

Tancred Hall Care Centre Ltd

Peacock Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Peacock Manor Nursing Home is a residential care home providing personal and nursing care to up to 49 people. The service provides support to older people, some of which may be living with dementia, physical disabilities or have mental health conditions. At the time of our inspection there were 43 people using the service.

Peacock Manor nursing home offers accommodation to people over two wings, 'The Hall' and 'The Cottage'. Both wings have communal dining and lounge areas and there is a large garden which people can access throughout the day.

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

People were supported by staff who knew them, who listened to their opinions and acted on them. Care plans helped aid in their care however some details in these needed reviews to ensure they were consistently accurate, and person centred. We have made a recommendation about this.

People told us their rooms were kept clean and tidy however on the day of the inspection we found that areas of the home were not cleaned to a good standard and renovation was needed in many areas to help improve the environment. This did not seem to affect the people in the service and an extensive renovation plan was in place by the provider. We have made a recommendation about this.

The dining experience had been improved and people enjoyed the variety of meals offered, telling us they had a choice and staff supported them to maintain a healthy diet. People were offered plenty of drinks and snacks throughout the day and staff were seen to be attentive to those who were nursed in bed.

Effort had been made by the provider to ensure a more consistent staffing team. People and relatives were complimentary about the staff and found them to be helpful, caring and respectful. One relative told us, "They talk to [Relative] all the time, the people are lovely, very patient." and one resident told us, "Staff are wonderful."

Systems were in place to monitor the quality and safety of the service to help ensure people received good care. Staff felt supported in their roles and the registered manager was proactive in responding to any feedback to improve the service. One staff member told us, "Management is very supportive and there is a nice team."

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 (published 22 July 2021) and there were breaches of regulation. 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 prompted by a review of the information we held about this service. Breaches in regulation were found at the last inspection so we also undertook this inspection to review their action plan and confirm they now met legal requirements.

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 has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peacock Manor Nursing Home on our website at 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?

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 well-led.

Details are in our well-Led findings below.

Good 

Peacock Manor 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 two inspectors 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

Peacock Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Peacock Manor 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 unannounced.

What we did before the 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, the quality assurance manager and two people who lived at the service as part of the inspection. We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at four staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

After the inspection

We spoke to six relatives, three people who lived at the service and five staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

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. The rating for this key question has remained 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.

Preventing and controlling infection

At our last inspection the provider had failed to ensure the appropriate use of personal protective equipment to prevent the risk of the spread of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Areas of the service were found to be unclean on the first day of inspection however this was quickly addressed by the registered manager. The service had recently developed their cleaning records and employed a new domestic team to help manage the risk of infection.

We recommend the service review their cleaning standards and consider best practice guidance on infection, prevention and control.

- We were assured that the provider was using PPE effectively and safely.
- 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 accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Visitors were not restricted in any way and safety was promoted while on site for example, personal protective equipment (PPE) was provided for visitors, health screening was in place and outdoor visits could be facilitated, weather permitting.

Using medicines safely

At our last inspection we recommended the provider reviewed their procedures around the storage of medication. The provider had made improvements.

- People received their medication safely, at the correct time and in line with the prescribed instruction. On the day of the inspection there was some confusion regarding the stock count of one medication however this was quickly resolved. This resident was not affected by this as medication was available however the process of recording and receiving stock could be improved to minimise the reoccurrence of this.

We recommend the provider review their stock intake procedure and consider best practice guidance in this area.

- Protocols had been developed for 'When required' medicines and staff knew when to administer these, considering people's communication needs.
- The registered manager ensured safety by completing regular competency checks and ensuring all staff were appropriately trained.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Care plans had been developed which assessed the risks to people however some information was inconsistent, and some areas would benefit from expansion to fully consider and explain people's care needs. Safety checks and ongoing health monitoring records were in place however information relating to these areas was also inconsistent. There had been no impact to the care of the people at the time of the inspection.

We recommend the provider review and update their care records to ensure all information is consistent and people's health needs and ongoing monitoring is in line with recommendations.

- Environmental audits were in place which had highlighted concerns raised on the inspection, the premises need renovation and maintenance which had been delayed due to Covid-19 restrictions. The provider has an ongoing renovation plan in place to manage this.
- Accidents and incidents had been reported with a robust system in place for the registered manager to investigate any concerns. Outcomes from investigations were actioned with learning shared across the team via daily flash meetings.

