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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?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Dean Wood Manor is a nursing home that is registered for 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 and there were 42 people living at the home at the time of our inspection.

People's experience of using this service:
People living at Dean Wood Manor were not receiving safe, effective, compassionate or high-quality care. The management of medicines remained ineffective which had resulted in people receiving the wrong dose of medicine and medicines not being available as required.

The management of specific risks to people was poor, it was observed during the inspection that a person requiring a specialist diet was not provided this in line with their assessed needs. Documentation did not provide assurance that this was an isolated incident and there was no audit in place to identify this internally to prevent re-occurrence.

Pressure care was lacking and despite appropriate equipment being in place it was not being used in line with manufacturer's instructions which exposed people to the risk of skin breakdown. Care plans and comfort in care records did not contain guidance to support staff in ensuring equipment was being used effectively.

We were concerned records did not enable us to ascertain that people's care needs were being met. There were gaps in comfort in care records and documentation regarding people's personal and oral care. The frequency people needed to be repositioned to maintain their skin integrity was ambiguous, with staff recording different times this was required on the same record.

There had been no operational structure in place at Dean Wood Manor following the deputy manager and clinical lead leaving which had consequently affected the quality of the service provided. Staff attendance at training had adversely been affected which included engagement with the hospice in your care home training, mandatory training and the frequency staff received supervision and appraisal.

Quality assurance systems had not picked up on some of the issues we found during the inspection which included; the use of pressure equipment and managing peoples assessed dietary needs.

A week prior to the inspection, two clinical leads had commenced working at the home and were providing direct support to the manager in addressing the medicines and issues identified during the inspection.

People were supported by staff who cared about their welfare and spoke fondly of them.
Visitors and relatives spoken with during the inspection were overwhelmingly positive about the care

provided to their family members at Dean Wood Manor and expressed feelings that their family member would have missed out on good care had they paid credence to previous inspection reports.

Detailed findings are in the full report below.

Rating at last inspection:
The service was last inspected 22 and 23 January 2018 and was rated as requires improvement. The report was published 04 April 2018. Following the last inspection, we met with the provider, regional manager, and compliance manager on 18 April 2018 to discuss the rating and concerns identified. Attendees at the meeting also included the local authority and care commissioning group. Prior to this meeting we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well-led to at least 'Good'.

At this inspection it was identified the provider had failed to achieve this and the quality of care people received living at Dean Wood Manor had deteriorated.

Why we inspected:
The inspection was brought forward because we had received complaints about the home and intelligence to indicate that the quality of care people were receiving had deteriorated.

Enforcement:
We served two warning notices for the breaches of regulation identified at inspection. This was in regards to regulation 12; safe care and treatment and regulation 17; good governance.

Follow up:
Following our inspection, we informed the local authority of our immediate concerns in relation to people's safety. The local authority are currently supporting the home with a service improvement plan (SIP) which was implemented in December 2018. We attend bi-monthly updates as part of the SIP process.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe. Details are in our Safe findings below.	**Inadequate**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Two inspectors and a pharmacist inspector completed the first day of inspection. The second day was completed by one inspector.

Service and service type:
Dean Wood Manor is a care home. People in care homes receive accommodation and nursing or personal care as one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were 42 people living at the home, some of whom lived with dementia.

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission (CQC). This means only the provider was legally responsible for how the service was run and for the quality and safety of the care provided. There was a manager in post and they had applied to register with CQC but the registration process had not been completed at the time of the inspection. For the purpose of the report they are referred to as 'the manager'.

Notice of inspection:
This inspection was unannounced.

What we did:
Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We reviewed the action plans the provider had sent us in relation to the inspection that was carried out in January 2018. We used

this information to help us decide what areas to focus on during our inspection.

This inspection included speaking with, seven relatives, eight members of staff, the provider, regional manager and manager. We reviewed 10 people's care records, comfort in care documentation and five medicine administration records (MAR). We looked at four staff files including, recruitment, supervision and appraisal records. We looked at records relating to the management of the home, policies and procedures, maintenance, quality assurance documentation, rota's, training matrix and compliments/complaints information.

