Community Integrated Care

The Peele

Inspection report

15a Walney Road
Benchill, Wythenshawe
Manchester
Greater Manchester
M22 9TP

Tel: 01614908057
Website: www.c-i-c.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 6 and 7 June 2018 and the first day was unannounced. At the last inspection in September 2017, we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person centred care, need for consent, safe management of medicines, training and professional support, governance systems and safe recruitment processes. We took enforcement action and served two warning notices in relation to Regulation 11 (need for consent) and Regulation 17 (good governance). In April 2018, we invited the provider to attend a meeting to discuss the action that would be taken to improve the service offered. We discussed their action plans for how these concerns would be addressed.

At this inspection in June 2018, we checked and found improvements had been made in the following areas: person centred care, need for consent, training and professional support and recruitment processes. However we found on-going breaches of the regulation relating to the safe management of medicines and good governance which had been identified at the previous three inspections carried out in May 2015, January 2017 and September 2017.

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

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

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

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

The Peele is a purpose built care home that is registered to provide care and accommodation for up to 108 older people. At the time of this inspection there were 96 people living at the home, across eight units or households (the term used by people living there and staff). The ground floor households were Rushey Hey, Hollin Croft and Brinkshaw; on the first floor – Dove Meadow and Park Acre and on the second floor, Etchells, Clover Field and Stoney Knowll, the latter provided intermediate care to people requiring short term rehabilitation usually following a hospital stay. Stoney Knowll was a partnership arrangement between the provider and Manchester University NHS Trust (formerly the University Hospital of South Manchester).

The home is situated in a quiet residential area of Wythenshawe in south Manchester and set within its own grounds which include an accessible garden area and onsite parking. Bedrooms were en-suite facilities and there were communal bathrooms and toilets on each floor. Each household had its own lounge and dining area and a small kitchen.

The service had a manager who was registered with the Care Quality Commission since April 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The care home had had a series of different managers over the last four years. This lack of stability had had an impact on the governance of the service and was evidenced by audit and improvement processes not being sufficiently robust to ensure the provider and registered manager effectively monitored the quality of care provided.

Previously closed units had been reopened in late April 2018 to accommodate people (male and female) living with advanced dementia. However due to challenges involving staffing levels and staff competencies, these households were divided into male and female units.

The registered provider had not followed their admission process. This had led to significant failings in record keeping and oversight of the newly opened households. This meant people were at risk of receiving care and support that was not responsive to their needs.

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

Arrangements were in place to ensure hygiene standards were maintained within the home. However these were not systematically carried out in some areas such as the kitchen which compromised food safety and put people at risk of harm.

Staff were knowledgeable about and demonstrated good infection control practices. The home was kept clean though we found some areas were in need of refurbishment. Regular maintenance and checks of the building and equipment was carried. These checks included lifts, hoists, fire safety equipment and the water system.

The provider had made the necessary improvements to the recruitment process; these helped to ensure people were safe because suitable staff were employed to work at the Peele. There were minor aspects of the process which could be strengthened and we pointed these out to the registered manager.

People and their relatives knew how to make a complaint or raise their concerns. There was a clear system in place to manage complaints. We saw records of complaints and responses to these but found some

inconsistency in complaints recorded. This meant we could not be sure all concerns raised were managed appropriately and people's needs met responsively. The service also received compliments from relatives and professionals about the care provided.

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

People told us they felt safe at the Peele. Relatives confirmed this. Staff were aware of their responsibilities in protecting people from abuse and demonstrated their understanding of the procedure to follow so that people were kept safe. The provider had processes and reporting systems in place to help ensure people were safe from harm and monitored and took necessary action when incidents occurred.

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

The service had made necessary improvements to help ensure it followed the principles of the Mental Capacity Act 2005 (MCA) and sought the consent of people or their legally appointed representative before providing care and support. Appropriate applications for the Deprivation of Liberty Safeguards were made and records kept to ensure the service knew when authorisations were due to expire.

