

DHCH14

Dean Wood Manor

Inspection report

Spring Road
Orrell
Wigan
Greater Manchester
WN5 0JH

Tel: 01942223982

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Ratings

Overall rating for this service	Inspected but not rated
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 48 people were living at the home.

This was the first inspection since the provider had applied to change from a partnership to a limited company. This change resulted in a new legal entity being created, albeit no actual changes to the home, staffing structure or wider governance occurred as a result of the re-registration process.

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

We found improvements were required with the management of medicines, along with the audit and governance process. People's medicines were not always managed safely and the audit process had not identified issues we found during inspection with medicines, record keeping and inconsistent information in care documentation.

People told us they felt safe living at Dean Wood Manor. Risk assessments and care plans provided staff with information to enable them to care for people in line with their wishes and keep them safe, although greater care was needed to ensure information was accurate and up to date. Staff knew how to identify and report safeguarding concerns, with training provided and refreshed. Accidents and incidents had been documented and reviewed monthly to identify trends and help prevent reoccurrence. Enough staff were deployed to keep people safe. The necessary employment checks had been completed, to ensure staff were suitable to work with vulnerable people.

People, relative and staff's views were captured via conversations, meetings and questionnaires. People and relatives spoke positively about how the home was managed and said they would recommend it to others. Staff told us they enjoyed working at the home, felt supported in their roles and listened to.

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 the service under the previous provider was requires improvement published on 12 January 2021. No overall rating was awarded at this inspection, which only covered the safe and well-led domains.

Why we inspected

We carried out a focused inspection of this service under the previous provider on 18 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do to improve. This inspection was carried out to check if the new provider was

meeting legal requirements, as despite the creation of a new legal entity following the recent re-registration process, no changes to the actual service or people involved in its operation had taken place.

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.

You can read the report from our last comprehensive inspection, by following the links to the old providers page and then 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 have identified breaches in relation to the management of medicines and the audit and governance process at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 two inspectors, a medicines inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 4 August 2021 and finished on 09 September 2021, at which point we had received all the additional information and clarification we had requested from the provider. We visited Dean Wood Manor on 5 and 25 August 2021.

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 and two relatives about their experiences of the care and support provided. We also spoke with seven staff members, which included the registered manager, head of quality, managing director and care staff.

We reviewed a range of records relating to the safe and well-led key questions. This included five people's care records, risk assessments, safety records, audit and governance information. We also looked at medicines and associated records for 14 people.

After the inspection

We requested additional evidence from the provider. This included care documentation, monitoring charts, safety records, 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.

This is the first inspection since the service re-registered. This key question has been rated requires improvement. This means 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. People missed some doses of their prescribed medicines because stock had not been managed effectively.
- Staff did not always follow good practice guidance. One person's medicines had been removed from the original packing and had been left in the trolley, this is known as secondary dispensing and is considered poor practice. Medicine records were inaccurate as they showed the person had been given their medicines.
- People did not always have written guidance in place, or the guidance lacked detail for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. For example, painkillers and medicines for anxiety and agitation.
- Information was missing to help staff give covert medicines safely. There was no information from the pharmacist about what food and drink each medicine could be mixed with.
- Waste and unwanted medicines were not stored safely in line with current guidance. Medicines stored in the fridge for example, people's insulin and cream, were not always stored at the recommended temperature. There was no evidence that any action had been taken to ensure these medicines were not adversely affected.

We found no evidence people had been harmed, however, medicines were not being managed safely. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care documentation contained a summary of the key risks for each person, with more detailed risk assessments and care plans in place, to explain how these risks would be managed.
- Although this documentation was detailed, we identified a number of inaccuracies and contradictory information within people's electronic care records. Issues included the accurate recording of modified dietary needs, how frequently people had fallen, how often safety checks should take place and the inaccurate recording of weight ranges and body mass index (BMI) on assessments.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. A fire risk assessment was in place and fire drills were undertaken regularly. Each person had an evacuation plan in place, in case of emergencies.
- Accidents and incidents had been documented consistently on the provider's electronic monitoring system. Monthly analysis had been completed to look for patterns and trends, with an action plan used to

help prevent a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Dean Wood Manor and were happy with the care and support they received. Relatives also spoke positively about the safety of their family members. One person told us, "It's okay here and I feel safe", whilst a relative stated, "Since [registered manager] started, I can't tell you how much safer it is. They couldn't do more for [relative]."
- Staff had received training in safeguarding and knew how to report concerns. Information about safeguarding was on display throughout the home.
- Safeguarding concerns had been reported in line with local authority guidance, with a log kept to track referrals and outcomes.

Staffing and recruitment

- Safe recruitment processes had been followed when new staff commenced employment. This included checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- Enough staff had been deployed to meet people's needs. The home used a system to determine how many staff were required per day to support people safely, with rotas being completed based on this information.
- People and staff confirmed staffing levels were adequate, although some did comment on the high use of agency staff and staff not having much time to sit and chat, due to being very busy.

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. Appropriate policies, procedures and cleaning schedules were in place and government guidance around visiting procedures had been amended and followed as changes occurred.
- Staff confirmed they had received the necessary training, 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.

This is the first inspection since the service re-registered. This key question has been rated requires improvement. This means 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

- The provider and manager used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. Although these had identified some issues and shortfalls with service provision, they had not identified the medicines issues we found, nor the inaccuracies and contradictions within care documentation.
- The provider used a home improvement plan, to record any actions or issues identified via auditing, monitoring or via feedback from people and/or staff. Some actions had no updates recorded, so we could not determine if these were being addressed, whereas others had a detailed explanation of steps taken to drive improvement and outcomes.

Systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's 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 and their relative's views had been captured through meetings, the resident of the day process and questionnaires. A relative told us, "[Registered manager] is informative and explains everything to you. We have questionnaires and used to have relative and resident meetings before COVID." We noted online relative meetings had temporarily replaced in person meetings to promote safety.
- People, staff and relatives spoke positively about the home and support provided. One person told us, "I can't think of anything bad about it. I am happy here." A staff member stated, "It's the best it's ever been. I feel listened to and supported."
- Feedback from everyone we spoke with indicated the home had made improvements under the current management team. A relative told us, "I would definitely recommend the home, we've seen a huge improvement since [registered manager] started working here."

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 had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, phone calls and interactions with care 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.
- Involvement had been affected due to restrictions in place as a result of the COVID-19 pandemic. However, the home had adapted where possible, for example on the day of inspection a musical act performed outside in the grounds. People who chose to spent time outside listening to the act and socialising.