

Chilworth Care Ltd

# Peel House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Peel House Nursing Home is a nursing home providing personal and nursing care to people aged 65 and over, some of whom live with dementia and/or mental health conditions. The nursing home can accommodate up to 52 people over two floors which are accessible by stairs or a lift. There were 44 people receiving a service at the time of inspection.

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

The registered manager and senior management team had made improvements within the home since our last inspection. Governance systems were operating effectively and had enabled the registered manager to identify further improvements such as with care records and communication. A visiting health and social care professional told us, "There were concerns around care planning however this has since been improved and more importantly we have seen evidence that this has been sustained. I have been impressed with the management within the home they are always very proactive at seeking support."

People told us they felt safe at Peel House Nursing Home and staff knew them well, one person stated, "Yes I am safe, nothing is too much hassle [for care staff]. If I have a problem, they will do whatever they can to sort it." Staff supported people in a kind and compassionate way, considering their dignity and respecting people's rights. 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. Care plans and risk assessments were person centred.

The culture of the home was open and transparent. The registered manager demonstrated joint working with health professionals who provided specialist support to people, involving their families and other professionals as appropriate. Staff demonstrated a good understanding of providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was 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 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 2 inspectors, a specialist nurse advisor 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 care service.

#### Service and service type

Peel House Nursing Home 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. Peel House Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the home and contacted the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people and 4 relatives about their experience of the care provided. We spoke to 5 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the home on behalf of the provider. We received feedback from 3 health and social care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care and support records and viewed people's medicine administration records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at Peel House Nursing Home, one person stated they feel safe because, "Care staff always ask if they can help and comfort me."
- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff told us of their confidence in the registered manager's ability to address concerns. One member of staff said, "It is important to know how to recognise and report potential abuse. It's very important to be able to act on any concerns. I am certain the manager will address concerns." Another member of staff told us, "I share any concerns with any manager, especially for the resident that is my responsibility as a human being to make sure they are all safe, that's why we are here, for the residents."
- Learning was shared through team meetings, staff supervisions and electronic communications to all staff. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

Assessing risk, safety monitoring and management

- Risks to people were managed. Risk assessments included details of potential risk, level of risk and how it would affect people, this guided staff to provide safe care. Staff were provided with clear instruction on how to manage potential risk in relation to eating, drinking, falls and skin integrity.
- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system, this meant they could update the risk assessments immediately as something changed
- Risks associated with the property and environment were well managed. We observed corridors to be free of clutter and the communal areas to be tidy and free of hazards.
- Maintenance information and record keeping of contractor visits were accessible. During our visit we observed improvements taking place as part of a planned schedule of works.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans in place, which detailed the support a person required to leave the home in an emergency.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us, "There is not a high turnover of staff" and, "They have enough staff, and they know my name."
- Recruitment processes were robust. A staff member told us, "We have training and an induction where we shadowed the senior care staff, so we get to know people before we started."
- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff had recently received training to support them in monitoring people's fluctuating health and to confidently identify when to use medicine to help manage the person's condition. A health and social care professional told us, "The training session was well attended by nurses and management, attendees were very well engaged."
- Staff followed safe procedures when giving people their medicines. People had medicines guidance in place for as and when required medication.
- Medication records were complete and matched stock balances.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The home operated in line with current government guidance.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to carry out its statutory duty to complete notifications of significant incidents and send them to CQC, this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, enough improvement had been made and this was no longer a breach of Regulation 18.

- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- Improvements had been made and quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- The registered manager and provider undertook a series of audits to ensure the home was safe and responsive to people's needs. These included care planning, infection, falls, and medication.
- Staff were clear about their role and responsibilities and what tasks they were accountable for. Staff told us they received regular supervision and stated, "Supervisions are very helpful we can share what is going on and they help us. It is very supportive, there is very supportive management."
- The registered manager and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

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

- There was a friendly, open, positive, and supportive culture at Peel House Nursing Home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "I would highly recommend this home. I love the company and the care I get." A relative stated, "Communications with the family is good, they phone us daily. The nurses and care staff are sociable and friendly. They care for [relative's name] really well."
- Staff told us the registered manager was always present and approachable. Staff comments were: "Yes, I feel supported here it's getting better and better, the home has totally changed since [registered manager's

name] came. It is well organised and looks totally different so many things have been improved", "Communication is good, management support is good, and I feel the home is well-led", "I think we have all learnt all so much from [registered manager]. They have taught us all ways to improve", "Everyone here is so welcoming. The sponsorship staff have the right levels of empathy and the whole culture here is very caring it has worked very well."

- A visiting health and social care professional told us, "The registered manager has worked hard to create a positive culture within the home to ensure all staff work together to support the residents living in the service. They have always been open and transparent and have been very welcoming of outside professionals."

#### Continuous learning and improving care

- Actions from reviews of people's care and any DoLS conditions were included in people's care records; the registered manager and provider were able to track whether tasks had been completed. Feedback from a visiting health and social care professional highlighted, "We have seen massive changes and they have worked with us to ensure improvements are in place, we have supported with care planning training, pressure ulcer prevention training and management of contractures." A contracture occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing a deformity. Contracture symptoms include pain and loss of movement in the joint.

- There was evidence that learning from incidents took place and appropriate changes were implemented. The registered manager used an action plan to maintain oversight of what improvements to the service had been made, and what identified tasks had yet to be completed. For example, the registered manager had recently introduced a quarterly clinical meeting, to help understand training needs within the team and identify any trends and patterns relating to people's health.

- A visiting health and social care professional told us, "The registered nurses are very knowledgeable in all nursing aspects. They are very caring and competent in their work."

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

- People were consulted in the running of the home. The provider had an annual survey which was sent to people in the home and all relatives. The feedback was displayed in the entrance of the home, with details of actions taken. For example, people fed back about the environment and had been consulted in the decorations and colour scheme of the home.

- The home worked well with visiting health and social care professionals, the registered manager had introduced a professional's survey and actively encouraged professionals to complete one each visit. One health and social care professional told us, "The improvements they have made so far have been positive for the residents living in the service. These improvements would not have been possible without the current manager." Another stated, "I have never had any complaints with Peel House, and it is a pleasure to work with such a dedicated registered manager and staff."