Overall, people told us they had sufficient food and drink of a good standard to ensure their nutritional needs were met. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed. We saw evidence in care records and most people and their relatives told us the home supported them to access medical attention and health interventions as they needed.

People's rooms were decorated according to their individual preferences. Since the last inspection the provider had made improvements to the home's environment to help create a more dementia friendly environment. This would help people living with dementia to orientate themselves more effectively within the home.

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

The atmosphere at the care home was warm and welcoming. Across all households, we observed good rapport between people, their relatives and the staff.

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

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

People told us that on the whole they found their care was good and personalised to their needs. There had been significant improvements in the way activities were planned at the service. We observed people participating in activities and saw how they had been involved in the planning of these.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at serious risk of harm because medicine management and medication audits were not sufficiently robust on one unit.

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

The provider had made improvements to its recruitment processes helping to ensure staff were suitable to work at the home.

Is the service effective?

Good

The service was effective.

Staff received regular training and other professional development which supported them in carrying out their role effectively.

The service had made improvements to ensure they worked within the principles of the Mental Capacity Act and people's rights were safeguarded. On some households, appropriate consents for medicines were not consistently recorded.

People's dietary and health needs were proactively managed

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were kind and that they were well treated.

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

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

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were engaged in meaningful activities and recreation which they had been involved in planning.

Care plans reflected people's individual needs and included personal histories, interests and hobbies. However not all records contained information such as personal and social history, hobbies and interests.

People and relatives were satisfied with how complaints and concerns were managed. Records did not contain all complaints raised with the service.

Is the service well-led?

Inadequate

The service was not well-led.

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

While there was a system of quality checks and audits in place. These did not effectively monitor the safety and quality of care provided in particular on one of the dementia units.

People and their relatives said staff were approachable.

The Peele

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 June 2018 and the first day was unannounced. The inspection team consisted of two adult social care inspectors, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this occasion the expert-by-experience had experience in dementia care and older people services.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information we held about the service such as notifications. A notification is information about important events such as safeguarding incidents which the service is required to send us by law.

We contacted agencies such as the local authority and Healthwatch to find out what information they held about the service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. Manchester local authority had carried out a monitoring visit in May 2018 and had identified no major concerns. Further details are contained within the report. Manchester Healthwatch told us they held no information about this service at this time

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

We spoke with 11 people and six relatives who were visiting the service. We also spoke with various staff

members including the registered manager, four care staff, one catering staff and an activity coordinator. We looked at records relating to the service including four care records and daily record notes, medication administration records (MARs), five staff recruitment files, training records, policies and procedures and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017 we found a breach of the Health and Social Care Act 2008 regulation relating to safe administration of medicines. At this inspection, we found improvements had been made in the areas identified last time but we found additional concerns, particularly in one of the newly opened households which potentially put people at significant risk of harm.

At this inspection we looked at medicines and records about medicines for 16 people who were living in the home. We found medicines management within the residential units were satisfactory. However, when we looked at how medicines were managed on one of the dementia units we identified serious concerns. For example, we examined medicines records for four people together with the stocks of 14 medicines and found that they showed that people were not given 13 of the 14 medicines as prescribed. One person had been in hospital where the dose of one of their tablets had been reduced. The records showed that they were given the old dose the morning after they had returned home. If people are not given their medicines as prescribed their health is put at risk. Some people were prescribed a thickening agent to be put in fluids to make sure they were thick enough for them to swallow without choking. We saw that there was no information with one person's medicines administration record (MAR) to alert nurses that their fluids needed thickening. For another person we saw the wrong consistency was recorded on the MAR chart; this differed from what was recorded on the documentation from the speech and language team. We found no records were made of the use of thickeners. This placed both people at risk of choking or aspirating. Records we looked at showed two people had run out of one of their medicines. Not having medicines in stock places people's health at risk.

Where medicines were administered covertly (hidden in food and without the consent of the person), we found in most instances the service had considered and applied the requirements of the Mental Capacity Act and associated good practice. However, we saw no information available to guide staff as to what food or drink the medicines should be put in. We also saw that advice was not always sought from a pharmacist as to which food and drink it was safe to hide the medicines in. This meant that people were at risk of their medicines not being given consistently and safely.

