Tudor Bank Limited

Douglas Bank Nursing Home

Inspection report

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Date of inspection visit:
23 June 2022

Date of publication:
17 August 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Douglas Bank Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people and people living with dementia, younger adults and people with a physical disability. At the time of our inspection there were 33 people using the service.

The home is set across two floors. One floor provides care to people with nursing needs. The home has communal areas and a good-size garden for people and their relatives to use.

People's experience of using this service and what we found
Although we found no examples of harm, people were placed at risk as medicines were not always managed in a safe way, and we have made recommendations about the process for auditing medicines.

The home was clean and comfortable, and people told us they could decorate their rooms as they preferred. Some areas needed development and the provider had commenced work to update bathrooms. We have made recommendations about the management of health and safety requirements.

People were well cared for by staff that enjoyed their jobs. People felt safe and a relative said, "They know her quite well and know how to help her, she is kept safe."

People benefitted from a positive culture within the home. People said the staff were friendly and caring and knew them well.

Staff and managers kept relatives up to date and informed them of any changes or issues. One person said, "We have lots of interaction with staff."

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 October 2021).

At our last inspection we recommended that the provider improved their recording and auditing processes of medicines. Although improvements were made, we found further development was still needed.

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.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the safe management of medicines at this inspection.

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

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Douglas Bank 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 undertaken by one inspector and 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
Douglas Bank 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. Douglas Bank 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 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 not a registered manager in post, however an application was in

progress.

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. 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 five people that used the service and four relatives. We talked to 10 members of staffing including care staff, kitchen and domestic staff, nursing staff, the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including three care plans and risk assessments, medicine records, policies and procedures. We reviewed three staff recruitment records and looked at audits.

Requires Improvement

Is the service safe?

Our findings

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

At 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.

Using medicines safely

At our last inspection we made recommendations regarding the safe management of medicines. Firstly, for the provider to follow up on actions found during medicine audits; secondly, to ensure staff accurately record the amount of thickener added to drinks of people at risk of choking. The provider made improvements in the recording of thickener, however there remained areas for improvement in the overall management of medicines.

- During the inspection we found the medicines room left unlocked. Items such as drink thickeners were stored here; guidance indicates this should be locked away. Thickeners are added to drinks to make them safer for people who are at risk of choking. Accidental ingestion of thickener could cause harm. The room was locked when staff became aware.
- We checked people's medicines records and found several gaps in the recording of signatures to say that people received their required medicines. Although this had been identified by senior staff through audits, actions taken to address were not yet embedded. This meant there was a risk that people may not receive their required medicines.
- Some people's 'as required' medicines did not have the information relating to these stored in the medicine records, meaning staff may not have the correct guidance to support people.
- Staff were not recording the date of opening of some topical creams and eye drops, meaning there was a risk medicine would not be disposed of in the required time and therefore no longer effective.

Although we found no evidence of harm, systems were not in place to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they put actions in place to audit records daily and update staff knowledge of recording requirements. This will be looked at during the next inspection.

- Staff were recording how much thickener they added to people's drinks.
- The manager checked nursing staff competencies to administer medicines safely.

Assessing risk, safety monitoring and management

- There were systems to assess risk and monitor safety, although some tasks were still outstanding.
- The provider employed maintenance managers who conducted regular health and safety and

maintenance audits and arranged for the completion of required tasks. The provider had taken action to address risks relating to emergency lighting, legionella and fire. Some work was still in progress or waiting for sign off to show they had met the required health and safety standards.
● An environmental health check conducted in the kitchen area had identified tasks to improve safety, however these had still not been completed.

We recommend the provider complete actions to meet the required health and safety standards. We will look at this at the next inspection.

● We checked records and found that electrical testing and servicing of equipment was up to date.
● One relative said, "The home was kept tidy and free of any obstacles for people walking around."
● There was a fire risk assessment in place and the manager conducted fire evacuation practises.
● The provider recently changed electronic systems to record care plans and risk assessments. This made it difficult to see all the required information regarding people's care needs in one place. However, we could see that people's care needs were reviewed regularly and staff had good knowledge about people and their needs.

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
● People were protected as the provider used safe recruitment processes and there were enough staff on duty to keep people safe.
● The provider was using agency nursing staff on a temporary basis to fill permanent nursing staff gaps, due to long term sickness. We identified this caused some problems in the safe management of medicines as described above.
● There were adequate care staffing numbers to keep people safe. However, people and staff told us people would benefit from higher staffing numbers for one to one activity and going out in the local area.
● We checked three staff recruitment records and found the provider undertook safe staff recruitment including reference checks and Disclose and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse as the provider had systems and processes in place.
● The manager arranged safeguarding training for staff and staff could describe processes they would take if they had concerns.

● There was an up to date and thorough safeguarding policy in place and staff could access a lot of information about safeguarding people.
● People and their relatives told us they felt safe and well cared for.

Preventing and controlling infection
● People were protected from the risk of the spread of infection.
● A relative told us, "The home is clean and there are no smells."
● 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's infection prevention and control policy was up to date.
● The provider supported visiting in line with guidance.
● We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong
● The provider had an effective incident recording system in place meaning they could learn lessons if anything went wrong.
● Staff knew how to record incidents and they were informed of any changes to practice.
● An example of changes to practice included the introduction of a nightly checklist and walk round to check security measures were adhered to.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At 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.

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

- Managers had a system to conduct regular audits, including care plan audits and infection prevention and control audits, with actions taken to make improvements. However, the medicine audits had not identified issues we saw during the inspection, such as missed signatures.

We recommend the provider reviews their auditing processes to make sure issues are identified and acted upon in a timely manner.

- Managers and staff understood their roles, quality performance, risk and regulatory requirements.
- The manager had applied to the CQC for registered manager status, which was in progress.
- Managers made statutory notifications to the relevant bodies.

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

- We found a positive culture at Douglas Bank Nursing Home.
- People and their families were very positive about the care received and the environment. One relative told us, "It is the little day to day things to chat with her and reminisce, they do well with her."
- Staff enjoyed their jobs and one person said, "I love the caring role."

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.
- Relatives told us the manager and staff contacted them with any issues or concerns. One relative said, "They contact me straightaway if there is a problem."

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

- The provider engaged well with people, their relatives and staff.
- The manager was planning a 'resident of the day' scheme. This meant every resident would have a named nurse to make sure residents and their relatives were involved in decision making.
- The manager conducted staff surveys to gain feedback. The manager led staff meetings although these were missed for a couple of months due to a Covid-19 outbreak.

● The manager encouraged relatives to leave feedback on a social media platform which was reviewed regularly.

Continuous learning and improving care; Working in partnership with others
● The provider was committed to improving care and worked effectively with others.
● The provider was working with a local hospice to gain skills around end of life care, including using syringe drivers, catheter care and mouth care.
● The provider worked with others including the falls team, memory team, local authority and commissioners.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks associated with unsafe medicines management.