

# Mark Jonathan Gilbert and Luke William Gilbert

## Dean Wood Manor

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Dean Wood Manor on 30 November 2016.

Dean Wood Manor is registered with the Care Quality Commission (CQC) to provide nursing and personal care to a maximum of 50 people living with a diagnosis of dementia. The premises are based around an original Grade II listed building which has been extended and modernised. Communal space within the home included a dining room and three lounges. There were also designated seating areas at the end of some of the corridors. The home has extensive gardens and on-site car parking is available. At the time of inspection 26 people were living at Dean Wood Manor.

At our previous inspection on 08, 09 and 15 June 2016, we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to; person-centred care, dignity and respect, safe care and treatment, good governance, staffing and safeguarding service users from abuse and improper treatment.,

During this inspection, although we found some improvements had been made, we identified four continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

At the time of our inspection, there was no registered manager in post. The home had undergone several changes of management in the last couple of years and the current home manager had only commenced working at the home in September 2016. The home manager confirmed they would be applying to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people and their relatives we spoke with said they felt Dean Wood Manor was a safe place to live.

We found medication was not always given to people safely. New systems in place demonstrated that improvements had been made but further improvements were required. Procedures regarding cream application needed strengthening as staff did not refer to cream charts prior to applying cream and completed records retrospectively. People prescribed medicines to be given 'when required' had insufficient information recorded which meant they were at risk of not receiving their medication safely and consistently. We found there was still insufficient information recorded regarding people's blood sugar levels to enable nurses to administer insulin safely.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We found risk assessments had improved but required strengthening further as information contained in some of the care files we looked at was contradictory, which meant staff did not have consistent guidance to follow.

Recruitment practices required strengthening. Recruitment documentation was missing in some of the staff files that we looked at.

The home had suitable safeguarding procedures in place and staff demonstrated they knew how to safeguard people and follow the alert process.

At our last inspection, there were not sufficient numbers of staff effectively deployed to meet people's needs. At this inspection, we observed staff responding to people in a timely way and staff were proactive in encouraging people's freedom of movement.

Staff received an induction and appropriate training applicable to their role. We found some staff required refresher training in mental capacity, deprivation of liberty and dementia but the home manager confirmed the training was scheduled for early 2017.

The service was not compliant with the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Mental Capacity assessments had been completed but they were not decision specific, with multiple unrelated decisions being considered as one assessment. The system in place at the time of the inspection was ineffective and we found granted DoLS that had expired or not been resubmitted to the local authority in the required timeframe. The home manager addressed this during the inspection and all required applications were made. The home manager also devised a new monitoring system to prevent future re-occurrence.

This is a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed nutritional risk assessments but care plans did not contain sufficient details to guide staff in managing the risks.

We found people's food preferences were catered for and people were provided sufficient quantities of quality food to eat. We observed the meal time experience which was relaxed and staff took the time to sit and chat with people.

The environment had significantly improved to meet the needs of people living there. We saw there was a continued works plan in place which detailed when further improvements to the home were to be carried out.

People living at the home and their relatives described the staff as kind and willing to help them when needed. We found the staff were friendly and engaging which made for a relaxed and warm atmosphere. Staff were visible throughout the inspection and when spoken with, staff expressed being proud of the care they were now providing.

People were treated with dignity, respect and were given privacy at the times they needed it. We observed staff knocking on people's doors before entering and providing explanation to people prior to undertaking

care tasks.

People's independence was promoted and people were encouraged by staff to do as much for themselves as possible.

Dean Wood Manor was engaged in a 12 week end of life education programme with the local hospice. The programme provided support, training and visits to review processes and support assessment.

We saw care files had improved since our last inspection but not all documentation was fully completed and some records provided conflicting information. This meant staff did not have consistent guidance to help meet people's needs.

During our inspection, we checked to see how people were supported with interests and social activities. The home had employed a new activities co-ordinator, however they were not scheduled to commence their role until the 12 December 2016. This meant staff were attempting to provide stimulation and activities whilst also being responsible for care tasks. During the inspection, we did not see people engaged in meaningful activities and although there was some Christmas activities scheduled in December this was not sufficient to meet people's needs.

This is a continuing breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the complaints procedure was displayed around the home and saw the one complaint received had been responded to in the required time frame.

We found historical records, for example food and fluid charts were not organised or filed systematically which resulted in us being unable to find the information we required efficiently. This meant the information would not be readily available for staff if they were required to find the information quickly.

In addition to the new home manager, a regional manager from the Dovehaven Care Group had been working at Dean Wood Manor to provide oversight and consistency of the service improvement plan, which the local authority had implemented following our last inspection. We found the clinical oversight provided required strengthening. The processes in place to monitor the performance of the home were not effective in securing service improvements across all the areas of concern identified at our previous inspections.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new home manager and clinical lead had only commenced in post September 2016 but we found the progress made in the home since this time could be attributed to their leadership. We found them to be open, honest and transparent during the inspection.

People, their relatives and staff corroborated our findings and all spoke positively regarding the current management and progress made since they started at the home. The home manager and clinical lead presented as motivated and committed to making a positive difference to the lives of people living at the home. We feel confident that the home manager and clinical lead will address the required improvements in a planned and structured way.

