

Harbour Healthcare Ltd

Peel Moat

Inspection report

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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 Moat is a residential care home providing accommodation with personal care to up to 31 people. The service provides support to older people with dementia. At the time of our inspection there were 28 people using the service.

All communal areas are located on the ground floor. People's bedrooms are across 3 floors.

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

The provider had not followed guidance and did not have appropriate checks in place to maintain the safety of the passenger lift at the service. Some improvements to the environment at the service had been made however; overall improvements were slow and took significant time to implement. Audits and management meetings did not always recognise areas for improvement or drive those improvements.

Staff were recruited safely. Medicines were not always managed safely. The home appeared clean throughout. We found a cleaning product in an unlocked cupboard. This was moved during the inspection. Staff had completed training to support them in their role.

Staff supported people to maintain their independence, particularly around their mobility. Staff supported people in a kind and caring way.

The service had engaged with people and their families around concerns raised about the lift. Care plans showed personalisation however they lacked detail in end of life care planning. People were supported and encouraged to engage in activities within and outside the home.

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

The last rating for this service was good (published 29 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report. The provider addressed the concerns around the lift following the inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to provider oversight, health and safety and the safe management of medicines.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Peel Moat

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.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Peel Moat 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 Moat is a care home without 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

The first day of the inspection was unannounced.

What we did before the inspection

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 information we had received about the service since their last

inspection. We used all this information to plan our inspection.

During the inspection

We reviewed records relating to the running of the service including care plans and medication administration records. We spoke with 6 staff including the registered manager and deputy manager. We spoke with 3 people using the service and 2 relatives.

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 good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- Safety was not monitored fully. The service did not maintain their responsibility to ensure that the passenger lift at the service was routinely inspected to ensure it was fit for use. All passenger lifts should be inspected every 6 months. The lift was last inspected in July 2022. This inspection was incomplete as it required supplementary reports had not been conducted, as advised.
- At the time of the inspection the lift was out of order due to a failure and a delay in waiting for the parts to be sourced and fitted. Following the inspection, the registered manager informed us that the lift had been repaired and the inspection completed.
- The lift being out of action had wider impacts on the home. These included staff having to walk upstairs with people's food, people requiring support to use the stairs and the medicines trolley not being able to be moved across floors. Prior to the inspection, the service had not fully risk assessed these concerns and the impact they would have on staff and people.

The provider did not ensure safety of equipment at the service was maintained. This potentially placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care notes did not always detail the care that was required to be delivered. For example, we observed one person being cared for on a pressure mattress. The mattress was set to the incorrect setting for their weight. Care notes did not demonstrate that mattress settings were checked regularly. We brought this to the attention of staff and this was corrected.

Using medicines safely

- Medicines were not consistently managed safely. The service had recently changed to a new electronic recording system for medicines administration. Further training was planned to ensure the system would be utilised fully. However contingency plans had not been put in place to ensure all the information required to support people to take their medicines safely was in place prior to the change of systems.
- Staff were not recording the application sites of patch medication. The application sites of patches should be rotated in line with guidance. There was no information to show the sites had been rotated.
- Protocols for medicines to be given 'when required' were not in place on the new system. There was no guidance for staff to know when to give people these medications. The provider explained that these had been in place on the old system but had not been transferred across. The protocols which were in place did not contain sufficient detail.
- People's medicines were not always being managed in line with best practice. For example the

temperature of the storage of people's medicines was not being consistently monitored and opening dates of people's liquid medicines were not always being recorded.

- We were not assured that safe administration processes were being consistently followed since the administration records had moved to a new system and the lift had broken meaning that staff could not take the medicines trolley to where people were, to administer the medicines directly. This was discussed with the management team. We found three counts of people's medicines to be incorrect. This meant we could not be certain that the person had received the correct dose of their medicines as prescribed. We asked the management team to look into this.
- There was not sufficient guidance around preparing medication for people who had swallowing difficulties. Some medications were being crushed for people however the medication administration records contained no information on how to do this safely and there were no directions from the pharmacy.

Medicines were not always stored and administered safely. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Staff displayed a good knowledge and understanding of signs of abuse and how to report any concerns.
- Staff had received training in safeguarding.

Staffing and recruitment

- Staff were recruited safely. All necessary pre-employment checks were completed before new staff commenced work at the service.
- We received mixed feedback about staffing levels at the service. The service had a consistent staff team and did not use any agency staff.
- Staffing rotas showed fairly consistent staffing levels. The lift at the service had not been working for several weeks. This meant that some people who would usually come downstairs to socialise and spend their day were unable to do so. Staff told us that staff had been redeployed on different floors to support people who could not come downstairs.

Preventing and controlling infection

- There was a routine cleaning programme in place at the home. Visitors told us they thought the service was clean.
- Staff wore personal protective equipment (PPE) appropriately. There were sufficient supplies of PPE available throughout the home.

Visiting in care homes

- Visitors were welcome to the service at any time. There were no restrictions on visitors to the service.