Inadequate

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Using medicines safely, Learning lessons when things go wrong

- We found at the last inspection in January 2018 medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found this had not improved and people were not protected from the risks associated with the unsafe management of medicines.
- The provider could not demonstrate they had learned from previous medicine concerns and made care safer for people living at Dean Wood Manor.
- We observed a nurse administering medicines and found that two inhalers given to one resident with a lung condition were given incorrectly, which may have reduced their effectiveness. The same nurse left the medication trolley unlocked and unattended twice during our observation, which reduced the security of medicines.
- One person was given two incorrect doses of a medicine to thin their blood during January 2019. The same person had been prescribed a laxative by their doctor, however the home did not have any of this medicine in stock to give, which prevented the medicine being taken.
- Three people could not have some of their medicines as the home did not have them in stock to give. One of the people we tracked had swallowing difficulties, and required their fluids to be thickened with thickening powder. We saw during the inspection, a carer administered this incorrectly to the person's drink and found the records were incomplete, which meant we could not tell whether people's fluids had been thickened appropriately.
- The fifth person had a skin condition and had not been given the correct dose of their antibiotic, reducing its effectiveness to treat the complaint. Records on this person's topical MAR chart did not show that the steroid cream prescribed to reduce inflammation of their skin had been applied.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely.

Assessing risk, safety monitoring and management

- Risks were not appropriately managed when people had been identified by the speech and language team (SaLT) as having an 'unsafe swallow'. It was observed during the first day of our inspection that the recommendations made by SaLT and the interventions identified in people's nutrition care plans were not consistently being followed. We looked at three people's needs; two people required a 'soft mashed diet' and "normal fluids" and one person required a "puree diet" and 'custard thick' fluids. Two of the three people tracked were identified as requiring supervision and support from staff during their meal.
- During lunch on the first day of our inspection, the manager accompanied us so we could determine people's choking risks were being managed. We observed, one person in their bedroom on their own, despite staff supervision being identified as a control measure in their care plan. The person was also eating

a pasty which was not appropriate for a person that required a soft diet. A second person was observed in their bedroom being supported by staff but the drink the staff member had taken with them had not been thickened despite the person requiring "custard thick" fluids. The staff member told us they had been unable to thicken the fluid prior to supporting the person as they had been unable to access the thickener and were intending to thicken the drink later. This increased the risk of a choking incident because the person couldn't be provided a drink whilst being supported with their meal and if the staff member was called from the person's room and left the unthickened drink, it increased the risk of the person being given it by a staff member that may not be aware of the recommendations in place. The third person was observed during lunch in the dining room and observed by staff and was provided a soft diet in line with their care plan.

•□We also looked at the previous two weeks food and fluid records to determine if our observations during the inspection were an isolated occurrence. We found two of the people were documented as being given foods that could have exposed them to the significant risk of harm. The foods documented included; biscuits, pasties, apple crumble, mince pies and Christmas cake.

•□During the inspection the inspector observed a person taking a tub of thickener from the cupboard. The inspector had to inform staff as they had not seen this. Consuming thickener powder is of significant risk to the person if consumed.

•□Other risks to people were also identified as not being effectively managed. Prior to the inspection, we had received two notifications indicating one person had a grade two pressure area and a second person had a grade three pressure area. These had also been referred to safeguarding as it was identified that redness of both people's skin had been observed prior to the skin breakdown occurring. However, this had not been communicated to the manager and staff team so procedures had not been followed to prevent further deterioration.

•□During the inspection, we identified that people remained at risk of developing pressure areas because equipment identified in people's skin integrity plans to manage the risk was not being used correctly.

•□On the first day of the inspection, accompanied by a staff member, we checked six people's pressure mattresses to see if they were on the correct setting which is determined by people's weight. Some of the people were in bed at the time of us checking the mattresses. None of the six mattresses checked were on the correct setting. All of the mattresses checked were set for over 50kg more than what the person's weight was, with the most marked deviation for a person weighing 36kg but their mattress was set for a person weighing 150kg. One of the people's mattresses checked had only recently recovered from having a grade two pressure area and although we were told this had healed, not using the equipment correctly could have exposed this person to further risk of harm.