## 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 consistently safe.

The service did not have appropriate arrangements in place to manage medicines safely.

Recruitment practices required strengthening. The home policy had not been followed and we found recruitment checks were missing for some staff working at the home.

Staffing levels were sufficient on the day of inspection to meet the needs of the people who used the service.

### Is the service effective?

**Requires Improvement** 

Not all aspects of the service were effective.

There were gaps in staff training records and supervisions had not been conducted in line with the organisations policy.

We found continued systemic failings in the management of Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had subsequently expired which meant people were being deprived of their liberty unlawfully.

We found progress had been made with regards to adhering to national best practice guidance in developing a 'dementia friendly' environment. The home manager also had an agreement of works to make further improvements to the home.

### Is the service caring?

**Good** 

We found the service was caring.

People and their relatives consistently told us staff were kind and caring.

Throughout the inspection, we observed positive interactions between people and staff.

Staff promoted people's independence and maintained their privacy and dignity.

### Is the service responsive?

The service was not consistently responsive.

The home did not have an activities coordinator. There were no structured activities available to people living at the home at the time of the inspection.

Improvements had been made to care plans but further progress was required. Some of the plans looked at did not contain information regarding people's preferences.

A complaints procedure was in place and we saw complaints had been responded to in the required timeframe.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led

There was no registered manager in post.

People, their relatives and the staff spoke favourably of the new management. They all confirmed that there had been significant improvements made within the home since the manager and clinical lead nurse's appointment.

Systems for audit & quality assurance required strengthening in order to identify failings.

**Requires Improvement** ●

# Dean Wood Manor

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 November 2016 and was unannounced. The inspection team consisted of three adult social care inspectors, one of which is a registered mental health nurse and a medicine inspector (pharmacist) from the Care Quality Commission (CQC).

Since our last inspection, CQC had been continuously liaising with Wigan Council quality performance monitoring team, Wigan NHS Clinical Commissioning Group and the Provider from Dovehaven Care Group. Before the inspection, we reviewed all of the information we held about the home in the form of statutory notifications sent to CQC including those related to safeguarding incidents, deaths and injuries.

Due to the nature of the service provided at Dean Wood Manor, we were only able to speak with one person who used the service to ascertain their views about the care and support provided. We also spoke with six people's relatives and nine staff, which included the home manager, clinical nurse lead, a nurse, five care assistants and the chef.

We looked at documentation including; five care files and associated documentation, five staff records including recruitment, training and supervision, seven Medication Administration Records (MAR), audits and quality assurance documentation, a variety of policies and procedures and safety and maintenance completion of works and certificates.

# Is the service safe?

## Our findings

The people we spoke with said they felt safe living at the home. The visiting relatives we spoke with also told us they felt it was a safe place for their family member to live. One person said; "I couldn't go back home so I feel much safer here. Knowing there are a lot of people around makes me feel safe." A relative told us; "I do feel it's safe here. I've been informed about a few falls [person] has had. Staff seemed to respond well and phoned me straight away." Another relative said; "It's a safe place to be. I've noticed the staff go round and do checks in peoples rooms to make sure people are okay." A third relative also added; "Our family member is definitely safe here."

At our previous inspections in November 2015 and June 2016 we found that medicines were not handled safely and people's health had been placed at significant risk of harm. A pharmacist inspector visited on 30 November 2016 to ensure improvements had been made and people's health was no longer at risk.

We looked at medication administration records, care documentation and medication stocks for seven people. We found that significant improvements had been made in the handling of medicines,. however we still found that further improvements were required, in order to protect people from the risks associated with the unsafe handling of medicines.

We saw new systems had been introduced to ensure important information about each person's medicines and professional visits were now kept together. Nurses had instant access to the information when administering medicines and could update records quickly when changes were made. This meant changes to people's medicines could be actioned promptly.

The storage of medicines was appropriately maintained and safe, the clinic room was tidy and clean and the trolleys were well organised. Creams and thickening agents for drinks were stored safely in the clinic room. Throughout the inspection we saw care staff remove and return the thickeners and creams to the clinic room following use.

We saw the ordering system for medicines had improved and there was enough medication in stock to ensure people could have their medicines as prescribed. We observed the medicines rounds and they were well organised. People were given their medicines at the time they needed them and safe intervals were demonstrated between doses. We saw documentation had been strengthened and records implemented for medicines where specific time intervals between doses were required. This would enable nurses to adhere to the prescribers instructions and not administer doses too close together.

We found the administration records had improved and supported people being given their medicines safely. A stock check system had been introduced and we saw that this was effective in ensuring that people were receiving their medicines as prescribed.

Although the new systems in place demonstrated that improvements had been made, we found that further improvements were required. During the inspection, we found waste medication was not stored in line with



the current guidance and we informed the clinical lead and home manager of our findings. The manager made arrangements for this to be actioned and stored properly on the day of our visit.

Most medication which needed to be given before food was given at the correct time, however we saw that one person was prescribed an antibiotic which should be given on an empty stomach. We observed this being administered with food which meant the antibiotic may not be as effective in its treatment of the infection.