We looked at a sample of eight records about medicines on one household and saw half the people did not have photographs with their medicines records. It is important that current likeness photographs are available for staff to refer to when they give people their medicines to ensure the right person is given the right medicine.

These findings evidence a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We raised these concerns during our preliminary feedback and have asked the registered manager to address them as a matter of urgency. Before the completion of our inspection, the registered manager had taken action of some of the more urgent concerns.

At the last inspection in September 2017 we found a breach of the Health and Social Care Act 2008 regulation relating to safe recruitment. At this inspection, we found improvements had been made to help

ensure suitable staff were hired and legal requirements were met. The registered manager told us since the last inspection the provider had taken over responsibility of recruitment and that all human resources documentation was held centrally. The service manager told us they were keen to keep records in house and hence had created files for staff. We found there was the potential for records to be incomplete and recommended that it would be safe practice to leave this responsibility with the provider.

We looked at five staff personnel records and found they contained all relevant documents relating to safe recruitment practice. These included a completed application form, photographic identification, references collected and DBS checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. At this inspection, we saw the registered manager carried out risk assessments if DBS checks had identified any concerns. This was an improvement on previous practice. We saw however the registered manager had not signed and dated one of the risk assessments. We found only one of these five interviews had been scored as outlined in the provider's recruitment policy. We pointed out these issues to the registered manager and their management team during our feedback.

We saw up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse. The provider had a system in place that alerted the registered manager two months prior to the NMC registrations and DBS certificates expiring. These checks helped to provide assurance that the staff employed were suitably qualified and fit to work with vulnerable people.

We looked at how the service managed environmental risks including infection control and prevention. We observed the home was kept clean and free from malodours. People and their relatives told us, "We see the cleaners quite regularly", "Care homes can smell when you first walk in, not here. I see the cleaners they're really good you see them every day" and "Oh, yes the cleaners are always about."

However, we identified some concerns when we looked around the kitchen. For example, we saw food debris under shelves in the storeroom and the bottom shelf of the oven and serving trolley in use required cleaning. There was a build-up of ice in two freezers which could potentially affect the safe storage of food and compromise the health and wellbeing of the people. We raised these concerns with the registered manager and on the second day of our inspection they showed us they had remedied these and made changes to the cleaning rota to ensure these issues were addressed.

We looked at cleaning rotas for communal areas and bedrooms and the kitchen. We found records for communal areas and bedrooms were completed appropriately but not completed as scheduled for the kitchen. We found no record that the registered manager had carried out their own checks to ensure all cleaning tasks were carried out as needed. The household staff confirmed this. We also asked for records of mattress checks and cleaning. The household staff told us they had been asked by senior management to carry out mattress audits on the first day of our inspection. We saw evidence of these audits carried out on the day but no records of previous checks done.

There were signs of wear and tear in the building which would benefit from some refurbishment. For example, some skirting boards were dirty and scuffed and the carpets in the reception area and the walls under the soap dispensers in all of the communal toilets were stained. The registered manager told us the provider had a refurbishment plan in place and that The Peele was scheduled to have work done. The registered manager told us they would provide evidence of the refurbishment plan. At the point of writing this report, we had not received a copy of this plan.

We saw that staff observed good hygiene practices, such as washing hands and wearing aprons and gloves, as appropriate. We also saw gloves and aprons were readily available. The domestic staff we spoke with confirmed there were never any issues with stock and we could see evidence of this as well as cleaning products.

The laundry was properly equipped and well organised. There was a clear system in place to keep dirty items separate from the clean ones. We saw the home had a clothes labelling system in place which should help to ensure people's belongings were returned to their rooms when laundered. No one we spoke with, the recent feedback survey or complaints identified missing belongings as an issue.