•□We informed the manager and regional manager of our findings regarding the pressure mattresses following our first day of the inspection. On our second day of inspection, we were informed a staff member had checked all the mattresses, arranged for the manufacturers guides for all the mattresses and scheduled staff training.

•□On the second day of the inspection, we checked the six mattresses again accompanied by the regional manager. We found all the mattresses remained on the incorrect setting as observed on the first day of the inspection. None of the people's skin integrity care plans or comfort in care records identified the correct setting the mattress should be on to guide staff. Care plans and a nightly check of mattresses was implemented prior to us leaving.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not mitigating risks associated with people identified as having an unsafe swallow or at risk of skin breakdown.

•□Bedrails and access to call bells were also checked when accompanied in the six bedrooms. Bedrails

checked were in good working order, with no gaps and call bells were in reach of those people that were identified as being able to use a call bell to alert staff if they required staff support. When people were assessed as being unable to use their call bell, staff completed regular checks on people which we observed and were documented.

•□All expected maintenance and safety checks were in place and had been completed within the necessary timescales. These included electrical installation, fire detection equipment, emergency lighting, the lift, testing electrical equipment, gas safety, lift and lifting equipment (hoists). No recommendations were made and certificates were in date.

•□There had been a previous issue with a person getting stuck in one of the lifts which had resulted in the lift engineers being called. We looked in to this further and ascertained this had occurred because operating the lift required the person to keep their hand on the button to operate it. The person had taken their hand off the button and although staff were able to see them and communicate with them, the person was unable to follow guidance to return the lift to the floor so staff could open the door. To prevent re-occurrence following this incident, the person was moved to the middle floor and was no longer able to access the area of the home were this lift was situated. Other mobile people were also moved from this area of the home to prevent another person experiencing this issue.

Systems and processes to safeguard people from the risk of abuse

•□We asked people's relatives if they thought their relative was safe because of the care they received. We were consistently given a positive response, comments included; "[Person's name] is safe here, they were previously very unsettled but they settled within a week of moving in here", "[Relative] is safe here, no worries at all about them" and "[Relative] is happy. They are cared for and safe. I've read previous reports and they are not representative of the Dean Wood I know."

•□Staff had completed safeguarding training. They demonstrated they understood the correct safeguarding procedures should they suspect abuse. Staff were aware of the referral process and were confident safeguarding matters were dealt with appropriately by the manager. Staff indicated that if they had concerns regarding a person's safety and didn't feel it was being managed appropriately internally that they would contact social services themselves or notify CQC.

Staffing and recruitment

•□The provider had maintained appropriate recruitment procedures with all required employment checks being completed prior to staff commencing work at the home.

•□There was a shortage of substantive nurses at the home but recruitment was ongoing and the provider was block booking agency in an attempt to provide consistency to people. The provider was also booking three and four nurses to be on shift to support the delivery of care to people. Two established clinical leads had also commenced at the home the week prior to our inspection.

•□There was a system in place to determine staffing levels which we observed had been maintained. However, prior to our inspection, different agencies involved with the home were expressing concerns regarding unwitnessed events, for example falls. In response to these concerns, the provider had increased staffing levels to higher than was identified as being required. This enabled staff to be present in communal areas and for staff to walk around the home. Although falls and incidents between residents still occurred, these were witnessed and enabled prompt intervention from staff. It was discussed with the provider that the logistics of Dean Wood Manor were not currently factored in to the system used to determine staffing requirements and this was required to ensure that people's safety was maintained.

•□People's relatives and staff confirmed staffing levels had been increased and that the number of staff observed during inspection was sufficient to meet people's needs safely. Staff acknowledged recruitment was ongoing and that agency staff were used to fulfil any deficit in numbers. Relative comments included; "The care has always been good but there are more staff now which is even better", "I've no concerns with

the number of staff here. I used to be scared about leaving my relative when they were at a previous home. I have no worries like that since they have lived here." Staff told us; "There is an allocation sheet in place now and the increased number of staff allows for a member of staff in the lounges and a member of staff walking around the home" and "I feel we have enough staff on now. We can meet people's needs safely. The lounges are always manned and there is a staff member walking around. Deployment is good."