We found information about how often creams should be applied needed improving. We saw that care staff did not refer to the cream charts when applying people's creams and they did not make a record of application until sometime after they had finished applying everyone's cream. This meant that care staff were relying on their memory when applying creams and retrospectively completing records which could result in error.

Most people were prescribed medicines to be given "when required", such as pain relief or medicines to relieve constipation. Depending on the severity of the person's symptoms, a variable dose is often indicated in these circumstances. We saw that there was still insufficient information recorded to ensure that people were given medicines prescribed in this way safely and consistently.

There was still insufficient information recorded regarding people's blood sugar levels to enable nurses to administer insulin safely.

Some people needed their medication to be given covertly, by concealing it in food or drinks. No advice had been obtained from the pharmacist as to how to do this safely. During the inspection the clinical services manager made an appointment with the pharmacy for the following day so that this information could be obtained.

When people needed their drinks thickened or their medicines to be given covertly there was no clear signage on the medication administration records that this was the case. This placed people at risk of not being given their medicines safely especially when agency or bank nurses were working in the home who did not know people's needs.

This is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure that nurses and carers followed the systems in place to manage medicines safely.

At our last inspection in June 2016, we found risk assessments had not been updated in response to people's changing needs.

During this inspection we looked at five care records and saw the following assessments had been completed; mobility, mental health, skin integrity, allergy status, nutritional risks, continence and falls. The content in the care files had significantly improved since our last inspection but we still found some discrepancies in the information contained. For example; we looked at how the service managed people at risk from falls. We found details of the person's falls history recorded with the risk assessment and mobility care plan. This meant staff had the required information to continue to monitor the risks and the care plan to provide guidance to mitigate the risks of subsequent falls. However, we noted that the guidance in one person's risk assessment was contradictory to other relevant risk assessments within their care file. The falls risks assessment indicated that this person was a high risk of falls and required high levels of assistance with all transfers, whereas the moving and handling risk assessment stated the person required minimal

assistance to sit, stand and transfer. In another person's care file we saw the falls risk assessment had not been reviewed for five months which meant staff did not have up to date guidance or consistent assessments to follow to maintain people's safety. We informed the manager during the inspection of our findings and they confirmed they were currently in the process of auditing and updating the assessments and care plans since their appointment in September 2016.

We looked to see how people living at the home were protected against the risk of abuse. We found the home had an up-to-date safeguarding policy and associated procedures in place. Staff spoken with demonstrated a good understanding of safeguarding and alert processes. The staff we spoke with said they had undertaken safeguarding training and displayed a good understanding of how to report concerns. One member of staff said; "Not giving people the little things such as not adhering to people's personal care could be classed as abuse. Any type of omission could be neglectful." Another member of staff said; "Changes in behaviour, having a loss of appetite, or being withdrawn could be signs of abuse. I would go straight to the manager with concerns." Another member of staff added; "Bruising, people becoming timid and having dirty clothes could all be signs of abuse and neglect. I feel action would be taken as soon as the manager was made aware of it. If not, I would report it directly to CQC."

We looked at the homes recruitment policy and saw this stipulated that a Disclosure and Barring (DBS) check and two references were to be obtained prior to staff commencing employment at the home. We looked at five staff personnel files and found that staff had commenced employment prior to all the required checks being completed. We found that only one reference was available in some of the files and not two as indicated in the policy. We spoke with the home manager regarding our findings. The home manager informed us that an administrator had commenced working at the home due to records and documentation not having been systematically filed. The administrator had compiled the recruitment files with the documentation that they had found to date and they were continuing to work through papers and records that were stored ad hoc until the homes governance arrangements were organised and streamlined. We saw that all the recruitment files contained a DBS check prior to the staff commencing employment which meant staff's suitability to work with vulnerable people had been determined prior to them working at the home.

We asked people living at the home and visiting relatives if they felt staffing numbers were sufficient to care for people safely. One person said; "Sometimes they could do with a few more like anywhere, but generally they are quite quick to respond to what I need and I am not left waiting." A visiting relative also told us; "In general there is enough staff and it seems to have improved compared to what it was like previously." Another relative added; "It varies, but they always seem to cope quite well, even with the one to ones that are in place. We are never left too long."

We received a mix response from staff as to whether current staffing levels were sufficient. One member of staff said; "It is very dependent on people's behaviours on the day and if people are particularly loud and challenging then we need more." Another member of staff said; "Staffing levels are a lot better than before. I don't feel as though we struggle to meet people's needs and we work well together." Another member of staff added; "It is much better than what it was before. I think we work well with what we have got." Other comments included; "I used to, but not now. Staffing is okay at the minute. We have two people on 1:1's plus some other people need it at times when upset or agitated, but we have enough to do this." "They are alright; we can definitely meet people's needs." "Sometimes we just have enough, sometimes more than enough. Now and again we have been short but only if someone has phoned in sick at the last minute. Even then we can still meet people's needs."

We looked at how accidents and incidents were managed at the home. A file had been set up to store

completed accident and incident forms; however this only contained documentation from September 2016 onwards. We were told that all records prior to this time had been archived. Since September a total of 15 accident/incident forms had been completed, the majority of which were for falls or minor injuries to people who used the service. We saw that for all the people who had fallen, post -accident observations had been conducted hourly for the first 24 hours, to ensure no complications had developed and the person remained in good health. For any injury that required medical attention, the home had sought appropriate input from either a nurse on duty or the emergency services. We saw risk assessments had been updated post incidents and incidents had been discussed at handovers and meetings to disseminate learning.