People and their relatives told us the Peele was a safe environment. They said, "Very safe here, I sleep very well, sleep like a baby from 7:30 pm until seven in the morning" and "I definitely feel safe here; there is no trips or hazards and I've got plenty of room to get around on my scooter."
Risks relevant to the supporting people in a safe way were assessed and documented in their support plans. We looked at four support plans and saw appropriate risk assessments were in place to manage areas of people's care such as nutrition and hydration, skin integrity and mobility. These assessments provided sufficient information to help staff support people safely. We saw that risk assessments were reviewed every six months or when a person's needs changed.

Where people showed signs of behaviour that may create a risk to themselves and others, the service completed behaviour charts. These were implemented as needed and reviewed to see if there were actions which could be put in place to prevent or minimise the behaviour. This practice showed the service was acting on keeping people and staff safe by identifying risks and taking action to minimise them.

Staff we spoke with had knowledge and awareness of safeguarding and knew what action to take if they suspected abuse was taking place. There was an up to date policy and procedure in place to guide staff in safeguarding people from harm. Records we looked at showed the registered manager understood their responsibility to report safeguarding incidents to the local authority and to the Care Quality Commission as appropriate.

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

During our inspection, we observed people were generally attended to in a timely manner and there was sufficient staff on each floor to look after people according to their needs. However people and their relatives did raise their concerns about staffing levels and the use of agency staff. They said, "There is quite a lot of agency staff that work here", "The staff are here one minute (and) gone the next", "Generally, yes (there's enough staff), but sometimes no. At weekends they do seem to cut down on staff during the day, whilst you can wait for the call bell sometimes it can take up to 30 minutes to come in and check" and "There are not enough staff to take [person] to the audiology place, which is just down the road."

We spoke with the registered manager and service manager who both shared ongoing concerns regarding staffing. They told us there were initiatives in place to encourage recruitment; these included open days where potential candidates would be interviewed during the day to expedite the recruitment process.

The service manager told us and we saw the service used a needs dependency tool to assess the level of staff and skills mix required to support people safely. We saw staffing levels were based on the number of

people in each household and an assessment of each person's needs was carried out. We looked at the staff rotas and could see evidence that the service manager monitored these daily to ensure staffing levels were appropriate. We saw the provider used one agency to fill staffing gaps. The service manager told us every effort was made to use the same agency staff who were familiar with people living at The Peele. Records we looked at and agency staff we spoke with over our two day inspection confirmed this. The service manager showed us evidence of completed induction sheets and told us all new agency staff received a full induction on their first day at The Peele.

Each person who lived at The Peele had a personal emergency evacuation plans (PEEPs). PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire. We saw that PEEPs were kept in the same place in each household and that staff were aware of these. We looked at six of the plans and saw that they were all up to date and had photographs of each person.

We found people were safeguarded from harm because the appropriate equipment checks and maintenance was carried out. We reviewed records relating to equipment within the home and found these were serviced and maintained in accordance with the manufacturers' instructions. This included the lifts, gas safety and fire safety. Regular checks were also carried out on electrical items and the water system, including a legionella risk assessment. We saw there was a contract in place for the safe removal of waste and the home had up to date public liability insurance.

We saw evidence of regular testing of the fire alarm system, emergency lighting, escape routes, sprinkler systems and fire drill simulations which had been carried out February 2018 and May 2018 and we were informed there were further drills planned for the following week. We found the drills included both day and night staff.

Good

Is the service effective?

Our findings

At the last inspection in September 2017, we found the provider was in breach of Regulation 18(2) of the Health and Social Care Act 2008 in relation to staff training, supervision and appraisals. At this inspection, we found improvements had been made and the regulation was now being met.

We found newly recruited staff had received an induction and shadowed experienced staff when they first started at the service. Staff new to care completed the care certificate which is a nationally recognised set of standards to be worked towards during the induction training of new care workers. We spoke with staff and reviewed training records which confirmed relevant training was provided to help ensure staff were prepared to carry out their role. Topics included safeguarding, moving and handling, food hygiene and infection control. We saw topic areas were reviewed as necessary in line with the registered provider's policies.