Preventing and controlling infection

- There were cleaning schedules completed and infection control audits undertaken. Actions were implemented and our observations were the home was clean and tidy.
- People's relatives were complimentary about the level of cleanliness maintained at the home. A relative said; The cleanliness in this home is positive. They are always cleaning. I've been to other homes and they're filthy in comparison to here. It's never been like that here. This home is always clean."
- There was personal protective equipment available which we observed being used throughout the inspection.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff spoke positively of training but we found that staff hadn't completed refresher training in required timeframes. The provider monitored staff training via a data base but this wasn't user friendly and was difficult to ascertain the actual training figures for staff whilst on site. The manager did obtain these promptly following our visit and acknowledged that completion of training wasn't were they wanted it to be. We were informed training had been scheduled following our visit to address the shortfall.
- Training below 100% completion included; fire training 25.00%, safeguarding of vulnerable adults 38%, infection control 35%, moving and handling 44%, basic life support 24%, medication 31% and medication competency 24%.
- At our last inspection, supervision hadn't been completed regularly or in line with the providers policy. At this inspection, we identified this continued to be the position with some staff not having had a supervision for over a year. No staff had received an annual appraisal. The manager explained they hadn't had the operational structure in place to achieve regular supervision with staff and had completed targeted supervision based on performance related issues.

This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

- Staff had received an appropriate induction and completed shadow shifts before providing care at the home. If staff commenced at the home without previous care experience or qualification, there was support in place to complete the care certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

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

- At our last inspection, there was a breach of regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not sought specialist nutritional advice or implemented measures to prevent unnecessary weight loss. The home was now compliant and this was no longer a concern.
- At this inspection, the manager had recently implemented a central file to maintain oversight of people's weight. We looked at two people's records and observed when they had both lost weight, they had promptly been referred to the dietician and dietetic recommendations had been followed.
- We observed lunch on both days of the inspection. The tables were set, people were offered a choice of where they sat and the meal was relaxed. People who required support from staff were supported promptly

and were not rushed.
•□Dean Wood Manor was awarded five-star which is the highest rating from the Food Standard Agency (FSA), 22 January 2019.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support
•□People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GP, hospice in your care home team, mental health team, chiropodist, optician and speech and language therapist.