Prior to the inspection we had received some information of concern relating to issues with the hot water supply and faulty showering facilities at the home. During the inspection we carried out checks of the main bathroom and shower room, along with the wash basins in five communal toilets and five people's bedrooms. We ran each hot water tap for up to 90 seconds to allow sufficient time for the water to heat up. Of the twelve hot water taps tested, only the main bathroom and two toilets had hot water, all other taps ran cold and in some instances we noted that water flow was also restricted. We tested the shower and found that as well as only running with cold water, any attempt to alter the temperature caused it to stop working altogether. We informed the provider and the home manager of our findings and received confirmation following our visit that a thermostatic control system on the affected boiler had been repaired. We were also told that this was continuing to be checked daily the following week to ensure the temperatures did not decline.

We looked at the home's safety documentation. Gas and electricity safety certificates were in place and up to date. We saw all hoists, slings and fire equipment were serviced as per guidelines with records evidencing this. We also saw that call points, emergency lighting, fire doors and fire extinguishers are all checked regularly to ensure they were in working order. This meant that the property was appropriately maintained and safe for people who were living at the home.

## Is the service effective?

### Our findings

Both people we spoke with and their relatives told us they believed staff were well trained and provided effective care. One person said; "The staff have good skills." A visiting relative also told us; "All of the staff seem to be very good. Even the younger members of staff are excellent and they don't hold back and get stuck in."

There was an induction programme in place which staff undertook when they first started working at the home. The induction provided staff with the core training they needed to be able to undertake their role effectively and provided them with an introduction to working in a caring environment. The staff we spoke with said they completed the induction once they had been appointed in their roles. One member of staff said; "The induction covered moving and handling, safeguarding and infection control. I was happy with the induction and felt it was sufficient."

We looked at the training matrix and the training that staff had available to them. This showed staff had completed a range of training including medication, moving and handling, health and safety, fire, food hygiene, safeguarding and infection control. We noted some staff required updates in mental capacity act, deprivation of liberty safeguards (DoLS) and dementia awareness which the home manager told us were scheduled to be completed the following week.

Staff told us they were provided with sufficient training and support to help them to undertake their roles. One member of staff said; "Training is going very well and I feel I have learnt a lot, especially since starting my NVQ. There is enough available and we can put forward courses we would like to do." Another member of staff said; "It's all fine. I've done a lot in the past 12 months such as DoLS, safeguarding, moving and handling and infection control. We only need to ask if we want to do more." A third member of staff added; "Training is changing for the better. It's going well and the new manager is bringing external agencies in as well."

We saw staff had received supervision in October and November 2016, however prior to this we were unable to see that these sessions had been taking place consistently. Staff told us this had improved since the new home manager had started working at the home. We looked at a sample of five staff supervision records and saw they provided a focus on staff well-being, things learnt, things tried, concerns and training updates. One member of staff said; "I have just had one recently. We can open up and talk about anything we need to get off our chest." Another member of staff told us; "I find them useful and we can talk about what is going on. Supervisions are better now with the new manager." Other comments included; "We didn't prior to [new manager] coming here. I'd only ever had one before that." "Yes, we have these, only had one in the year or so after I started, but had three in last 18 months."

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that mental capacity assessments had been completed but they were not decision specific and in some instances one assessment had been completed for multiple unrelated decisions.

The home manager had a DoLS file which contained a matrix indicating when an application for a DoLS had been submitted, granted and expired. The local authority states that an application should be made at least 14 days prior to the expiry of the authorisation if the person is still identified as having their liberty restricted. We found four people's applications had expired two months prior to the home having resubmitted the applications to the local authority. A fifth person's authorisation had expired in September 2016 and on the day of the inspection we identified this with the home manager, they were upset that this had occurred and confirmed they had been unaware the authorisation had expired and verified that no application had been resubmitted.

This is a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safeguarding service users from abuse and improper treatment.

During the inspection, the home manager went through all the DoLS applications and resubmitted the required applications to the local authority. They also pursued previous applications for people whom had not yet been assessed and devised an electronic matrix to track DoLS. They sent us a copy following the inspection to confirm that the monitoring system had been addressed.

The staff we spoke with told us they had received training in MCA/DoLS and had an understanding of the circumstances where they felt a DoLS would be required. One member of staff said; "I think a DoLS would be required where people lack the capacity to make their own decisions and were putting themselves in danger due to not understanding the risks." Another member of staff told us; "It's for when people lack capacity. In these cases people may be unable to speak for themselves and require a power of attorney." Another member of staff added; "We would apply for DoLS if there was a risk to a resident's safety and they weren't aware of the risks due to lacking capacity, such as leaving the building on their own."