At this inspection we saw the provider's supervision and appraisal process was now better established and staff received professional support in a consistent and regular manner. We looked at a sample of staff supervision records and found they reflected meaningful discussions between staff and their line manager about their goals, organisation values, training and work issues such as health and safety and person centred care. We found sufficient evidence to demonstrate staff were supported to carry out their roles effectively and the provider had a good overview of the professional development needs of the staff working throughout the home.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection in September 2017, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 in relation to following the principles of the Mental Capacity Act and staff training in this area was lacking. At this inspection, we found improvements had been made and the regulation was being met. However on one of the dementia households we reviewed two files and found that in one of these files did not contain appropriate records to show that consent was sought to administer medicines covertly. We have asked the provider to address this.

Training records we looked at evidenced all staff had received training in MCA and DoLS since our last

inspection. Staff we spoke with confirmed this and were able to discuss what these legislations meant in relation to providing effective care and support.

We saw, where appropriate, the registered manager had assessed people's capacity to make specific decisions relating to their care and best interest meetings involving family members or attorneys and relevant professionals had been held. An attorney is a person with delegated responsibility for their relative to act on their behalf.

People told us and we observed that staff always sought their consent before undertaking any task. Relatives and visiting friends we spoke with also confirmed this. One relative told us, "I noticed that the staff asked first before they do anything with the residents."

We found the registered manager had made appropriate applications for DoLS authorisations and kept a record of these to ensure people were not deprived of their liberty without legal permission to do so. We saw that the service followed up with the local authority any applications made which were yet to be assessed. We concluded the registered manager now had a good oversight on this process.

At the previous inspection in September 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 in relation to providing person centred care around a dementia-friendly environment. At this inspection, we found sufficient improvements had been made to meet the regulations. We saw further work had been carried out across the home and on the newly opened households to incorporate appropriate signage and reminiscence items to help people living with dementia orientate themselves within the home's environment, maintain their dignity and promote independence and confidence.

Most care files we looked at contained clear guidance on how to meet people's assessed care needs such as nutrition, continence, communication and medication. On one unit we found gaps in care records relating to how people were to be given their medications covertly. This meant staff did not have sufficient information to help ensure people's medication needs were met effectively.

People and relatives we spoke with and care records confirmed there was good access to a range of health care professionals including GPs and dentists. The majority of people we spoke with said the service responded proactively to people's needs. However as mentioned previously in this report, one relative told us their relation had not been taken to an appointment. During our inspection, we saw people had visits from podiatrists and district nurses. One person told us, "My new hearing aids have been great. Spec savers came in and looked at my eyes and ears." A relative said, "[Person] had some chest pains on the same day when the doctor was in. [Person] was just taken to hospital and they (staff) always ring and tell me when the doctor's been."

Feedback on the food was generally positive with menu choices offered. Comments included: "I like the soup as I always have soup and a sandwich but you would get choices of two meals" and "We all get a Sunday dinner; it is very nice beef, pork and turkey."

We observed the dining experience on various households and at different meal times. Dining tables were set with table mats and cutlery. At this inspection, we found the provider still used the services of an offsite catering company to prepare and deliver meals to the home. The home's catering staff were responsible for heating and presenting the food in line with the catering company's guidelines. The catering company operated a four weekly menu which contained options for people with different dietary needs such as soft and fork-mashable diets, meals suitable for vegetarians, diabetics and cultural requirements such as halal

foods. Sufficient stock was ordered on a weekly basis to cater for any changes to people's requirements. The catering staff told us and we saw some food such as sandwiches and desserts were prepared in house. People had a choice of meals and we observed staff asking people what meals they wanted. Where required we observed staff supported people in a compassionate manner.

Throughout our inspection we saw staff offered people a choice of hot or cold drinks and snacks. One person commented to us on this saying, "They are always asking do you want a drink and to drink up."

We noted in both the main kitchen area of the home and in the household kitchenettes, there was up to date information about people's dietary needs such as specific diets and food allergies. We were satisfied the care home had taken necessary steps to ensure people's dietary needs were being met in a safe and person centred way.

