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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dean Wood Manor is a nursing home registered to support younger and older adults and people living with dementia, or a physical disability. The home is a grade two listed building that has been extensively refurbished to meet the needs of the people living at the home. Dean Wood Manor can accommodate up to 50 people. At the time of the inspection 47 people were living at the home.

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

We found improvements were required with the management of pressure care; particularly the recording of pressure relief, and with medicines. This included medicine administration practices, stock control and record keeping. The medicines audit process also required strengthening, to ensure where issues had been identified, clear action plans had been documented.

We have made a recommendation about the management of pressure care.

People felt safe living at the home and told us they received a good standard of care. Staff had received regular training in safeguarding and knew how to report any concerns. Staffing had been challenging throughout the pandemic due to absences and shielding, with the home reliant on agency staff to ensure enough staff were deployed to keep people safe. Recruitment was ongoing, with the required safety checks being completed for each new staff member. Accidents and incidents had been documented and reviewed to identify trends to prevent reoccurrence and keep people safe.

The home had a detailed audit and quality monitoring schedule in place, to ensure all aspects of care, support and safety were regularly assessed and actions taken to address any concerns. People, relatives and staff spoke positively about how the home was currently being run. The current manager was reported to be open, approachable and supportive.

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 good (published October 2019).

Why we inspected

We received concerns in relation to staffing levels and the management of medicines, dietary management and people's pressure care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dean Wood Manor 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management and the home's governance process.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dean Wood Manor

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 Care Act 2014.

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 an inspector and a medicines inspector.

Service and service type

Dean Wood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left and their replacement had transferred to Dean Wood Manor from another of the provider's homes. They were in the process of having their registration amended to reflect this change.

Notice of inspection

We gave a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 17 November 2020 and finished on 2 December 2020, at which point we had received all the additional information and clarification we had requested from the provider. We visited Dean Wood Manor on 18 November 2020.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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 of this information to plan our inspection.

During the inspection

We spoke with five people living at the home about their experiences of the care and support provided. We also spoke with five care staff, the manager, regional manager, provider's head of compliance, the provider's pharmacy technician and the managing director. Following the inspection we contacted six relatives to ask for their views and opinions on the home and care provided.

We reviewed a range of records relating to the safe and well-led key questions. This included 11 people's care records, risk assessments, safety records, audit and governance information.

After the inspection

We requested additional evidence from the provider. This included further medication documentation, monitoring charts, audit, quality monitoring and governance information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medicine Administration Records (MAR) had not always been completed fully, which meant we could not be assured medicines had been given as prescribed.
- Medicines were not always available to be given as stock had not been managed effectively.
- Medicines had not always been given on time, which can reduce their effectiveness.
- Medicines audits did not clearly specify what actions had been taken to address any concerns they had identified.

The provider had failed to ensure the safe management of medicines. This is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Dean Wood Manor. One person said, "I like being here, I am safe and looked after well."
- Staff had received training in safeguarding and knew how to report concerns. Awareness sessions relating to the local authority's reporting process had recently been carried out with seniors carers and nurses, to reinforce their knowledge.
- Work had been undertaken between the home and the local authority to ensure safeguarding concerns had been reported correctly. Concerns with previous management not escalating matters consistently had been identified and addressed. We saw safeguarding alerts had been logged, with outcomes and action points recorded.

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

- Risks to people's safety and wellbeing had been identified and assessed. The home had recently transferred to a new electronic care planning system, which provided staff with clear guidance on how to minimise risks to people and keep them safe.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, and fire equipment, which had all been serviced as per guidance.
- Where people had experienced falls, unplanned weight loss or were at risk of skin breakdown, referrals to the necessary professionals for guidance and/or assessment had been made.
- However, we identified some issues with the management of pressure care. Dressings had not always been changed on time, due to not having dressings in stock. Records indicated repositioning had not always

taken place in line with guidance, both in terms of the frequency of turns and the changing of position.

- Provider audits had identified these concerns and actions plans developed to address any shortfalls.

We recommend the provider reviews and monitors pressure care provision, to ensure people's care needs are met consistently.

Staffing and recruitment

- Enough staff had been deployed to meet people's needs. The home had experienced significant staffing challenges during the COVID-19 pandemic and had been reliant on high agency use to ensure people's needs had been met.
- Recruitment was ongoing, to reduce the reliance on agency staff. Safe recruitment procedures were in place. Staff personnel files viewed contained all required documentation.
- People and staff we spoke with confirmed staffing levels were sufficient. Comments included, "Yes, there is always enough staff on" and "I have never gone short and I haven't had to wait for anything."

Preventing and controlling infection

- The home had robust cleaning and infection control processes in place.
- Additional measures had been implemented due to the COVID-19 pandemic. New policies, procedures and cleaning schedules had been introduced, along with restrictions on visitors to the home and a regular testing regime.
- Staff confirmed they had received the necessary guidance and support to keep people safe and follow procedures.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst medicines audits had broadly identified the issues noted at inspection, improvements to practice had yet to be fully implemented and embedded. We also found medicines audits did not clearly document the actions which had been taken to prevent a reoccurrence. Issues with medicines management had been added to the homes continuous improvement plan and the provider had recently recruited a pharmacy technician who was supporting the home to make the necessary improvements.
- The provider and manager used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. Aside from medicines audits, we found these were robust and had been used to generate actions and drive improvements.
- The provider understood their regulatory requirements. The previous inspection report was displayed within the home and online. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the home to be an inclusive environment. People's views had been captured through the 'resident of the day' process, as the home had identified resident meetings were not a suitable forum for the people they supported, the majority of whom were living with dementia.
- Relatives had also been involved, despite the home being on 'lockdown'. One relative stated, "We have had zoom meetings to discuss how they are adapting the home to be able to let us see our relatives. We have all been able to raise any concerns we have had during the pandemic through these meetings. The staff support is excellent and they are always very pleasant to us either on the phone or during a meeting."
- Staff spoke positively about the new manager and told us they felt listened to and supported. One staff member stated, "[Manager] is lovely, she is very open, will be upfront with you but fair. Regularly asks if we need anything." Another added, "Truthfully, since [manager] came along home has lifted in spirit. This year's been difficult, as staff we can see improvements, now feel supported."
- Staff meetings were held every few months, although a specific timetable was not in place. Staff told us they were happy with the frequency of meetings and were kept updated with relevant information through daily flash meetings and feedback via senior carers, nurses or management.

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and relatives had no concerns about the openness of the home or its staff.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home. These included a music scheme, community activities provider and local day centre. However, visits and involvement had been put on hold due to visiting restrictions, as a result of the COVID-19 pandemic.

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
Treatment of disease, disorder or injury	The provider had failed to ensure the safe management of medicines. We found improvements were required with administration practices, stock control and record keeping. The medicines audit process also required strengthening, to ensure where issues had been identified, clear action plans had been documented.