Staffing and recruitment

- The service has enough staff to ensure the safety of the people. Efforts had been made by the provider to increase staffing numbers and to ensure a consistent staffing team.
- Safe recruitment practices were in place, with the appropriate employment checks complete throughout the recruitment process.
- Staff had the appropriate training to be able to provide safe care.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse. Training was offered to staff to help them recognise abuse and they knew how to apply it.
- Staff were confident in their manager to handle any allegation of abuse appropriately and would not hesitate to report them. One staff member told us, "[Registered Manager] is very approachable and he is always available to speak to."

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended that the provider review their systems for ensuring people's nutritional needs and preferences are met and update their practices accordingly. The provider had made improvements.

- People were supported to have a healthy and balanced diet. People could choose from a variety of meal options each day and a menu had been developed to consider people's cultural, religious and political views.
- Staff knew how to support people and were attentive at mealtimes, asking for people's food and drink preferences before serving and asking people if they required anything more. We found the dining experience in 'The Cottage' could be improved as some people who required assistance waited for longer periods of time and some people may have benefitted from a more appropriate table setting however these issues were addressed by the registered manager on the day of the inspection.
- We saw a variety of drinks and snacks available throughout the day which included healthy options such as a fresh fruit prepared in easily manageable slices. People told us, "The food is always nice, we get a choice. They send staff round to show the food on a tray and you can choose which meal, it's really good and a decent portion."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and care plans had been developed which considered people's likes and dislikes. More work could be done to ensure each section included more personalised information however staff had already begun to improve this.
- Relatives had been consulted in the creating of the care records which helped in assessing people's needs and gave valuable insight into people's preferences. One relative told us, "What I really liked was they asked what he liked if down and what would make him happy, what ideas I would have if he was off his food."
- People protected characteristics had been considered and there was an extensive Equality and Diversity policy in place to help guide staff in understanding people's cultural and religious needs.
- Appropriate policies and guidance were in place and accessible to staff which reflected current best practice, guidance and legislation.

Staff support: induction, training, skills and experience

- Staff had been appropriately trained to provide care and their skills were continually assessed by the

registered manager through supervisions and competency assessments.

- A training matrix was in place to evidence the staff teams training and can be used to highlight when refresher training is due.
- Staff have an induction process to follow and are given time to read the care plans and get to know the people.

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

- Advice from other healthcare professionals had been sought when needed, with appropriate referrals being made to review changes in people's care needs.
- Care plans reflected advice from other healthcare services and staff actioned any recommendations made to aide in providing effective care.

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

- The design and decoration in the service was meeting people's needs and renovation work in the service is currently ongoing. The manager told us people had been consulted on design decisions such as wallpaper and colour choices for their bedrooms.
- Relatives and residents reflected positively about the recent decorating work; one relative said, "The fabric of the building is now, much improved." Others reflected that the service was older and, "not luxurious," however they were happy that people's needs were met and that their relatives were happy.

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 service was working within the principles of the MCA. Mental capacity assessments were in place for people and staff made best interest decisions when necessary to provide appropriate care.
- The registered manager understood their responsibility when depriving someone of their liberty and had the correct applications in place when needed. Records showed best interest meetings were taking place and conditions were reviewed.

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

- People were supported and well treated. Staff were seen to be patient and kind, acting appropriately when they saw people becoming anxious or distressed and respecting people's wishes.
- Staff showed concern for people's wellbeing and offered support when needed. One person told us, "I trust people here. They notice if I have something on my mind and take me away somewhere quiet and talk with me."
- People's protected characteristics and communication needs had been considered and efforts had been made to increase staffs understanding of equality and diversity through a comprehensive policy.
- Staff members spoke passionately about ways they can continue to improve the care they provide and worked hard to build relationships with people to ensure people felt comfortable and well supported.

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

- People had been supported to express their views and both people and relatives had been consulted about decisions about care. Relatives told us they had been involved in the care planning process and their views had been considered. One relative explained, "The liaison with Peacock Manor is fantastic."
- Regular resident and relative meetings had been planned and questionnaires had been sent out to collect feedback on the care. Responses were reviewed by the management team and actions put in to place to help improve the care.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by the staff and care was provided in a way which promoted people's privacy, dignity and independence.
- Staff showed knowledge of how to maintain people's privacy. Care was offered in a dignified way with positive interactions seen throughout the day of the inspection.
- People told us; staff helped them increase their independence which was at their own pace. One person told us they were now able to dress independently due to staff's encouragement; this was slow and not forced. They described the staff team as, "really brilliant".
- Positive feedback was shared from professionals working with the service. One professional told us, "I was really impressed with the work that Peacock Manor have completed with [resident], he has gone from being extremely dependent on the staff for all care and support needs, to being more independent and now being able to go home. It felt that the staff had worked very hard with this resident to increase his rehabilitation potential."

