Chilworth Care Ltd

Peel House Nursing Home

Inspection report

Woodcote Lane
Fareham
Hampshire
PO14 1AY

Tel: 01329667724

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Peel House is a Nursing Home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The nursing home can accommodate up to 52 people over two floors.

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

The provider did not always ensure safeguarding incidents were reported to the local authority and CQC.

The provider did not have enough staff trained in end of life care. We made a recommendation about this.

The provider did not always have effective governance systems to monitor the service and drive the necessary improvement. At times, there was a lack of detailed records regarding medicines, recruitment and complaints management.

Staff were not always supported with regular supervision but told us they felt well supported by the registered manager and had enough training to undertake their roles effectively.

Despite this, people were happy living at Peel House Nursing Home and told us they felt safe. There were enough staff to meet people's needs.

People were supported by staff who were kind and caring. People had access to a range of activities and were supported to maintain links with the community and those important to them.

People were positive about the food and drink. Where they needed external health input they were supported to receive this.

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.

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 Requires Improvement (report published 20 February 2019) and there were three breaches of regulation. At this inspection we found the service had improved and was no longer in breach of those three regulations. However, a new breach of regulation was identified in relation to appropriate reporting of significant events. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected
This was a responsive inspection to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

The provider demonstrated a willingness to make improvements and during the inspection acted to mitigate some of the risks to ensure the service worked towards consistently providing good, safe, quality care and support.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peel House Nursing Home on our website at www.cqc.org.uk.

Follow up
We identified a breach of regulation and because this is the fifth consecutive time the service has been rated as requires improvement we will request a clear action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following receipt of this plan. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Peel House Nursing Home

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 two inspectors.

Service and service type
Peel House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 any information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We also reviewed any information about the service that we had received from external agencies. 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 this information to plan our inspection.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with nine members of staff including a director of the provider's company, the nominated individual, registered manager, supervisors, senior care workers, activity coordinators and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and eight staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures. We spoke with one professional who regularly visited the service.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse despite the provider having a robust safeguarding policy and procedure in place.
- Although systems were in place to safeguard people from abuse, these had not been followed. For example, we identified from documents several safeguarding incidents which had not been reported to the local safeguarding authority or to CQC. These included incidents of a person hitting another person with an object and incidents of unexplained bruises. This meant other agencies were not always made aware of these incidents so were unable to monitor or offer support to develop protection plans.
- The registered manager was not aware of their responsibility to report all safeguarding incidents, including unexplained bruises. Following the inspection, the nominated individual told us that they have now put a new system in place to monitor any allegations or safeguarding incidents to ensure these will now be reported. They also told us the registered manager and senior staff would attend a refresher course in November 2019. Despite the lack of reporting the registered manager had taken appropriate steps to look into incidents and put plans in place to reduce the likelihood of recurrence. We have said more about this in the Well-Led domain of this report.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

At our last inspection the provider had also failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvement had been made and this was no longer a breach of regulation. However, further improvements were needed to ensure risk assessments were robust.

- Support plans and risk assessments had been updated and were now uploaded onto an electronic records management system.
- Risk assessments were recorded clearly in people's care plans and identified how staff should support people and what equipment, if any, was needed. For example, where people had been identified as at risk of

falls, a risk assessment was in place which detailed the actions staff should take to encourage the person to use mobility equipment and monitor the environment for obstacles.
● Other potential risks to people had also been considered and recorded within people's care plans, including: malnutrition risk and pressure injuries. Risk assessments were reviewed three monthly and updated when required. However, risk assessments did not always contain information to guide staff what to do if the risk occurred. For, example, one person's risk assessment identified the person as being moderately likely to develop a pressure wound. The risk assessments advised staff to encourage the person to, 'change her position regularly,' however; did not go on to describe signs to look out for or what to do if a pressure wound was developing. The registered manager told us they would add contingency plans to the risk assessments.
● Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, staff described to us how they followed people's care plans and received updates about any important changes via a confidential electronic care system, which they accessed by a secure handset.
● Equipment was safe and well maintained. A maintenance staff member was in post to ensure any repair works were followed up promptly.
● Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). However, these were not detailed enough to ensure staff would know how to support someone to evacuate during the night. We spoke to the registered manager about this who told us they would update the PEEP's to ensure they included night and daytime evacuation plans and would add more detail to ensure staff were aware of how to support people effectively.
● Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, personal care received and any professional visits. This meant that staff were up to date with essential information.
● Emergency equipment, fire extinguishers and electrical items were regularly inspected and tested. Staff received regular fire training and regular fire drills were carried out. This meant they knew what actions to take to protect people in the event of a fire. Monthly health and safety checks were undertaken in all areas of the home, with actions taken to address any issues identified.
● Business continuity plans were in place to ensure that consideration was given to how people would receive essential support in an emergency.
● Window restrictors were now in place on all upstairs and downstairs windows. The boiler cupboard was locked on the day of the inspection and the rooms that were used for storage were now securely locked.