We looked to see how people's consent was obtained. We saw signed consent forms in place, in one instance this had been signed by the person's relative who was lasting power of attorney and in another file it had been signed by the person's next of kin, as both people were assessed as lacking capacity. The people we spoke with said staff always sought their consent before carrying out any care interventions. Staff were also clear about how to seek consent when delivering care. One person told us; "They always ask me and never just jump straight in when they are assisting me in the shower." A member of staff told us; "We can't force people to do things. If people are refusing then I would try throughout the day and see if their mood changes." Another member of staff said; "If, for example, a person had an accident, I would get down to their level and ask them discreetly if they would like some assistance to freshen themselves up."

We looked to see how the home supported people with their on-going health and support needs and found the staff worked closely with other professionals and agencies in order to meet people's needs. For example, the service had regular on-going contact with community older age mental health services and regular input from physical health teams such as community physiotherapy.

We looked at how people were supported to maintain good nutrition and hydration. We saw people had specific care plans in place with regards to nutritional intake which provided an overview about people's appetite and if they were underweight, if they were able to select choices from the menu, the consistency of their food and fluid intake, if they required assistance to eat their meals and if they had been referred to other agencies such as SALT (Speech and Language Therapy) or the dietician.

Each person also had a Malnutrition Universal Screening Tool (MUST) in place; this is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obese. We saw there were discrepancies between information on the MUST and people's diabetes care plans. In one instance the person had been weighed each month and their weight recorded on the MUST along with their body mass index score (BMI). Over the last six months the person's weight had fluctuated between 55 and 58 kilogrammes, with a BMI of 22 which is within normal range, however the diabetes care plan stated the person refused to be weighed with the last recorded weight being 100 kilogrammes and a BMI of 38.1, which is classed as obese. Another person's MUST score indicated that they were at risk of malnutrition, however their diabetes care plan stated their weight and BMI were in the healthy range.

We saw that people's food and fluid intake should be documented on a daily basis. Staff recorded what a person had drank along with the volume in millilitres, however there was no guidance in the care files we looked at to specify the recommended daily intake for each person, or what action staff should take if a person did not drink this amount each day. One person was prone to constipation and it was recommended that fluids should be encouraged and monitored, but the care plan did not indicate how much the person should drink. Another person's care file stated they were prone to water infections. The care plan stated that staff needed to monitor urine and bowel output, however we saw no evidence of any urine monitoring charts and only four bowel movements had been recorded since 31 October.

We observed part of mealtime experience at both breakfast and lunchtime. We saw menu options included a fried breakfast, scrambled egg and beans on toast for breakfast and a choice of jacket potatoes and sandwiches at lunch time. The evening meal was also a choice of braising steak or hot pot. During each of the meal times, we observed staff sitting with people and supporting them to eat their food if this was something they needed assistance with. Staff also had a co-ordinated approach to ensure people in their bedrooms also received appropriate assistance to eat. Staff told us they started to assist people in their bedrooms approximately 30 minutes before the start of the meal in the dining room to ensure enough staff was then available to provide support at that time.

We spoke with the chef during the inspection who told us they met with new admissions to the home as well as their families to establish dietary requirements. We also saw there were 'individual catering forms' which took into account people's likes, dislikes, where people preferred to eat their meals and if they were at risk of any weight loss. The chef also kept a record of people who required a soft or pureed diet, with staff also keeping a list of people who required thickened fluids on the drinks trolley. Individual food portions were also fortified to dietary recommendations, rather than an entire batch, if people needed extra calories adding to their food. The chef told us this worked well as certain people didn't like butter, cream and cheese adding to their food. The chef told us all food was prepared fresh each day at the home and there was never an issue with having adequate stock available, which we were told was always of good quality brands.

We asked people living at the home and their relatives for their opinions of the food. A relative told us; "The food seems very, very good. My mum has put weight on since coming here and always gets a good breakfast." Another relative said; "It's decent food and there always seems to be a variety available." A third relative told us; "The food is good. [Person] lost quite a bit of weight when in hospital, but after they came back here they have gone back to eating like they did before." A person living at the home also commented;

"The food is generally ok and there are choices available. I often like to request a chip sandwich and it's never a problem."

Although Dean Wood Manor had undergone an extensive refurbishment, this had initially not been completed sympathetically and taken into account the needs of people living at the home. Communal areas had been painted the same colour scheme throughout, and toilet doors had been painted the same colour as people's bedroom doors. During our inspections, we found this had developed with an on-going works programme having been devised to make the home more 'dementia friendly' in line with the needs of the people living at the home. At our June 2016 inspection, we saw bedroom doors and bathroom doors had been painted distinctive colours and that signage was displayed to support people to orientate themselves. However, we had also previously raised concerns regarding the photograph's used on people's doors as they were current photograph's that people living at the home were unlikely to relate to. At our last inspection in June 2016 we found improvements were not sufficient to ensure all aspects of the environment were dementia friendly.□

At this inspection we found things had significantly improved, all the corridors had been painted in pastel colours and had contrasting brightly painted handrails. There were red transfer footsteps on the floor to indicate toilets and signage throughout the home. The home manager had commenced changing the photograph's on people's bedroom doors and was attempting to engage people's families in the process, to obtain a photograph of the person they would recognise and that held meaning to them.

The home manager had also ordered two round tables, one half table and suitable chairs for the bar area. During December, they had planned a number of events to take place in the bar area; mulled wine and mince pies as well as a number of afternoon tea's.