Adapting service, design, decoration to meet people's needs
•□The home had been extensively refurbished to meet people's needs. In September 2018, the sensory garden was completed. This is at the centre of the home and enables people to access the garden from doors off the dining room and two corridors. During summer, people were freely able to access the garden safely and enjoy the area and fresh air without restriction.
•□The home design enables people's freedom of movement. Doors throughout the home were open and people were observed walking throughout the home. People utilised different areas of the home and we observed people sitting in the library area, conservatory and lounges. The home was bright and sensitively decorated to promote people's independence with pastel coloured walls and contrasting brightly coloured handrails. Doors were colour coded to support people's recognition of their bedroom and photographs on people's doors had been chosen in consultation with people's families so they were of significance to the person.
•□Bathrooms and toilets were clearly signed, including pictures, and the dining areas.
•□Each corridor was decorated, one area was a library and had wall paper that resembled book shelves. There were books available, radio and seating. One of the bedroom corridors had been decorated to resemble a street and had wall paper brick work and window boxes on the wall. One room was now a hairdressing salon and the adjacent wall had been decorated as the salon window.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□Assessments had been carried out and people's support needs were identified and guidance was documented as to people's preferences to determine how these should be met. However, we identified one person who identified as being vegetarian but was being given meat at mealtimes. Staff and the manager had not identified this and were unable to confirm how this decision had been derived and that it had been done in consultation with the person's family.
•□Best practise was not always followed and despite previous initiatives to support people having been implemented by the previous registered manager, which had evidenced positive outcomes for people, this had been stopped. This included night staff wearing pyjamas which had previously had a positive impact on people's sleep routines.
•□There were other affected health outcomes for people which have been covered within the safe domain of this report, which verifies care was not delivered in line with standards, guidance and the law. This included; medicines, pressure care and managing choking risk.
•□Daily monitoring was not effective or learned from. At our last inspection, we had identified issues with food monitoring charts and that the foods documented were not in keeping with people's assessed needs. At this inspection this remained an issue and when discussed with staff they demonstrated little understanding for the necessity to maintain a contemporaneous record for the care provided.
•□There was ineffective oversight of daily recording and despite several changes in the documentation provided which had resulted in the implementation of the comfort in care record, issues with recording were not being identified and addressed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were records to demonstrate relevant representatives were being involved in some decisions regarding people's care. This included independent mental capacity advocates (IMCA) when people did not have a relative or friend that could be consulted to support decisions in people's best interest.
- DoLS applications were made for people and there was a structured system in place and oversight maintained to ensure they were regularly followed up with the Local Authority, but CQC had not received notification as required to determine when the outcome of a DoLS application had been made.
- There was some ambiguity regarding people who received medicines covertly and had been assessed under the Mental Capacity Act 2005, as lacking the capacity to make complex decisions. We were initially told by management that there was nobody currently living at the home that received their medicines covertly. Covert medicine is when this is concealed in food or drink without the person's knowledge. Covert medicines had been discussed with the provider and management at a multi-agency meeting on 11 January 2019 when it had been raised that people had been observed receiving covert medicine without the correct procedure being followed to do this.
- During the inspection, when asked, one nurse initially indicated there was one person receiving covert medicines but later said they weren't. It was also noted in people's medicines care plans that there was reference to agreement to give people covert medicines but we were unable to be shown the paperwork to underpin this decision during the inspection. It is recognised that there are circumstances in which people require covert medicines because they are not compliant with treatment and it is in their best interest to take the medicine to maintain their health and wellbeing. However, this requires discussion with other professionals including the person's GP, supplying pharmacist and a representative for the person from outside the treating team to make this decision in the person's best interest. There were no records that showed the decision, to give medicines covertly, had been made in the person's best interest or in conjunction with a family member or advocate.
- Staff did not always ask for consent from people before delivering care and we observed people being moved in chairs before being informed or an explanation provided as to what staff were doing.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

•□People's relatives were positive about the staff and said their relative was treated with kindness. Comments included; "Very happy with the care provided and how [person] has progressed. I never thought they'd come out of the nightmare they were in but they have and I know they are happy here", "I hold the staff in the highest regard, they do the best they can. I wouldn't dream of [person] living anywhere else but here" and "It's good care that is provided. I have only positives that I can say about the staff and this home."

•□The staff spoke fondly of people and expressed wanting to provide the highest quality of care for people. However, we found widespread failings and shortfalls which had exposed people to the risk of harm. It was observed that people's immediate and ongoing needs were not consistently met to demonstrate a caring culture.

•□Despite people's positive comments about the staff team and care provided, throughout the domains we have identified practice that cannot demonstrate people were receiving care that could be considered consistently caring. The provider had not ensured people's medicines were managed safely which meant there were occasions when people's treatment had not been available and consequently resulted in discomfort being experienced.

•□Staff were not following guidance in place to manage risks and were not taking responsibility for ensuring documentation was completed to determine people's care needs were being met.

•□It was a mixed inspection, in which we saw both positive examples of care provided and circumstances detailed in other domains and below when staff demonstrated little regard for the person and their feelings.

•□Positive interactions included; staff sitting with people holding their hands and comforting them if they were distressed. One person was unsettled and staff went and got them a rolled-up newspaper. When they gave it to the person, they relaxed and sat with it in their hand. A person was shouting out and a staff member sat with them singing and clapping. The staff member made sure the person had a drink and kept encouraging them to drink to maintain their hydration.

