Hasigyn Limited

The Peele

Inspection report

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

Tel: 01613488590
Website: www.c-i-c.co.uk

Date of inspection visit:
12 April 2022
20 April 2022

Date of publication:
31 May 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Peele is registered to provide nursing and personal care for a maximum of 108 older people, some of whom are living with dementia. Due to extensive renovations several areas of the home were closed. At the time of our inspection there were 21 people living at the service.

The care home accommodates people in separate units, over three floors. Three units were operating at the time of this inspection. One of the units specialises in providing nursing care to people living with dementia. Two units were allocated to care for and support people waiting for assessments following discharge from hospital.

People's experience of using this service and what we found
Robust recruitment procedures ensured suitable staff were employed. People were supported by staff who understood how to identify and report potential abuse. Medicines were managed so people received their medicines as prescribed. Risks to people's health, safety and well-being associated with their care needs were assessed and management plans were in place to ensure risks were reduced wherever possible. People told us they felt safe. Premises checks and all maintenance records were up to date. Required test and safety certificates were in place. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean, and a major programme of redesign and refurbishment was in progress. Infection control procedures were in place and staff used PPE effectively. Cleaning regimes were in place to help manage the COVID-19 pandemic.

People had the support they needed to maintain a balanced diet and good health. Staff received training and support to give them the knowledge and skills needed to care for people safely and effectively.

Staff promoted positive, caring relationships with the people who lived at the service. They knew how people preferred their care and support to be provided. Staff respected people's privacy and dignity and promoted independence, equality and diversity. People and their relatives were involved in the planning and delivery of their care.

Care plans and risk assessments provided staff with relevant information so that person-centred care could be provided for people. The service had good working relationships with local GP practices and healthcare professionals. The service worked in partnership with people, their families and staff. We received positive feedback from people, professionals and staff about the service.

People were complimentary of the care they received. People and their relatives had appreciated the efforts of the home during the COVID-19 pandemic. The service was keen to re-establish partnerships with

professionals following the COVID-19 pandemic, as visits to the home had been limited.

There was positive leadership in the service. The service had good governance arrangements in place and completed regular internal quality checks at all levels. Findings from audits carried out by those with nominated responsibilities were reviewed by senior management and used effectively to improve practice and the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; 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
This service was registered with us on 6 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 27 March 2020.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Peele

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
The Peele is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Peele is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave a short period of notice of the inspection because of the COVID-19 pandemic. Inspection activity started on 12 April 2022 and ended on 20 April 2022. We visited the home location on 12 April 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not ask the provider to send 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. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, clinical lead, two care practitioners, two care workers, a chef and kitchen staff. We observed staff interacting with people throughout the inspection. We reviewed a range of records, such as care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance systems, survey feedback, maintenance records and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at compliments, lessons learned and audit records. We contacted two members of the care team who work nights at the home and two more relatives for feedback.

Good

Is the service safe?

Our findings

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

This is the first inspection for this service under the current provider. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes
- The provider had systems in place to ensure people were protected from the risk of abuse.
- Staff understood their responsibilities around safeguarding people from abuse. Staff confirmed they had received training in this area and knew what action to take if they felt someone was being abused
- People we spoke with told us they felt safe using the service. One person said, "Absolutely; I do feel safe. Staff keep me safe."

Assessing risk, safety monitoring and management
- Risks associated with peoples care and support had been identified and plans were in place to minimise risks occurring.
- People had personal emergency evacuation plans (PEEPS) in place. These gave information about how to evacuate people safely in an emergency.
- The maintenance and housekeeping team ensured the home was well maintained. Regular checks were completed to ensure the environment and equipment used was safe. A recent electrical condition report had identified additional actions to be taken; these had been addressed by the provider.

Staffing levels
- The provider had a system in place to ensure staff were recruited safely. Appropriate pre-employment checks were in place before employment commenced. Nurses registration details were checked to ensure there were no restrictions on them to practice.
- Staffing levels were good, and staff were visible during our inspection. People and their relatives we spoke with were complimentary about staffing levels in the home.
- Agency staff were used to cover when necessary. The registered manager ensured they used consistent agency staff and were part of the wider staff team.

Using medicines safely
- The providers policy and procedure ensured people received their medicines as prescribed.
- Medicines were stored, recorded, administered and disposed of safely. Medicines were safely managed across the home.
- Staff received training in medicine management and had competency checks to ensure their knowledge was current.
- Protocols were in place for people who could not communicate when they needed 'as required' (PRN) pain relief. The protocols outlined signs and symptoms for staff to look out for which might indicate someone was in pain.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions placed on visitors to the home. The home had encouraged and promoted the essential care giver role and we saw this had been widely taken up by relatives and friends. We were assured that the provider ensured visitors entered the service safely. The appropriate checks were in place in relation to COVID-19 and mechanisms were in place to prevent any visitors from catching and spreading infections.

Learning lessons when things go wrong

● Staff completed the required paperwork when people had accidents. These were shared with relevant stakeholders where appropriate.