The home manager had visited other homes in the area to ascertain ideas for developing the environment further. In January 2017, one of the corridors was scheduled to be decorated to look like a road. Individual doors were planned to have porch transfers placed above them and on either side of the main front door there would be window transfers and flower climber transfers. Below the handrails the current wallpaper was to be replaced by mock "brick" wall paper and on the doors mock letter boxes. They had planned that the road would have a transfer road sign to be placed on the brick wall paper.

The home manager was submitting applications to the local authority innovation fund to source further funding for the home to create a hair salon, dementia friendly garden and make further improvements to the environment. A relative told us; "I love it, all that's being done. It's great. We like to sit here so can see what's going on."



## Is the service caring?

### Our findings

Due to the nature of the service at Dean Wood Manor, we were only able to speak with one person to ascertain their views regarding whether the staff were caring. However, we were also able to speak with a number of visiting relatives. One person told us; "The atmosphere of the home is a lot better than it used to be and I now feel able to have a laugh. I'm happier than when I first came in and feel I receive a good level of care." A relative said; "[Person] is receiving good care and is a lot happier. I can tell just by looking at them." Another relative said; "I think it's great. We looked at a lot of other care homes and I'm pleased we chose here. The staff put the residents first. I think she is receiving a good standard of care." Another relative commented; "Overall I'm quite satisfied. [Person] wouldn't have been here this long if it wasn't for the care."

People living at the home and their relatives said they liked the staff and described them as kind and willing to help them where needed. One person said; "The staff are all ok and I find them to be kind. I enjoy having a laugh with them." A visiting relative also said; "The staff are helpful, very obliging and do as much as they can for us. It's a demanding job and they all do very well." Another relative said; "The vast majority of the staff are brilliant", whilst another relative added; "The staff are all lovely girls." Another relative said; "Yes, [person] is. All the staff know them really well."

We found the staff were friendly and engaging which made for a relaxed and warm atmosphere. Staff were visible throughout the inspection and expressed being proud of the care they were now providing. Staff spoke with fondness about people and it was evident reciprocated bonds had formed between staff and people living at the home. We saw appropriate displays of affection between staff and people throughout our visit. For example, staff and people holding hands, people stroking the back of the care staff hands, hugging, and staff with their arms around people. One person kept repeatedly kissing staff and telling them that they loved them.

Staff displayed a good understanding of people's needs. We observed a staff member go in to a person's bedroom as soon as they heard the person was shouting out and crying. The staff member spoke with the person, provided reassurance and offered them a cup of tea. The staff member left the person but told them before leaving them that they would return in a couple of minutes. The person remained unsettled when the staff member left, shouting and crying. We saw the staff member return in the time frame they had stipulated and they had returned with some loose change. They told the person that they had got them some money. The person settled and we could hear the person counting the money at different intervals throughout the inspection.

On another occasion we saw that a person was distressed, shouting out and stating that they were frightened. Within this person's care file, it stated that when anxious they wished for staff to 'talk to them, hold their hand and reassure them'. Immediately upon hearing the person, a staff member went and sat with the person, held their hand and provided reassurance, telling them that they were safe and staff were here to look out for them. After a few minutes with the staff member, we observed that the person visibly calmed.



People said they were treated with dignity, respect and were given privacy at the times they needed it. One person said to us; "The staff knock on my door even when its open which I feel shows respect." We observed staff greeting people warmly and affectionately during morning routines. One staff member knocked on a person's door and waited for a reply before entering, stating "Good morning [person's name], how are you this morning? I have brought you a lovely bowl of porridge and cup of tea, just as you like them." The staff member remained with the person whilst they ate, engaging in conversation and ensuring they were okay. Relatives also said they felt their family members privacy and dignity was respected at all times. A relative told us; "The staff treat my mum well and all seem very fond of her. She is always clean, well presented and well cared for. There have never been any issues with personal care and if there is, she is cleaned up straight away." Another relative added; "Generally speaking they treat my wife very well and they always look clean when I visit as do her clothes."

The staff we spoke with were also clear about ensuring people were treated well when delivering care. One member of staff said; "I would always aim to take people to the nearest bathroom or bedroom to deliver personal care and never in public." Another member of staff told us; "I always make sure doors and curtains are closed if I am assisting people in their bedrooms to make sure they have privacy." Another member of staff told us; "It's important to explain to people what we are doing when delivering care rather than just getting straight on with it out of respect."

We looked at how people's independence was promoted and if people were still encouraged by staff to do as much for themselves as possible. One person told us; "I go out on my own which helps me to retain my independence. The staff are always allowing me to be as independent as possible and it's encouraged." Staff we spoke with were clear about ensuring they enabled people to be as independent as possible and keep their skills. A member of staff told us; "I always encourage little things such as people being able to put their own arm into the jumper rather than just putting it on for them." Another member of staff added; "If I'm assisting with personal care I will pass people the cloth or towel and let them do it themselves. It's important to encourage people as well to see what they can do for themselves." "We have one lady who likes her independence, we encourage this. We encourage her to walk as much as possible, encourage her put on her own socks." Another staff member said; "Instead of me washing someone, I will ask if they want to try for themselves, let them do as much as they can."