Respecting and promoting people's privacy, dignity and independence

•□On the first day of the inspection, we were completing a walk round of the home when we observed one person with their bedroom door open, trying to hold themselves up on their bedrails and shouting; "Please help me." We observed a staff member walk past the person but they didn't make an attempt to assist them. When we stopped the staff member and asked that they assist the person, we were told this wasn't their corridor and that we would have to find the person working on it. The person continued to shout and was becoming more distressed so we found the nurse and requested that they attend to the person.

•□During the walk round, we observed some of the bedroom doors open and bed covers off and nightwear pulled up exposing people to those walking past their room. These observations continued to be made

throughout the day when people were seated in chairs. When mentioned to staff, they did enter rooms and ensure people were covered up or closed the door but it was not clear how long people had been like this.

•□In the lounge there was a person that had taken their trousers down and they were displaying behaviour to indicate they were uncomfortable with their continence wear. There were people in the room whilst this was occurring and a staff member present but they had their back to the person and people in the room whilst they completed an entry in a care file. We alerted the staff member to the person and they shouted from across the room for the person to stop. The person continued with the staff member just watching so we asked that the staff member assist the person. They advised us that they couldn't leave the care file and cabinet unlocked. A staff member did arrive to watch the care file and cabinet freeing up the staff member to assist. They were observed to meet the persons' needs sensitively but this had taken some delay to achieving and us insisting this occurred.

•□We also observed inappropriate moving and handling practice, which involved lifting people up under their arms to stand which could increase the risk of skin tears occurring.

•□There was limited communication observed before staff moved people's chairs and people were witnessed as being referred to as 'this one' by staff when speaking to each other.

•□Staff told us how they would protect people's privacy and dignity and gave examples such as; closing doors and curtains and making sure the person was covered with a towel when assisting with personal care. However, in practice we observed staff walk past people's door when they were requesting support.

•□It was apparent people's right to confidentiality was respected and people's care records were in locked cabinets or the nursing office so unauthorised people could not access records.

•□We observed people's independence was promoted. People's movement was not restricted and people were given appropriate support and encouragement to achieve tasks independently. We observed one person folding things up and staff asked them if they wanted to help set the tables at lunch time which they did.

•□The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. All the staff had completed equality and diversity training and explained people's preferences and choices were explored at assessment or with people's families when people were no longer able to express these for themselves. Care files captured information about people's religion, relationship history and preferences, including whether they had a spouse, civil partner or partner. We saw consideration was also given during the compilation of the care file in capturing people's faith or religious needs and how or whether they wished to actively practice their religion. Staff were mindful of the importance of catering for people's diverse needs, whether these were sexual, spiritual or cultural. There had previously been religious services that people were able to attend in the home but there was no recent evidence of these taking place or of people being supported to maintain their faith and attend services in the community. This was discussed with the manager and they explained links were being explored again with local religious groups to address this gap.

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

•□Due to the nature of the service and people's needs, the staff were reliant on people's families and friends to support best interest decision making. There was evidence that when people didn't have somebody to act in this capacity, advocacy services were contacted.

•□Relatives confirmed they were involved where appropriate in supporting decision making and felt communicated with regarding their family members care.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control, End of life care and support