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 had been personalised to meet people's needs. Care plans had been developed which included personalised information such as, people's likes and dislikes and reviews were taking place to ensure all information was relevant to that person. More work was currently underway in developing these records to include further details about people's choices however the staff team knew the people well and people's needs were met.
- People's relatives had been given the opportunity to have an input in the care planning procedure. The registered manager conducted meetings to discuss care needs and took advice from the family to help give a greater insight and understanding to staff about their relative's preferences.
- Staff were kept informed of any changes to people's care needs or preferences by the introduction of daily flash meetings.

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 being met at the time of the inspection. Information was offered to people in different formats to help aid understanding and where possible visual aides were used to also help increase the level of communication. For example, at mealtimes a written menu was available but also staff showed smaller portions of the food options to the people so they could make an informed choice.
- Many of the staff's first language was not English however support and additional training was in place to help improve communication.

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 maintain relationships with family and friends. This was via telephone calls and other virtual communication technology during times of Covid-19 restrictions. However, currently visitors are unlimited, and people can meet their family and friends in their preferred area, such as visiting room, lounge or bedroom.
- People were supported to take part in activities, giving people a choice on how they wished to spend their time each day. Efforts had been made to celebrate religious and culturally important days, such as The

Platinum Jubilee, considering people's preferences.

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure had been developed with clear guidance for people who wished to make a complaint. All complaints were investigated by the registered manager who reviewed any concern, developing action plans to help improve quality of care.
- Relatives showed awareness of how to make a complaint if needed and had confidence in the registered manager to deal with any concerns quickly and professionally.
- Staff reflected an open culture of honesty and learning in the service. They felt able to approach any member of the senior team to raise a concern, support would be offered with additional learning if the situation indicated this. One staff member told us, "We raise concerns if needed and then discuss these together. We always talk about what is best for the people."

End of life care and support

- End of life support plans had been developed with the support of the registered manager. Relatives had been consulted in the creation of these and people's wishes were recorded and considered.

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

At our last inspection the provider had failed to ensure robust assurance and auditing processes were in place to assess, monitor and drive improvement in the quality and 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about their roles and understood their responsibilities and regulatory requirements. The senior leadership team had grown, and more support was in place to help implement improvements at the service.
- Audits were in place which had been developed to assess risk and quality. Where these highlighted shortfalls, an action plan was in place and implemented by the registered manager. Additional oversight was provided by the quality assurance manager who completed a series of independent audits and offered support to the service.
- Regular management meetings were taking place which involved the provider and the senior leadership team. This gave greater oversight of the service to the provider which helped drive improvement.

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

- Staff promoted a positive culture within the service, working hard to provide person centred care which achieved good outcomes for people. Daily meetings gave them the opportunity to be open about any concerns they had regarding people's care and these were seen to be acted on quickly.
- The management team are always visible in the service and approachable to staff, leading by example.
- Staff felt supported in their roles and said management were approachable. One staff member commented that, "We are always asked for our opinions and what matters to us." With another telling us, "[The registered manager] is very helpful and we can go to him with any problems."

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 registered manager understood their responsibilities to be open, honest and to apologise if things went wrong. A system was in place to investigate and review any concerns raised, they took responsibility when shortfalls were found and acted to improve.

Continuous learning and improving care

- System had been developed to promote learning and improving care. Audits were used to highlight any shortfalls with discussions held with staff members to ensure improvement and learning. Staff were given the opportunity to feedback in these meetings and learn from mistakes.
- There was a clear procedure in place to investigate accidents and incidents. Outcomes were shared and cascaded to the team via daily meetings.
- Staff had regular supervisions which gave them the opportunity to review their performance, working alongside the registered manager to highlight additional support and training needs.

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

- Efforts had been made to engage and involve people, the public and staff with meetings being held within the service, newsletters and feedback questionnaires. People took these opportunities to reflect on their experiences which were analysed and reviewed by the management team.
- Positive relationships had been built with local professional teams, including the local authority and GP service. We were told by one professional that, "[Staff members], always follow up things straight away that I ask, and seem to know the needs of the residents inside and out."