The Peele is a large purpose built care home which provides care to older adults including those living with dementia. We saw people's bedrooms were comfortably decorated according to their own tastes. Each room had en-suite facilities and there were also communal bathrooms and toilets which people could access. Each household had a communal lounge and dining area and a small kitchen where breakfast, drinks and snacks were prepared. On the first floor, there were two large rooms with tables and seating. Since our last inspection both rooms had been refurbished: one was used as the activities room and the other a library and general purpose meeting area for people living at the Peele, their relatives and visitors.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring and staff were kind and friendly. They said, "It's like home here" and were complimentary of the service provided. Their comments included: "The staff I can tell you are wonderful and very well mannered", "All the staff when they work here come down from other floors and see me. One of the agency staff upstairs called [Name], when I had fallen and hurt myself (they) came down to make sure I was okay" and "The team leaders are really good (especially) [Name 1], [Name 2], and [Name 3]."

Throughout our inspection, we witnessed caring and friendly interactions between people and the staff. The atmosphere was calm and relaxed. We saw that staff were polite and attentive to people. For example, in one of the dining areas we observed a lively conversation between people and staff prior to lunch being served. On one of the dementia units, we saw a staff member effectively manage a situation in which a person became agitated because they did not want to take their medication. Demonstrating that they had a good knowledge of this person, they were able to assist in a caring manner to take their medication.

People and their relatives felt included and were consulted in making decisions about the care provided. They were provided with sufficient information and explanations during the initial assessment and could speak with the registered manager or team leader if they needed further information.

People told us, and we observed throughout our inspection, that staff respected their privacy and dignity. We saw staff knocking on bedroom doors before going in. Staff told us they respected people's privacy by ensuring they announced themselves before entering a room and, "Doing the usual things" such as closing curtains and covering people appropriately. One person said, "I need two staff to help but they always cover me up." Another person told us, "(Staff) give me a body wash every day and they always take the time and I never feel that they rush me." We also observed when people had visitors in their rooms staff asked them when it would be convenient to call back. We observed staff accompanying people back to the rooms to use the toilet and they made sure the door was closed behind them.

People told us staff encouraged them to maintain their independence as best as possible. We saw a staff member supporting someone to make their own drink. One person told us they preferred to spend time in their room. They said, "I can see what's going on and I leave my door open; it's great." One person told us they liked to make up their own bed themselves.

The service was located within a diverse and multicultural community. The provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. We found people's care plans recorded relevant information regarding the protected characteristics such as ethnicity, religion and cultural beliefs. Staff we spoke with demonstrated their understanding of people's equality and diversity needs. From the training matrix and speaking with the training officer we confirmed staff had received equality and diversity training

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in September 2017, we found the provider was in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to providing meaningful activities and recreation. At this inspection, we found improvements had been made and the regulation was being met satisfactorily.

During our inspection, we saw people were engaged in meaningful activities and recreation. Comments included: "They do a lot of activities from bingo to exercises to games upstairs", "There was a concert upstairs and they did come and ask me to go, but it was too noisy for me and I didn't want to", "I don't do activities I just watch" and "I sometimes go upstairs (to the activities room) but not always."

On the first day of our inspection we found not everyone across the home always knew what activities were on. We spoke with one of the activities coordinator about this. They said care staff were informed of all activities taking place each week and there was a board in the main reception area which displayed activities.

The Peele was involved in a pilot project with Manchester local authority to help improve activities and recreation on offer within homes. We spoke with two activity coordinators employed by the service and they were enthusiastic about their current programme of activities and events. We saw evidence of how people had been involved in deciding what activities were planned and we saw this information was documented in a one-page profile for each person. To guide future activity planning, the activity coordinators kept a record of the activities people enjoyed and those they did not. We observed people participating in group sessions such as tea parties and art/painting. We asked if all activities were held in the activities room and how did the service engage with people who chose not to attend these. The activity coordinator said they offered one-to-one interaction for those people who chose not to participate in group activities and they also did activities within the households.

We also spoke with the local authority quality officer who was managing this pilot. They told us that despite the slow start they were now "very satisfied with the progress" made to date. They acknowledged however that there was still work to be done and that there needed to be a whole home approach to activities rather than this being solely the responsibility of the activities staff.

