements to the risk assessment document meant the quality of information in the assessment had improved and staff were able to describe any risks and how to mitigate them.
- Where people were at risk of falls, a multifactorial falls screening tool was used to look for patterns and themes and identified actions to be implemented to reduce the risk.
- A relative told us, "[Name] had a few falls as they forget what they are doing so they (staff) have to watch them. They have put a sensor mat down."

Preventing and controlling infection

- The home was clean and well maintained. Hand washing facilities were available as well as additional hand gels for staff and visitors to use.
- Housekeeping staff worked hard to ensure the home remained clean and aimed to reduce any risk of infection being spread. Protocols to manage any outbreaks were up to date and information was regularly shared with staff to enable them to be aware of the latest updates and guidance.
- People commented positively on the cleanliness of the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for patterns and themes.
- The registered manager had oversight of the accidents and incidents and these were shared with the

wider organisation for auditing purposes and to review the homes response.

- Where people had been involved in an accident or incident, we saw prompt responses for support were given and medical assistance received where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements had been made for inducting newly recruited staff and they now received a robust induction and training.
- Staff received training appropriate to their job role and told us the training enhanced their learning.
- Training was regular and, more recently, staff had been provided with care plan training which had enabled them to contribute to person-centred care plans.
- Clinical training for nurses was good and expanded their skills.
- Staff received regular supervision from their line manager and were able to receive constructive feedback on their performance.
- The staff team had a range of paid and life experience to work at the home and were employed based upon their values to safely and effectively support the people living at The Peele.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritious and balanced diet. The main meals were bought pre-prepared and heated by the home's kitchen staff. The meals were nutritionally balanced and were provided in alternative forms such as soft or pureed diet.
- People were given choices to the meals they preferred and regular snacks and fresh fruit were available.
- We observed breakfast and lunch and saw people enjoyed cereals and toast as well as a cooked breakfast. Condiments were provided at each meal time along with hot and cold drinks.
- Care plans captured people's preferences for food and drink and any cultural requirements. Staff were aware of these preferences and could describe who needed support with any swallowing difficulties and what support was provided.
- We observed people being supported to eat and drink with dignity.
- People told us, "The food is good, you get a choice and if I don't like it, they find me something else", and, "In the morning, I have cereal or an egg butty. I get plenty to eat and drink, there are snacks and biscuits". A relative said, "[Name] has tried lots of food, staff sit with them for hours (getting the person to eat and try foods).

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to be as healthy as possible and we saw timely referrals for healthcare support such as dieticians and physiotherapists.

- Records of visits were kept, and staff followed up any information with health professionals and families.
- Staff supported people with their oral health and detailed assessments were kept and every care file we viewed showed each person was registered with a dentist.
- Where there were concerns with skin integrity, staff re-positioned people and sought support from district nurses or tissue viability services to ensure skin remained as healthy as possible.
- When people were admitted to hospital, the staff sent a handover of information about the person to update the hospital about any conditions, communications, mobility and medication details. This helped the hospital to have up to date information about the person.
- One person told us, "If I don't feel well, I tell the nurse and if I need a doctor, they get me one." A relative told us, "They are more on the ball for calling the GP and we get regular updates, we had to remind them before."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Capacity was assessed and where people lacked capacity, a referral to deprive the person of the liberty was made.
- Specific decisions had been made in people's best interests and people and their relatives had been included in the decision making.

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

- People received a holistic assessment to ensure the home could meet their needs.
- Assessments captured people's needs, choices and preferences and staff told us they were able to read people's information before they came into the home.

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

- People were able to personalise their bedrooms and rooms were able to accommodate specialist beds and moving and handling equipment.
- Passenger lifts transported people between floors and there were gardens to the side and rear of the building. People could attend a large activity room and the library should they wish to and the building was fully accessible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection, we found there was a lack of information about people's life histories, cultural needs, communication needs and inconsistent involvement of families reviewing care plans. This was a breach of regulation 9 (person centred-care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives were very positive about the staff team and told us staff were very caring and respectful.
- Relatives had been invited to meetings to contribute to care plans and build life histories for people and staff told us they had really enjoyed learning about people's history. We saw staff had learned one person had moved to the UK from another country and staff began to collect memorabilia and play music from the person's childhood days. Staff told us, "This had brought tears to the person's and staff's eyes." A relative told us, "We know about [name's] care plan, we had a meeting today and the knowledge of the staff was superb."
- The home had supported people whose first language was not English to access technology and other communication strategies which had been effective and allowed people to feel less isolated. Staff were very complimentary about this as they had also learned phrases from different languages and were keen to tell us how this supported each individual.
- Care plans had improved and now contained detailed information about people's communication and cultural needs and people were supported to be involved with groups from their own faiths.
- Comments about the staff from people included, "They are all so kind and caring, if I ring the bell, they come straight away", and, "I get on very well with the staff, they are very friendly, and you can have a bit of fun with them."
- Relatives told us, "They (staff) are very good with [name]. Very caring", and "I am not here all the time, but I can see [name] is clean and well-kept."

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as possible. Staff confirmed this and told us, "If it takes a bit longer, it's worth it as we want people to retain their independence."