● The registered manager ensured any lessons learned were communicated to the staff team and also shared with other homes in the group.

● Accidents and incidents occurring at the home were recorded and analysed for patterns. Appropriate action was taken to help prevent further occurrences.

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.

This is the first inspection for this service under the current provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed, and care and treatment was provided in line with people's preferences.
- Care records contained thorough assessments of need and relevant risks; this information enabled the service to provide specific and individualised care.
- Where staff could not complete a thorough face-to-face assessment of people's needs prior to them moving into the service, senior staff ensured that they had an accurate summary of people's needs. This was the case for people admitted on both a temporary and permanent basis.

Staff support: induction, training, skills and experience
- Staff told us they received the training they required. Staff also informed us they received supervision with their manager and annual appraisals which they valued.
- New starters received an induction to their role which included shadowing staff and training. Staff files reflected staff were fully involved in probationary reviews and supervisions.
- Staff told us learning for the role and personal development was promoted and encouraged. The provider was developing a skills passport for all care staff.
- Staff were due to attend training in the correct use of a thickening agent, added to food and drinks for people with swallowing difficulties or at risk of choking.

Supporting people to eat and drink enough with choice in a balanced diet
- Menus evidenced the variety of meals available to people. The service benefitted from the recruitment of two chefs with extensive experience in hospitality. Meals were all cooked from scratch and cakes were homemade.
- People told us that the food was good, there were choices at mealtimes and there was plenty to eat.
- Records held by kitchen staff outlined any specific diets, such as sugar free, low fat and the required consistency of the food people needed to stay safe.
- People's weights were monitored. Nutritional assessments were undertaken where people had lost weight and at risk of malnourishment and referrals made to the dietician where needed.

Staff working with other agencies to provide consistent, effective and timely care
- People were supported to receive appropriate healthcare support. Weekly ward rounds were held on site. These meant that any illnesses were quickly identified and treated appropriately.
- Care records evidenced ongoing involvement of health professionals. Senior staff had a good rapport with clinical professionals assigned to the home.

● On site visits had been limited during the pandemic however, we saw evidence of appropriate contacts with GP surgeries, speech and language professionals (SaLT), and occupational therapists.

Adapting service, design, decoration to meet people's needs
● The home was divided into wings, some of which were closed whilst major renovations took place. People told us the building work did not negatively affect them. One person told us, "The building work doesn't bother us; we don't hear it."
● Staff we spoke with were positive about the changes. One member of staff told us, "I am looking forward to seeing the results. I'm passionate about the building and about the people who live there."
● During the building design phase, the provider had involved various professionals to best meet the needs of people and ensure best practice was reflected.

Supporting people to live healthier lives, access healthcare services and support
● There was collaborative working with external health professionals. Conversations with people, staff and records all demonstrated that advice and support was sought from health professionals when concerns about a person's well-being were identified.
● The service ensured that people received input and any required treatment and any referrals to other services were made in a timely manner. One person told us, "The physiotherapist has been and someone else came to see me too."
● People's health improved whilst living at The Peele. Some people admitted from hospital under the discharge to assess process responded positively to the care and support. They were able to return home with a package of care in the community.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found that people were being deprived of their liberty and the registered manager told us that DoLS applications had been made to the local authority. These had been notified to the Commission.
● Staff had completed on-line training in MCA and were clear how to support people with their decision making. We observed and heard staff offering people choices and listening to their wishes.
● People with capacity had their decisions respected and where people lacked capacity best interest decisions had been made with the relevant people involved.

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.

This is the first inspection for this service under the current provider. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- We observed warm and positive relationships between people and staff. Staff spoke with people at eye-level and used words that helped reassure people.
- Staff had people's best interests at heart. We heard good conversations between people and staff.
- There was positive feedback about staff being caring and compassionate. One person said, "They have really looked after me and I have made huge progress. They have given me a lot of support; I can't fault them."
- Staff had continued to help people maintain important relationships with family and friends throughout the pandemic.

Supporting people to express their views and be involved in making decisions about their care
- Staff supported and encouraged people to express their views. For example, people were asked on admission if they wished to self-medicate.
- People and relatives told us they had been involved in making decisions about their care and support needs, where appropriate.
- People's needs were monitored and assessed, with additional support being sought when needed.
- Families had been kept up to date with the latest guidelines in relation to COVID-19 and visits had been facilitated when national or local restrictions permitted.