•□Dean Wood Manor is receiving support from the hospice in your care home team which involves care and nursing staff receiving additional end of life (EoL) training and support through partnership working with a designated team from Wigan and Leigh Hospice.
•□Following our last inspection, we reported that Dean Wood Manor had received most improved care home and a staff member working at Dean Wood Manor had been selected to receive the dignity champion award at the hospice in your care home end of year awards ceremony.
•□Prior to this inspection, the hospice in you care home team were attendees at multi-agency meetings to discuss Dean Wood Manor and were concerned the consistent, high standards previously observed towards end of life care had deteriorated. They expressed it was a lottery as to the quality of care provided depending on the staff on shift and that attendance at end of life training was not being prioritised. There were concerns expressed regarding nurse competencies and a lack of commitment from the provider to ensure attendance at the training to improve this and ensure people received safe, compassionate and dignified end of life care.
•□The team expressed they were disappointed with their experiences as they enjoyed going in to Dean Wood Manor and acknowledged there was an enthusiastic and motivated team at Dean Wood Manor whom really cared for the people they supported. .
•□In response to the hospice in your care home concerns and agencies in attendance at the meeting, the provider voluntarily stopped admissions to the home. The manager expressed their difficulty in enabling staff to attend training due to staff shortages but indicated this would improve upon commencement of new staff recruited and the clinical leads taking up their posts.
•□Following the inspection, the hospice in you care home team reported that there had been improved engagement at training but they reported they continued to observe differences in the quality of care provided depending on the staff on duty.
•□During our inspection we observed where preferences were specified, care staff were not always meeting them and when people did express a choice for how and where they received care, this was not always met. For example, one person was observed asking staff if they could go and eat their sandwiches in another other room. We observed nobody responded to the person each time they asked. A cup of tea was then put in front of them, with no communication from staff. The person told the staff member that they don't drink tea and asked for a glass of water or milk instead. This was again ignored and a plate of sandwiches was then placed in front of the person. The person proceeded to shout; ''Oh my God, how many have they done?'' The staff member continued to walk away advising; 'eat what you can''.
• The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and

understand information they are given. The manager acknowledged that people's needs varied and that greater consideration needed to be given to the current format that information was displayed around the home. We did observe people reading from noticeboards but the manager confirmed they were looking to improve how this standard was met.

•□We saw people had communication care plans in place. One person's plan indicated they should be wearing glasses all the time but they were never seen to be wearing them during the inspection. Another person was documented as having hearing problems, although they didn't have hearing aids it was indicated in their care plan that they required an audiology appointment, we ascertained that this had not yet been arranged.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the care provided did not consistently meet people's needs.

•□The home had an activities coordinator to engage people in activities of their choosing. There was a weekly planner in place to support people's engagement in activities which included arts/crafts, beauty/nails, games, general chats and a 'free choice' day. We observed the activities coordinator throughout the inspection, supporting people on a one to one basis with activities of people's choosing. The activity coordinator explained that group activities can often be difficult given the level of peoples care needs so they favoured one to one time and giving people this time and support. We observed people playing jenga and a picture card game where people had to guess the name of the person.

•□The manager had ordered 'bits and bobs' boxes, playing cards, dominoes, arts & crafts to be used in communal areas and support one to one engagement in people's bedrooms.

•□Other daily activities included walks around the sensory garden, the homes grounds and people were accompanied to the shop or to feed the donkeys near the home. There had been an arranged trip to Knowsley safari park and Blackpool zoo. Pet therapists and entertainers also visited the home.

Improving care quality in response to complaints or concerns

•□We observed the complaints process was advertised within the home and relatives spoken with said they would be confident to raise a concern with the manager and felt that they would be listened to and any issues rectified.

•□There was an effective system in place to manage complaints. The manager had also typed up any verbal complaints received to maintain a complete log of discussion and maintained an audit trail and log of when these had occurred and the actions and outcome of any complaint received.

•□The home had also received a number of compliments but because a record of when these had been received had not been maintained, we were unable to determine the timeframe to which the compliments referred. A healthcare professional had dated their compliment which commended the staff on their care and standards to personal care maintained.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Breaches of the same regulations were found at this inspection as the last which demonstrates learning and improvement had not taken place.
- The system in place to monitor the performance of the home was not effective in securing the required improvements identified at our previous inspections. All our inspections at Dean Wood Manor have indicated the management of medicine was not safe and at our last inspection, concerns were raised regarding documentation relating to meeting peoples identified dietary needs. Audits had failed to identify and address these concerns and resulted in continued breaches of the regulations being identified at this inspection.
- During this inspection, we identified that nobody in the home was responsible for airflow mattress checks. The manager had assumed maintenance completed these checks but when we requested evidence of this, it was concluded that maintenance didn't complete them. The pressure ulcer and prevention audit asked whether staff understood that the pressure relieving equipment was determined by people's weight. The last audit indicated, yes. However, there was no visual check on a number of the mattresses to confirm this was evident in practice so this issue would have continued undetected.
- There was no audit completed to determine people were receiving specialist diets in line with their assessed needs. The nutrition audit considered people's weight and risk of malnutrition but did not have checks in place to observe meals and ascertain people were being provided the correct consistency of foods in line with SaLT recommendations and care plans.
- Concerns were identified with records. There was inaccurate or conflicting information included on monitoring charts for people; food and fluid, repositioning, personal care, oral hygiene and MARS. There was a risk that if robust records were not maintained, this could negatively impact on people's health, safety and well-being.