Staff told us they encouraged people to make their own choices. One staff member told us; "We have a few people who choose what to eat, what to wear. We provide pictures of meals to people, or show them the actual items to help them choose." A second member of staff said; "We have different options for people based on the things that we know they might want."

We looked at Dean Wood Manor's approach to end of life care. We saw the home was engaged in a formal 12 week end of life education programme with the local hospice. The programme provided support, training and visits to review processes and support assessment.

The Hospice attended the home when a person who used the service was nearing the end of life. Hospice staff would discuss with the home and people's families what support could be provided. For example, clinical support in setting up a syringe driver, identifying when medication may be required, to speaking with families and staff to explain what is happening to their loved one. We saw that new discreet signs had been introduced which could be attached to people's bedrooms doors. These signs would indicate that a person was approaching end of life and would prompt staff to ensure their end of life care needs were being met and that the environment was as peaceful as possible.

We saw that people's pastoral needs were being met through links with local faith groups. We saw that

people of faith were supported to participate in regular communion which was held at the home.

## Is the service responsive?

### Our findings

People living at the home told us they received a service that was responsive to their needs. The visiting relatives we spoke with also felt the home was able to meet the care needs of their family members. One person told us; "I'm getting everything I need and the staff do as they should. They are quite responsive actually." A relative also said to us; "They have been responsive to [Person's] requests. I feel she gets everything she needs living here." Another relative added; "I feel my [relatives] care needs are met. Overall I am very satisfied and if I wasn't, I would be looking elsewhere as its very important to me."

Prior to a new admission, a pre-assessment was carried out with the person and their relative(s). A relative told us, "They came out to see me at home. To be honest I couldn't believe how quick the whole thing was. I rang first thing in the morning; they came out about 11 o'clock to speak to me and afterwards said he could come in later that day. I was really grateful, as couldn't cope any longer. "

We saw the care files had improved since our last inspection. We found some files contained a completed 'This is me' document which focused on what was important to the person, their life history, family, occupations and people's basic likes and dislikes. However, some of the documentation was not fully completed and some records provided conflicting information. For example, we found in one care file we looked at that the name in the 'this is me' document referred to another person living at the home which suggested this record had been copied.

In another person's file, the person's fact sheet documented the person needed a Zimmer frame to mobilise, however we observed this wasn't with the person or used at any point during the day. We asked the home manager who told us the person no longer mobilised with a Zimmer frame because the risks had increased.

We saw a person's door lock assessment had been completed which indicated the person was unable to operate the lock on their door. During the inspection we saw this person exit their room on three occasions, each time operating the lock. We spoke to a staff member who also confirmed that the person was able to open their own door without support. It also stated in the care file that the person was unable to use the alarm call system. However, they were observed using this on two occasions to alert staff when they required assistance.

We saw, one person as documented as liking to spend time in their room. As part of the management plan, two hourly checks had been implemented, along with the caveat that staff would complete checks whenever they passed the person's room. During the inspection we sat outside this person's room for two hours but staff walked past on four separate occasions without stopping to complete checks.

Throughout our inspection, we found limited evidence of meaningful person-centred activities taking place. Relatives we spoke with told us there were not enough activities going on in the home. One said to us, "There's not enough yet. They need an activities co-ordinator. When they can they will do something with [person]. This morning [relative] was sat with a staff member having a game of noughts and crosses, but often people are just sat about watching television or looking around."

At the time of the inspection there was no structured activity schedule in place. People had indicated in their care files, the types of activities they enjoyed, however this was not incorporated into their daily structure. We were told an activities coordinator had recently been appointed and would commence working at the home from 12 December 2016. In the interim, the home manager and staff were arranging Christmas activities in addition to completing their own roles.

This is a breach of regulation 9(1) (a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; persons centred care.

We saw there was a rolling plan to update all the care files and this was ongoing at the time of the inspection, which accounted for some of the discrepancies in information contained within the care files. The home manager planned to complete the care records to follow the story of each person and their needs to ensure they were individual and person centred. It was planned for each person to also have a one page profile which would be laminated and placed on the back of the person's door. This would allow any new staff to quickly understand the person's preferences in order to meet their needs.

We looked to see how the service managed people's pressure care. We saw pressure risk assessment tools were completed. When people had been identified at risk, we saw that people were seated on pressure relieving cushions and had profile mattresses to provide a reduction in pressure on vulnerable areas such as heels and the sacrum. We 'pathway' tracked a person who had been admitted with a pressure area and found staff had been responsive to the person's needs. The person's pressure sore had reduced in size which demonstrated they were receiving treatment in accordance with their needs.

One staff member told us; "Everyone is responsible for pressure care but the seniors take the lead." A second member of staff said; "We try to keep people off their back, ensure they are turned every two hours, carry out personal care every two hours and complete skin integrity checks daily". Another staff member told us; "Residents on pressure care have sheets in their rooms, it states on it the frequency of checks, turns and so on."