Respecting and promoting people's privacy, dignity and independence
- People's right to privacy and confidentiality was respected.
- Staff respected people's independence. We observed staff checking people remained safe whilst moving independently around the home; for example, we saw staff check on someone who liked to access the smoking shelter outside the home.
- Staff had genuine concern for people and were keen to ensure their rights were upheld and people were not discriminated against in any way.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this service under the current provider. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● Daily handovers provided staff with up to date, relevant information about everyone living at the home. This helped to ensure people's needs were appropriately met.
● Care plans contained information for staff to follow to support people, whilst encouraging people to maintain established levels of independence.
● Management made sure that information obtained for people admitted for assessment following discharge from hospital, was accurate and relevant. This meant that staff could provide appropriate care and support.
● Health and social care professionals we contacted during the inspection spoke highly of the management of the service.
● One professional considered that the knowledge and experience displayed by senior staff helped to ensure both short and long-term residents received the best care possible.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were identified in their care plans. Information was shared verbally with people if this was their preferred method of communication.
● Large, laminated cards were available for people to use to assist with communication of their wants and needs. These contained basic words, letters of the alphabet and pictures relating to care, for example bed, clothes and cold drink.
● The home ensured staff had the necessary skills to meet people's communication needs. The registered manager was qualified in and could sign British Sign Language should this be needed.
● The new building design incorporated technology that would assist communication with people, including those with a disability or sensory loss.

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.
●The service had been pro-active during the COVID-19 pandemic. The essential care giver role had been widely publicised and encouraged for all.
● Records in relation to essential care givers were in place. Reasons for the role were explained to relatives

in that they helped provide companionship, emotional support and maintain family relationships. Essential care givers did not provide clinical aspects of care or personal care.
● Activities were on-going in the home. We saw photographs of themed nights and parties on special occasions.
● Plans were in place for the Queen's Jubilee celebrations. Each unit was having its own celebration to ensure people remained safe.
● The home had adopted the Oomph! Programme; this is the promotion of wellbeing for older people through exercise and activities. These included low-level chair exercises that people participated in.

Improving care quality in response to complaints or concerns
● Compliments had been sent to the home in the form of emails, letters, cards and feedback within surveys.
● Compliments were officially recorded and included thanks from relatives of people who no longer lived at the home. One relative had said, "I have nothing but praise for staff; they have shown nothing but compassionate care and understanding of my relative."
● Health and social care professionals involved in the home had also contributed compliments to management. We received positive feedback from one external professional we spoke with who told us they were 'very impressed' with all the systems in relation to infection prevention control.
● Responses to concerns and complaints were undertaken formally and within set time frames. Any lessons learnt following a complaint were communicated to staff so that practice improved.

End of life care and support
● People were supported to remain at The Peele if this was their wish when approaching end of life. Other health professionals were available to help with this.
● End of life training delivered by the palliative care team was arranged. Staff from The Peele were being joined by staff from a sister home.
● Care plans contained information outlining what was important to individuals at the end of their life.
● The home had received thank you cards for the end of life care provided to people during the pandemic.

Good

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.

This is the first inspection for this service under the current provider. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- Staff told us they considered the service to be well-led. The registered manager was supported by a deputy who had been with the service a long time; this helped to add stability to the management team.
- Daily management meetings, called 'safety huddles', were in place. These were with heads of units and were beneficial for all staff.
- A recent audit had identified an issue with recording administration of medicines and action had been taken to address this. This had been raised in safety huddles and communicated to all relevant staff.
- The registered manager was aware of their responsibilities in relation to the duty of candour.
- The registered manager was also clear of the requirement to notify CQC of all significant incidents and concerns and had done so.

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

- The home could demonstrate how people had benefitted from the care and support received from staff.
- People had good outcomes. Some people, admitted from hospital under the discharge to assess scheme, had improved and no longer needed long-term care. They had returned home with a package of care in the community.
- The owner had taken the business decision to limit the number of beds at the home whilst major building works were taking place.
- Staff we spoke with were enthusiastic about the planned changes. They felt as a team they supported each other and were working well together. This was evident during the inspection.

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

- People and those close to them were asked about their satisfaction with the service. A survey had recently been completed. We saw 16 responses to a survey undertaken in March 2022; all were likely or very likely to recommend the home.
- The home had ensured people had maintained contact with relatives and loved ones during the pandemic. The role of the essential care giver was widely promoted to people's relatives and close friends.
- Staff benefitted from company incentives and schemes to help boost their wellbeing. At the time of this inspection a staff consultation as underway due to planned changes in terms and conditions of

employment.
● Staff we spoke with felt valued. They were positive about the changes. One member of staff told us, "We are growing together; as a team and as a family."

Continuous learning and improving care
● A service improvement plan was in progress during the rebuild phase and was continually being added to and updated.
● The service improvement plan covered aspects such as staff practice; the culture of the home; the environment and new technology.
● The service planned to benefit from pilots being trialled in other of the provider's homes in the future. For example, a pain check application was being piloted at one home.
● Managers and staff updated their learning through various sources to develop best practice and make a difference to people's lives.

Working in partnership with others
● The home had continued a partnership with the local authority to support people to move from hospital under the discharge to assess process. This was helping to support the wider health and social care system after the COVID-19 pandemic.
● The provider was open and transparent with stakeholders. The service was keen to re-establish partnerships with professionals after the COVID-19 pandemic. One external professional described the service's management approach as being, "honest and transparent."
● The provider was seeking input and involvement from external professionals with regards to contributing ideas to the new building design to help with best practice.