We looked at four care plans to see how the service supported people's individual needs. Each care plan reflected the level of support required to meet the person's clinical, personal and social needs. Consideration of people's protected characteristics and communication needs relating to any disability or impairment were also identified and recorded. Three of the four care records we looked at contained a one-page profile which gave details about the person's social history, their hobbies and interests. We asked the team leader why this profile had not been completed and they said the person was a new admission. However we pointed out they had been admitted in mid-April 2018. In light of the new admissions to the service, this meant staff did not always have information about what was important to people to support them responsively.

We found most care plans contained sufficient information to guide staff to deliver the care needed and we saw these were reviewed regularly or when a person's circumstances changed. Relatives told us they were involved in the care planning process and said, "We went through the care plan, the manager sat at the desk and went through it with me" and "(Staff) get out the plan every now and again and we look at it, we don't necessarily review it but they tell you if there is anything they're concerned about and ask for opinions."

We found there were systems in place to manage complaints and concerns raised by people using the service and relatives. This included clear guidance to staff on how they were required to respond to a complaint. People and relatives we spoke with knew how to make a complaint and were comfortable raising their concerns with staff. One person told us, "When I've had a complaint, I have been satisfied with the outcome." They gave us the following example, "A carer (agency staff) had not done something right, so I told the team leader about it they're the ones in a different uniform; I've not seen that member staff since." Relatives told us, "If I had a complaint then I'd speak to [manager]; if I was not happy before now I've gone above him to complain" and "I don't want to complain but I will raise any issues as I see fit."

According to the records we looked at we found since our last inspection in September 2017 to May 2018, there had been seven formal complaints. Complaints related to concerns about staffing levels and the use of agency staff. We found the registered manager had responded to each complaint but had omitted to date four of the response letters which made it difficult to establish if the complaints had been responded to in a reasonable timeframe. While some of the responses to complainants gave information about investigations carried out to resolve complaints, we saw no evidence in the records relating to these investigations such as staff statements or other investigatory information. During our inspection we followed up on concerns raised with the Commission about poor care provided. There was no record of this complaint in the complaints file. We discussed this concern with the registered manager who assured us the matter had been dealt with in line with the provider's policy but had not been filed appropriately. They said they would provide us with their investigation and outcome of this complaint. However to the time of writing this report we did not receive this information.

Over the same period, September 2017 to May 2018, we saw the service had received a number of compliments from relatives about the care and support. For example one relative wrote a thank you card acknowledging the effort the staff team had put into celebrating a loved one's birthday. Compliments were also received from professionals with whom The Peele interacted such as social workers from the discharge team at Trafford Hospital.

We looked at how the service supported people at the end of their life and found evidence that the service had taken steps to support people in this area. Training records we looked at confirmed staff had completed training in The Six Steps end of life care. The registered manager and service managers told us the home was supported by district nurses in this regard.

Inadequate

Is the service well-led?

Our findings

There had been a lack of stability in the management structure at the home. At this inspection, we found the service had a registered manager in post since April 2018. They had been recruited to The Peele in January 2018. According to our records, this was the fifth registered manager since July 2014. We were also aware that there had been recent restructuring at the provider level as well. At the previous inspection in September 2017 and when we met with the provider in April 2018, we raised our concerns about the lack of inconsistency and its impact on the governance of the service. The provider discussed with us their current workforce planning strategy, the rationale for a new registered manager and changes within the management structure which would help to improve the governance of the service.

At our inspection in September 2017, we found the provider was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. At this inspection, we identified concerns which evidenced an ongoing breach of Regulation 17(1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the end of April 2018, the provider reopened two of its closed households to accommodate people living with advanced dementia needs. Because of challenges with managing the complexity of needs within a mixed gender household, this provision was subsequently divided into male only and female only units. The operational director told us their plans were to stagger admissions (over a six month period) into these units, to help ensure necessary governance systems and staffing were in place to manage people's needs responsively and safely. As at this inspection these households were full. This was as a result of admissions from another care home.