Learning lessons when things go wrong

- The provider and management team have reflected on the failings of the lift and were involving people and their relatives around conversations about improvements.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Care notes were not always reflective of the measures which the service had in place. We observed one person sat in a chair in their room. There was a sensor mat in place. There was no information within their care plan and risk assessments around the use of the sensor mat.

Staff support: induction, training, skills and experience

- Staff received training to perform their role. Staff gave positive feedback about the training they had received at the service.

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

- Staff supported people to eat and drink. Staff had good knowledge of people's likes, dislikes and dietary requirements.
- There was a good choice of food available to people. We received mixed feedback about the food. This included comments that the food was cold. We brought this to the attention of the management team. On the second day of inspection, staff were taking people food upstairs in insulated bags to help keep the food warm.

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

- Staff supported people to access other agencies for support. Staff contacted other agencies for support for example around weight loss. Care plans didn't always demonstrate what other action the service had taken in response to weight loss. For example, increased weight monitoring.

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

- The service had been adapted to support people's needs. At the time of the inspection some refurbishment had taken place to the downstairs living areas and new chairs had also arrived. However, ongoing audits and plans at the service identified other areas of improvement which were due to take place at the home. These comments were repeated over several months and there were no clear timescales around when these improvements were due to be made.
- During the ongoing repair work for the lift, a person's room was being used as a lounge area so that people who were unable to get downstairs had a communal area to use. We were informed that people were happy with these temporary arrangements.
- People's rooms were personalised according to their likes.

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.

- The management team had a system in place to monitor applications for DoLS.
- The service maintained records of best interest meetings where specific decisions around care had been made .

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff treated people with dignity and respect. We observed staff taking the time to sit and speak with people. People appeared comfortable speaking with staff and asking them for help.
- Staff knew people's likes and dislikes well.

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

- Staff listened to people's views. We observed staff speaking with people and listening to their choices around food and how they would like to spend their time.
- Care plans did not clearly show input from people using the service and their relatives. It was not always clear if people had been involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with their independence. Staff supported and encouraged people with their independence by encouraging them to move independently around the home. Staff supported people with compassion and encouragement.
- Staff encouraged people to complete tasks on their own, where possible. Staff gave examples of supporting people to wash independently with prompting from themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were not always sufficiently personalised to people. Care plans showed personalisation but it wasn't always clear how this personalised approach impacted on the care delivery.
- Care plans did not consistently show that people had been involved in planning their care.

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 recorded in their care plan. We observed one person who required a hearing aid who did not have it in place during the inspection.

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

- Staff supported people to take part in activities they enjoyed. The service had activities coordinators in place who supported people in group activities and a one to one basis. Due to the lift failure some people's opportunity to engage had been reduced.
- The service had good relationships with the local community. During the inspection, children from a local school sang Christmas carols which was enjoyed by people at the service. Staff also supported people to go out. People had recently visited a local football stadium.

Improving care quality in response to complaints or concerns

- The service responded appropriately to concerns. The main concerns raised were around the lift and the impact this had on people at the service. The provider had responded to people who raised concerns.
- During the first day of the inspection, we observed a person on the top floor, complaining that their food was cold. We brought this to the attention of the deputy manager. On the second day of the inspection, staff were using insulated bags to carry hot food up to people who were not eating their meals on the ground floor.

End of life care and support

- Staff supported people at the end of their lives. Staff had received training in end of life care.

Staff understood what good end of life care looked like.

- Some plans lacked detail about how people would like to be supported at the end of their lives.

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 good. At this inspection the rating has changed to requires improvement. 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

- Audits did not always identify issues at the service. During the inspection we identified concerns with the management of medication and the safety of the lift. Audits conducted did not identify these concerns.
- Throughout 2022 regular health and safety audits were completed. The audits stated that the certificates were up to date. This was incorrect as there was no up to date inspection for the lift.
- The provider was slow to make progress in completing improvements at the service. The health and safety meeting minutes showed the same themes throughout the year with little improvement. It was not clear how the service were addressing the concerns with the lift.

Systems were not in place to effectively monitor and ensure the safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received mixed feedback about the culture of the service. Some staff expressed concerns that the wider implications of the lift being out of service had not been appreciated by the management team.

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 provider understood their duty of candour responsibilities. Following the issues being identified with the safety inspections the provider informed us they would be discussing this further with people and their relatives.

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

- The management team engaged with people and their relatives. There was an interactive feedback device in the reception of the service, where people could indicate if their visit had been positive. People were then contacted for feedback.
- The management team held a meeting with relatives due to the ongoing concerns with the lift. The team listened to people's concerns and later provided updates on the lift.

Continuous learning and improving care

- The provider was responsive and transparent regarding the concerns raised about the lift. Following the inspection, the provider confirmed that the relevant safety checks and improvements had been made to the lift.

Working in partnership with others

- The service worked closely with health care professionals to support people living at the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not being managed safely. Medicines were not always stored safely. Protocols for as and when required medication was not in place.</p> <p>Safety of the lifts was not adequately monitored in line with guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems in place to monitor the safety of the service and drive improvements.</p> <p>Audits were inaccurate and did not identify failings with the lift.</p>