Using medicines safely
At our last inspection the provider had failed to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user and their medicine. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation; however, some further improvement was required.

● People received their medicines as prescribed although improvements were needed with medicine records.
● Some people were prescribed topical creams to alleviate skin conditions. We identified numerous gaps on the topical medicine administration charts. This meant we could not be assured that people had received their topical creams as prescribed. We discussed our concerns with a nurse who told us they had begun recording these on an electronic system instead. However, when we reviewed the electronic records, they were also not accurately completed. The themes and patterns had been identified and preventative measures had not been put in place. The registered manager told us with the new on-line system they could look at themes. Following the inspection, the provider told us they have introduced a new system to ensure

there are no gaps and staff are trained in the use of the electronic system.

Staffing and recruitment

● People were not always protected from the employment of unsuitable staff because safe recruitment practices were not always followed. Gaps in employment history were not always followed up at interview. There was a risk that unsuitable staff could be employed which could pose a risk to people. The director told us they would review the recruitment process and speak to staff to ensure full employment histories were recorded.

● Agency staff were used to cover vacant hours. Some staff voiced concerns about the use of agency staff. For example, one staff member told us, "Many times, we have agency staff who don't know the residents, it makes it harder." A relative commented, "Some days there are loads of staff and some days they are short." We discussed this feedback with the registered manager who told us they were in the process of recruiting permanent staff.

● The registered manager told us that there were enough staff on duty to keep people safe. They told us that although they used a lot of agency, they used regular agency staff members that new people to maintain consistency. Documents demonstrated that there were enough staff on duty to ensure people's needs were met.

Good

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 to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to work within the principles of The Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- The provider had made significant improvements to their processes relating to the MCA.
- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care. One person told us, "They always explain what they are going to do and ask for permission first."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, documents demonstrated that some care plans required further detail. For example, one person's care plan did not contain consent to share documentation, where this was in place this was not signed by people.
- Specific mental capacity assessments and best interest decisions where carried out as required.
- We checked whether the service was working within the principles of the MCA and found that they were.

DoLS applications had been made where appropriate and others were awaiting assessment by the local authority. The registered manager had a robust system in place to ensure that all DoLS authorisations did not exceed their expiry date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before moving into Peel House Nursing Home. This included their physical, social and emotional support needs, as well as needs associated with protected equality characteristics, for example, expressing sexuality.
● Once this information was gathered and the person moved in, additional nationally recognised assessment tools were completed, and the information helped to inform the development of people's care plans and risk assessments.
● Staff continued to know people well and supported them to make choices. We observed people being offered a choice of food and drink and records demonstrated that people chose to have male or female staff.
● Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience
● Staff were positive about the training they received and felt this equipped them to support people effectively. One member of staff told us, "They've [provider] definitely helped me to progress, I've done more training here than I ever did before." Documents demonstrated that staff had attended a variety of training and were regularly booked onto refresher training.
● Supervision meetings for staff were not always consistent and tended to focus on raising concerns with staff. Where staff raised concerns in their supervision a response from their line manager was not documented. This meant there was a risk that issues, and concerns raised by staff were not acted upon. We spoke to the registered manager about this and they told us they would make sure this is documented in future to enable them to demonstrate that they do follow up on concerns.
● Despite this, staff were positive about supervision and the support they received from the management team. One staff member told us, "Supervisions are useful. It focusses you on what you are doing. We can reflect on practice." Another staff member told us the registered manager is very supportive, they said, "I could discuss anything with [registered manager] at any time, she's very approachable, there is an open door policy for staff or visitors."

Supporting people to eat and drink enough to maintain a balanced diet
● People were offered a choice of food and drink and we observed throughout the inspection that people received a variety of food and drink according to their preferences.
● We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.
● Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● A healthcare professional was positive about the way the service worked with them to provide effective care for people.
● Staff told us they had developed good working relationships with external professionals. Documents

demonstrated that a range of professionals were involved in people's lives. For example, occupational therapists, chiropodists, physiotherapists, GP's and opticians.
● The registered manager told us referrals were made to the dieticians and other professionals as required and documents demonstrated this.
● The registered manager had feedback sheets in place for visiting professionals to complete which all contained positive comments.