We found changes in management structure within the home and at provider level coupled with a significant increase in these unplanned admissions had hindered effective governance and oversight regarding the management of medication and poor record keeping in one of these units.
The registered provider had not followed their admission strategy. This had led to significant failings in record keeping and oversight of these units. This meant people were at risk of receiving care and support that was not responsive to their needs.

At this inspection we found evidence that the current management team had made improvements to help ensure people received a service of a good standard and quality. These included appropriate assessments of mental capacity and best interest decisions relating to personal care and medication provisions, better oversight of staff training and professional development and activity planning.

There were a variety of checks in place to monitor the quality of care provided. These included care plan audits, clinical governance monitoring which looked at dietary needs, pressure area management and falls; medication audits and infection control checks. However we concluded that there was still a lack of oversight and good governance in particular on the dementia households regarding how medicines were managed and overall governance in this area.

We found examples where quality audits failed to identify concerns found at this inspection and when issues were found we saw no evidence that action had been taken to resolve issues identified. Examples of these gaps included infection control checks, missing information and consent records in care plans and medicines management.

Similar to what we found at our inspection in September 2017, resident and relative meetings were still not well attended. We asked how people and relatives were made aware of these. The service manager told us and we saw these were advertised on posters displayed throughout the service. The registered manager said there was an open door policy at the home so people and relatives were always able to approach them to discuss any concerns they may have. They also told us they had sent out feedback survey in May 2018 to people using the service, relatives and staff. We saw 41 responses had been received: 18 from people and relatives; 23 from staff. Generally the feedback was positive. We found key themes identified by staff included lack of confidentiality, the need for better communication and team work. With people using the service and relatives, they fed back that communication between management and staff needed to be improved. The registered manager told us the feedback had not yet been analysed so no plans had been made to address issues identified in the surveys.

We observed the atmosphere at the Peele was open and transparent. People and relatives told us the team leaders on each household were "really approachable". Comments from relatives and people about the visibility of management staff included: "[Service manager] and [Registered manager] are both brilliant. If you need anything we just let them know", "I will speak to the manager [name]; I see him more than anybody" and "You really can't see into the office anymore. They always have the blinds shut, as normally we used to give a cheery wave and they wave back."

We observed the registered manager and other senior managers at the service carried out a daily walk around the service. This practice was in place at the last inspection in September 2017. The registered manager told us this helped the management team to interact with people using the service on a daily basis, observe staff practice and interaction with people, and identify and resolve concerns in a proactive and responsive way. The service manager told us the majority of issues identified were dealt with immediately. However we did not always see evidence or a record that this was the case.

Staff we spoke with said the new registered manager was approachable and a good addition to the staff team. They also spoke about the improvements that had been made in training and allocation of staff across the service. We spoke with a nurse on the intermediate care unit who told us the current registered manager was "excellent" particularly in relation to improving communications between the staff on that unit and other staff members across the home.

With the day to day operation of the home, the registered manager was supported by a service manager and an assistant manager. The management team at the Peele was supported by a regional director responsible for older people services and a quality partner.

Prior to our site visit, we checked our records and we saw the registered manager met their legal obligations to notify the CQC of any incidents and accidents that occurred at the service. The provider also complied with the legal requirement to display its most recent rating. At this inspection we saw the provider displayed the most recent rating both within the home and their website.

Minutes of meetings confirmed staff meetings were held regularly. These gave staff the opportunity to discuss concerns relating to their work with colleagues and management team. There were policies and procedures in place to effectively support staff in their roles. The registered manager told us and we saw that

key policies and procedures were kept in a folder in the reception area and accessible to staff. We noted these documents were up to date and fit for purpose. This meant staff had adequate guidance in performing their duties.

This section is primarily information for the provider

Action we have told the provider to take

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

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of stability within the management structure at the service and provider level had affected governance and oversight. Quality monitoring systems did not effectively identify serious concerns in medicines management and provide adequate oversight of all systems and processes within the home. Not all quality checks were done consistently and actions identified had not been addressed. Reg 17(1)