A failure to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the last inspection, we met with the provider to identify what was required to achieve compliance with the regulatory requirements. The provider gave us an overview of other homes within their portfolio and expressed their frustration at not having achieved a good rating at Dean Wood Manor. Contributing factors included, continuity in management as there had been several registered managers at Dean Wood Manor with no one manager remaining to implement and embed the required improvements.
- The provider explained that the registered manager was again leaving and they were in the process of

appointing a new manager at that time. Staff performance was identified as a concern and a contributing factor to the breaches of regulations. At this inspection, we were able to verify that this had been addressed through performance management and human resources (HR) process.

•□Following our last inspection, a new manager commenced at the home, the regional manager changed and a week prior to this inspection, two new clinical leads started. This means there is now an operational structure in place to support and embed the required changes.

•□We had received notifications except for DoLS outcomes which we accepted was an oversight and as there was no detriment to the people living at the home, we have not pursued this further. The previous rating was displayed on the provider website and within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•□It has been detailed throughout the report that people were not receiving safe, high quality care because of the breaches of regulations identified throughout the report.

•□The manager had been in post six months when we undertook the inspection and they told us they were committed to implementing the required changes. One of the clinical leads also expressed their commitment to the home and getting things to where they needed to be.

•□The provider attended the home during the inspection and to receive feedback. They were observably disappointed by our findings and following the inspection, they again contacted us to inform that they had implemented a further voluntary embargo on admissions. They indicated this would be reviewed in consultation with the management and Local Authority but said they wanted to address the issues identified and new admissions could hinder progress to achieving this.

•□There has been extensive investment in the home and the environment has been sensitively renovated to promote people's independence and support their needs. The sensory garden has been a welcomed addition to the home to support people's freedom of movement and access to outside space unhindered.

•□Staff genuinely cared for the people living in the home and told us they wanted to provide good quality care to the people living there. Some of the staff had worked at the home for many years and told us they had experienced hostility from people in the past following negative publicity about the home. They were resolute in their commitment to the home and achieving a good rating.

•□Staff and relatives spoke positively of the manager. Comments from staff included; "I really like the manager she is nice. I feel supported to do my job."

•□"We have a good manager here. We can go [to the person] with concerns whenever we need to."

•□ There were systems in place to support communication through team meetings and relative meetings. Staff told us they felt they were listened to and able to contribute and make suggestions for improvement at the home.

•□The manager had not consistently completed supervisions due to not having an operational structure to support this but they had completed targeted supervision and they had an operation plan preceding forward to address this.

•□We discussed with the manager information was not always provided in a format to support people's needs. For example, the notice boards were all in written format and the text was quite small. People's care plans did include people's communication needs but people's support needs had not always been met. The manager acknowledged this and told us they would look at providing this in different formats.

•□Staff surveys, professionals and relative surveys had been sent and were expected to be returned and analysed at the end of January 2019.

Working in partnership with others

- The home was part of a service improvement plan at the time of the inspection. A team from the local authority had been working alongside Dean Wood Manor to help the home improve the quality and safety of the service provided to people. This is a framework and commitment from the local authority to provide support to achieve the required improvements to the quality of care delivered.
- The home was working alongside the local hospice team to develop their skills around end of life care for people.
- The manager was exploring ways to improve links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care provided did not consistently meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 was not mitigating risks associated with people identified as having an unsafe swallow or at risk of skin breakdown. Medicines were not managed safely.

The enforcement action we took:

Warning Notices

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate an effective system to monitor and mitigate risks to people and there had been a failure to maintain an accurate and complete record in respect of each service user.

The enforcement action we took:

Warning Notices