Adapting service, design, decoration to meet people's needs
● Although the service needed some redecoration in places, it was homely, warm and welcoming. The provider had a redecoration plan in place and we saw improvements being made at the time of the inspection. For example, 15 rooms and corridors had been redecorated and had the flooring replaced.
● Work was in progress to make the home more dementia friendly. However, we found this could be further developed in line with nationally recognised guidance. Murals and some pictorial signage were positioned around the home to help people orientate themselves but more signage at key points was needed, such as directions to key areas of the building. Some use of contrasting colours, for example brightly coloured toilet seats were in use, this could further be developed.
● There were numerous signs around the home for staff which detracted from it being a home for people to live in and could be confusing for people who lived with dementia. We discussed this with the director who started to remove these during the inspection.
● People could personalise their rooms as they wished, memory boxes were outside all people's bedrooms with items and pictures inside that were meaningful to them. These helped people find their own rooms.

Good

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 good. At this inspection this key question has remained the same. 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

- People and their relatives told us they were well treated and supported. One person told us, "I get involved in Mass once a month," and, "The staff are very, very good." A relative told us, "They [staff] are compassionate and some are just so lovely, they will hold [persons] hand, it is nice."
- Staff had developed positive and caring relationships with the people they supported. We saw staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.
- Staff supported people well when they became anxious. For example, when one person displayed signs of anxiety, a staff member took the time to reassure them and provide them with an activity that they enjoyed. The person soon became calm and it was clear they enjoyed the activity.
- It is against the law to discriminate against someone because of; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are called protected characteristics. The provider had reviewed their pre-admission assessment documentation following the last inspection, this now included questions relating to people's protected characteristics. This meant that people had the opportunity to talk about any specific needs or preferences prior to admission and gave the provider the opportunity to offer appropriate support.

Supporting people to express their views and be involved in making decisions about their care

- People were able to communicate their needs and choices and staff understood their ways of communicating.
- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given choices about what they would like to drink and where they would like to spend time.
- Staff observed body language, eye contact and simple sign language to interpret what people needed where they were unable to verbally communicate.
- People confirmed they were able to make their own day to day choices according to their preferences. For example, one person said, "I can go out whenever I want." When offering people choice, staff spoke with people clearly and did not rush them to decide.
- Records and conversations confirmed that people, or their relatives where appropriate, were involved in meetings to discuss their views and make decisions about the care provided. A relative told us they were involved in all the decision making. A person told us, "I suppose I am in a way [involved in care planning], I talk to the nurse about what I need."

Respecting and promoting people's privacy, dignity and independence

● People's right to privacy and confidentiality was respected. For example, staff were consistent in knocking on doors before entering people's rooms. People's private, confidential information was stored securely. A relative told us, "Curtains are always pulled when changing [person] and they always knock when entering doors, I think that is quite important."

● Staff understood how to promote people's privacy and dignity and treat people in a respectful way. For example, one staff member told us, "All care staff are taught to knock on doors, keep people covered when helping with personal care, keep doors shut and screens up, talk to people as adults… It could be your mother, treating them [people] with respect is so important."

Good

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery

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.

- Some consideration had been given to making the environment dementia friendly. At the last inspection there were two nominated individuals, one told us they had talked about the accessible information standard and planned to introduce accessible information soon. Some documentation was available in large print; however, more work was required. This meant that people were not consistently being provided with information that they could access and understand.
- We spoke to the registered manager about accessible information; however, they were only to give examples of larger print documentation which is not suitable for everyone. For example, some people living with dementia may benefit from having documentation in a different format, for example, easy read information containing pictures.

However, following the inspection the provider provided us with some pictoral information that is available to support people to express themselves. The provider told us they would purchase audio or braille information for people if they required it.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us, "I did make a slight complaint once." They told us the complaint had been dealt with to their satisfaction.
- We viewed the complaint log and could see that complaints were reviewed and actioned and the outcome was recorded; however, there was no evidence that the complainant had been responded to and no evidence to say if they were satisfied with the outcome. The registered manager told us that the complainant was satisfied but she hadn't recorded this. They told us they would ensure this was documented in future.

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

- Some people had expressed a desire to clean their own rooms. The provider produced a questionnaire for all people to complete asking what level of involvement they would like in maintaining their own rooms. People that expressed a desire to take part had been supported to do so, receiving as little or as much support as they required.