- One person told us, "I can dress myself but if I need help, I just have to ask but they encourage me to do as much as I can, and I like that."
- Interactions between people and staff were dignified. Staff called people by their preferred name and ensured personal care was delivered behind closed doors and with dignity. One person said, "They (staff) knock on my door, even if it's open, they don't barge in."
- A relative told us, "They treat [name] with dignity and respect. They know [name's] interests and got them looking at family photos which engaged conversation."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, care plans were not person centred and did not contain enough information about people's needs. This was a breach of regulation 9 (person centred-care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans had hugely improved and new care plans had been developed in conjunction with people, their families, staff and professionals.
- Care plans were personalised to each individual person and captured routines, choices and preferences. Each plan linked together to form a holistic view of the person and the support required. Daily notes were detailed and captured the care and support provided.
- Staff were able to describe how to care for people according to the care plan and told us they were happy to be involved in care planning as this enabled them to get to know people better.
- People and relatives confirmed they were involved in care planning and reviews, one person said, "I just go to one of the girls or ask [registered manager]."
- Staff told us, "We were given time to write the care plans, get them right and get them better", and, "We're a lot tighter on the paperwork and the way we record things." This was evident in the daily notes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection, care plans did not contain information for staff to effectively support people whose first language was not English, to effectively communicate. This was a breach of regulation 9 (person centred-care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Information for people where English was not their first language was now available and the provider had sought support from translators to facilitate this which promoted effective communication between the

person and the staff team.

- The provider used signage to aid people to coordinate themselves such as highlighting where bathrooms and bedrooms were.
- Information could be provided in other formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to.

At our last inspection, there was a lack of organised activities to stimulate people. This was a breach of regulation 9 (person centred-care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had been consulted about activities and a programme of activities had been introduced based on people's preferences.
- The provider employed activity co-ordinators who were enthusiastic about their role and the support they received to improve activities.
- Activities were varied and included table top games such as dominoes and bingo, arts and crafts and exercises. Cabaret artists regularly performed to people living at the home and special days such as Valentine's Day and Christmas were celebrated.
- During the inspection, we observed some students from a college visit. One played the piano accompanied by a person living at the home while others sang long. Another student played dominoes and one person told us, "I always have my dominoes ready for when they (the students) arrive." A local primary school also visited each Friday and performed with their choir, held film afternoons and built relationships with people in the home.
- People were supported to receive visits from their chosen religious clergy and people were excited to tell us about 'The breakfast club' where people met for a full English breakfast and a catch up!

Improving care quality in response to complaints or concerns

- Complaints were listened to and responded to in a timely manner.
- People and relatives told us they felt confident to raise any concerns they had, and they would be acted upon.
- One person told us, "I am very happy, I have nothing to complain about", and a relative told us, "I have no problems with how [name] is looked after."

End of life care and support

- People were supported to remain at the home at the end of their life.
- People and their families had been involved in end of life planning with staff and health professionals to enable them to facilitate high quality end of life care.
- Personal preferences for how people should be supported at the end of their life was captured in care plans and staff could describe how these needs would be met. For example, staff could tell us which people had requested to be resuscitated should a cardiac event occur.
- A relative told us, "I have been involved in planning for [name's] end of life care."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we found the provider did not have enough quality monitoring and oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, the registered manager and the wider management team had reviewed systems and processes at The Peele and developed action plans to improve the home and meet the regulations of the Health and Social Care Act 2008.
- It was evident this process had identified new ways of working and the provider had implemented new systems in care planning, the management of medicines as well as having thorough oversight of the service. Staff told us they felt the home had turned a huge corner and comments included, "It's been the consistency of [registered manager]" and "The improvements were much needed. [Registered manger] has delivered on everything. We have been brought together as a team and fully involved and that is the key here. We can go to [registered manager] at any time, they listen, they advise, they lead."
- The quality assurance systems in place captured any trends or concerns, for example, in falls or weight loss and actions were quickly identified and implemented to address the concerns.
- Staff felt well supported and had been given supervision and direction and had been included in the improvements within the home, which gave staff a sense of achievement and ownership. Staff told us, "We have had a lot of supervision and have been included in implementing the changes for the better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection, the registered manager and staff team had encouraged children from local schools to visit the home with teaching support and some people had been supported to visit the school. This has promoted communication and confidence for both staff and pupils.
- People, staff and relatives had been involved in care planning which had enabled the plans to be truly person-centred.
- A relative told us the provider had worked hard to implement improvements to their relative's care and their relative was happy at the home.
- Staff told us they felt listened to and any concerns or questions raised were acted upon. One staff member said, "[Registered manager] has been here over a year now. They drive the staff, listen to the staff, puts

changes in and has stayed with us."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service offered a person-centred and open culture. People, their relatives and staff's echoed this in their comments
- Staff told us the registered manager and the wider management team had been consistently visible across the home with daily walk arounds and some members of the team staying into the evening to support night staff.
- Regular meetings were held with staff, people and their relatives including a daily safety huddle where the heads of departments met to raise any concerns or information to be aware of. This was then fed back to the staff teams.
- The provider had been supported by the local authority, performance and quality improvement team to improve their overall rating. The provider also worked with health and social care professionals to ensure people received high quality, personalised care.
- Relatives told us, "[Registered manager] makes you feel welcome and they are very approachable", and "This is a homely accommodating, safe place for [name] to be in. A wonderful place."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest and had continually shared with us the improvements the home had been making prior to the inspection.
- Any incidents which needed to be reported had been done so as appropriate and families told us they were continually kept updated with changes in their relative's health and well-being.