There was a system in place to handle and respond to complaints and we saw any complaints made had been responded to appropriately. We saw the home had an appropriate policy and procedure in place, informing people of the steps they could take if they were unhappy with the service they received. There was also information displayed around the home. The people we spoke with and their relatives said if they had raised issues in the past, appropriate action was taken. One person said; "I complained in the past about another resident who kept coming into my room. It was sorted straight away and a gate was put across the doorway". A visiting relative also said; "I've never needed to make a complaint since my [relative] has been here and I have generally been quite satisfied. If I did I feel they would do something about it". Another relative said; "Never had to make one."

Staff told us how they would respond to complaints. A staff member said; "I have not come across this yet. If someone did raise an issue with me, I would write it down, reassure them and pass it in to the manager." A second staff member said; "Report to senior or nurse in charge. Not happened yet that I can think of."

## Is the service well-led?

### Our findings

At the time of our inspection, there was no registered manager in post. The home had undergone several changes of management in the last couple of years and the current home manager had commenced working at the home September 2016. The home manager told us they would be applying to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In addition to the new manager, a regional manager from the Dovehaven Care Group had been working at Dean Wood Manor to provide oversight and consistency of the service improvement plan, which the local authority had implemented following our last inspection. We found the clinical and operational oversight provided by the regional manager and Providers of Dovehaven Care Group required strengthening. The processes in place to monitor the performance of the home were not effective in securing service improvements across all the areas of concern identified at our previous inspections. Audits had failed to identify the concerns and address the breaches of the regulations we found during this inspection.

We also found during the inspection that documentation had not been systematically filed. For example; records relating to food and fluid intake and pressure care were difficult to locate and were all thrown in to a filing cabinet. We were unable to ascertain whether some people had received care responsive to their needs as the records to demonstrate this were unable to be found.

This is a breach of Regulation 17(1)(2)(a)(b)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance.

People living at the home and their relatives said they knew the manager and told us they felt improvements had been made since they started working at the home. One person said; "The new manager is lovely and I feel I can have a laugh with her. The manager helped me arrange to get my wall painted." A visiting relative also said; "The new manager is very approachable and seems to be doing a very good job so far." Another relative commented; "The new manager only seems to have been here for a few weeks and I met her at a relatives meeting a few weeks ago. She seemed to be on the ball from what I could tell."

We found the new home manager and clinical lead to be open, honest and transparent during the inspection. They had only been working at the home for a couple of months and it was evident during the inspection that the majority of the improvements found during the inspection were attributable to them in the time they had been in post. They were both positive regarding the staff team and motivated to achieving the continued improvements required to get the home to where it needed to be. All the staff corroborated our findings and spoke positively about the current leadership.

Staff told us the leadership and management at the home was now strong and the new home manager had

made a big difference to how the home was run. Staff reported feeling being able to approach the manager, report concerns and also felt supported to undertake their roles to the best of their ability. One member of staff said; "I've seen a vast improvement since the new manager has started." A second member of staff said; "Everyone works well together and we all get on well. There is a good culture."

Other comments from staff included; "It couldn't be any better at the minute. There is a totally different atmosphere since the new manager started. I'm really enjoying work at the minute." "It's a lot better, I love working here." "I like it, it's good." "It's good, I love my job." "The manager is great. She is approachable, funny, kind, listens to us and does her best to help." "The manager is really nice and is definitely approachable. I feel able to report any concerns. The manager is changing things for the better." "The manager has made big changes to the environment. She is supportive, approachable and I feel able to speak to her about issues."

We saw that separate staff meetings had been introduced for each designation of staff. We looked at minutes for meetings held with the seniors, care assistants and kitchen staff. Agendas for the meetings covered ground rules, to ensure everyone was in agreement with how the meetings were run, included validation of staff; praising staff groups as a whole but acknowledging individual achievements and acted as an opportunity to pass on information about the home. The manager had also encouraged feedback from staff regarding their training needs and their thoughts or concerns. Staff told us they were able to attend team meetings where they felt listened to and could raise concerns. One member of staff told us; "We have had several already since the new manager has started. We can discuss concerns and they are well attended." Another member of staff added; "They do have them but if you work at night it is difficult to attend. You get an update about what is discussed though."

Other comments included; "Yes, we have separate meetings for different staff roles, which is much better." "Yes we do, I find them very useful." "Yes, had two since [manager] started. The manager listens." "She's very approachable and listens to whatever you have to say."

Since the manager commenced working at the home, relative meetings had been held on a monthly basis, prior to this only two meetings had occurred since April 2016. We noted that the agenda bore similarities to those used for staff meetings, in that ground rules were mutually agreed and information was passed on as well as feedback requested. A relative told us; "Yes, I come to the relatives meetings; everything is going fine, just waiting for the activities to get going."

We saw that the registered manager had been very open and transparent in discussing the changes that had taken place and those they believed were still required. At one meeting relatives had been asked to sum their current views on the home in one word, examples included 'improving', 'inconsistent' and 'caring.' The home manager was using feedback obtained at relative meeting to improve the service provided.

Staff had access to a wide range of policies and procedures. These included complaints medication, nutrition, moving and handling, supervisions, whistleblowing, safeguarding, health and safety and infection control. We noted these had all recently been reviewed in November 2016. These were accessible to staff and could be viewed if they ever needed to seek advice or guidance in a particular area.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.