● Throughout the inspection staff demonstrated that they knew people well and people told us they had support from staff which was individual to them and met their needs. One person told us, "People go out and about to their homes or out for meals or a cup of tea. The staff enquire how you are several times a day." A relative told us, "[Person] has [a health condition] and is getting all treatment that is needed."
● Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop detailed care plans for each person.
● Care plans contained clear guidance for staff about the level of support people needed with their personal care and daily routine. This considered people's preferences and wishes around how they wished to receive support. Care plans were reviewed on a three-monthly basis and were updated where people's needs had changed.

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 them
● An activity programme was in place for people to participate in if they wished. These included, reminiscence, exercise and choir practice. These were mostly provided by the activity coordinators who demonstrated skill and passion for their role.
● We also saw care staff supporting people with one to one activities that were meaningful to them and people were engaged and stimulated during these times.
● People were positive about the activities on offer and during the inspection we observed people enjoying one of the group activities.

End of life care and support
● People continued to be supported to make decisions about their preferences for end of life care, and staff supported people and relatives in developing care and treatment plans. However; not everyone had received training on end of life care. Two supervisors, one nurse and one care staff had completed training in end of life care which may mean that not enough trained people would be available when needed.

We recommend that the provider seeks approved training on end of life care for staff.

Since the inspection the provider has evidenced two more staff members have undertaken End of life training and told us 11 staff have been registered to undertake this training.

● Despite this healthcare professionals were involved with people as appropriate.
● The provider continued to provide specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
● The provider continued to support people's relatives and friends as well as staff, before and after a person died.
● The registered manager had an album full of thank you cards from relatives who had been grateful for support at the end of their relatives' lives.
● A visiting professional told us, "End of life care is very good… They are good, no pressure areas, pressure areas are always intact."

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Registered managers and providers are required to send statutory notifications to the CQC when a significant event occurs. For example, when a safeguarding concern arises. We found at least four incident reports that documented safeguarding incidents.

The failure of the provider to carry out its statutory duty to complete notifications of significant incidents and send them to CQC was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● The provider had not identified all of the areas of concern that were found during the inspection. This included risk management and maintaining accurate records in relation to recruitment, complaints management and documentation of administration of creams. The auditing system was not robust in that it had failed to identify all areas requiring improvement, however; there has been little impact on people. We have reported on this in more detail in the Safe, Effective and Responsive domains of the report.

Continuous learning and improving care

At our last inspection the provider had failed to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements had been made and this was no longer a breach of regulation; however, further improvements were still needed.

● Peel House Nursing Home has been inspected on five separate occasions since 2016. At each inspection, the service has been awarded a rating of Requires Improvement. The provider has failed to demonstrate continuous learning and improvement to achieve a rating of 'Good'.

● We spoke to the director and the registered manager about the areas for development we had noted such as a lack of person-centred PRN protocols, lack of contingency plans within risk assessments. We also talked about the implementation of the accessible information standard and a failure to report safeguarding concerns to the local authority and CQC which had not been picked up by the provider's audit processes.

● The provider had made some significant improvement in care plans and the refurbishment plan is underway; however, other areas had deteriorated.

● They told us that they were committed to improving the service. The registered manager told us, "We have

made a real effort with the care plans, the environment, we have worked really hard on that. I would like to say I have improved my notifications, but I haven't. We have tried to improve everything by moving to [electronic records system]."

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 previous performance rating was not prominently displayed in the home. It was on the wall inside the reception area behind a high desk. There was the possibility that relatives would see it when signing in; however, it was not in a good position for people living at Peel House Nursing Home to be able to view it. We spoke to the provider about this, they told us they would move it to a more prominent position in the conservatory. This was actioned before the end of the inspection. The ratings were displayed prominently on the provider's website.

● The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● All feedback received about the service was positive. One person said, "I think it is well managed, they have plenty of years of experience. I definitely don't want to move." A relative told us, "It always seems quite Jolly, in the afternoons they are doing activities," and a visiting professional told us, "The nurses who I know, know the patients so well. Carers know people really well."

● Staff were complimentary about the registered manager and told us they had an open-door policy and they felt confident speaking to them.

● The nominated individual and the director were well known in the service and people and staff were observed to be comfortable around them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Records demonstrated that people or their relatives continued to be involved in decisions about their care or the running of the service. Surveys to gain feedback about the service had been sent out in May 2019. Although some positive feedback had been received this information had not been collated or shared with people. This meant the surveys were not being used to drive improvement using people and their relatives' opinions.

● We saw minutes of team meetings for care staff and nurses which demonstrated that staff feedback was actively sought and information from management was shared with staff.

● The registered manager told us they continued to link with the local community, they told us they had linked with a local school and young children came in to interact with people living at Peel House.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of significant incidents.