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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 effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Dean Wood Manor on 22 January 2018. We made a second announced visit on 23 January 2018 to complete the inspection.

The home was last inspected on 30 November 2016, when we identified four continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment and good governance. Following this inspection the home was rated as requires improvement overall and in the key lines of enquiry (KLOE's); safe, effective, responsive and well-led. The home was rated as good in caring.

Following the last inspection, 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, responsive and well-led to at least good. The home has also been provided on-going support through a service improvement programme with the local authority. We reviewed the progress the provider had made as part of this inspection.

At this inspection we identified three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; safe care and treatment, meeting people's nutrition and hydration needs and good governance. You can see what actions we told the provider to take at the end of the full version of this report.

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

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 two dining rooms and three lounges. There were also designated seating areas on corridors. The home has extensive gardens and on-site car parking is available. At the time of inspection 47 people were living at Dean Wood Manor.

There was a registered manager in post at the time of this inspection. 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.

Although people's relatives felt their family members were safe living at Dean Wood Manor, we identified continued concerns with the management of medicines. We found discrepancies on people's medicine administration records (MAR) that had resulted in medicines being missed. We also identified concerns when responding to people's changing medical needs and complying with the person's care plan and

referring to health care professionals for appropriate assessment.

The home had a system in place to determine the required staffing levels. Staffing was also determined on observation and in recognition of people being more unsettled in the evening, the staffing compliment was being increased to respond to this identified need.

The home was clean and was commended by people's relatives for the level of cleanliness maintained.

Staff completed nutritional risk assessments but we identified two people that according to their assessment score should have been referred for dietetic assessment. However, the registered manager could not demonstrate this referral had been made and care plans did not contain sufficient details to guide staff in reducing the risk of further weight loss.

There was a system in place to manage people that had specialist dietary needs but records needed strengthening to determine the foods provided were in line with their assessment.

Staff received a service induction and were commencing completion of the care certificate by the end of February 2018. A trainer had commenced at the home and there was an emphasis on improved training for staff. Supervision had been received but improvements were required to ensure staff received regular support.

Staff we spoke with demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We found the home was working within the principles of the MCA and had followed the correct procedures when making DoLS applications. Best interest meetings had been held and documented when decisions had been made for people who lacked capacity.

The environment had received significant investment and was sensitive to the needs of people living at the home. There were plans and investment to transform the courtyard in spring so people would have an accessible outdoor space in summer.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be patient, caring and treated people with dignity and respect. People's relatives were complimentary about the staff and the standard of care provided.

People's dignity was maintained and initiatives like dignity bags had been introduced so care products were stored discreetly in people's bedrooms.

Relatives told us they felt engaged with their family member's care and able to approach staff and discuss changes when required.

The home had received a number of compliments commending the home for the care provided.

Relatives were happy with the activities on offer and spoke favourably of a staff team that was responsive to their family member's needs.

The home worked closely with the hospice in your care home team and had been awarded 'most improved care home' and a senior support worker had been commended as a 'dignity champion' and received an award the end of year celebrations.

Relatives spoke favourably of the registered manager and staff team at Dean Wood Manor and the improvements they had observed. Family member's felt consulted and that they could have their say. They told us the relative meetings were informative and an opportunity to discuss initiatives implemented.

The registered manager was part of the 'butterfly group' which discusses best practice and initiatives to get better outcomes for people living with dementia.

The provider had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on a daily, weekly and monthly basis and covered a wide range of areas including medication, care files, infection control and the overall provision of care. We saw evidence of action plans being implemented to address issues found, however not all of the issues we noted during inspection had been captured via the auditing process. Where the same issues had been identified; we found changes to practice had yet to become embedded.

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 ●

Not all aspects of the service were safe.

Medicines were not managed safely. Systems needed strengthening to ensure medicines were available as required. Nurses needed to demonstrate they were responding to changes in people's need appropriately.

Staff were trained in safeguarding procedures and knew how to report concerns.

Recruitment of staff was safe and there was a system in place to determine staffing numbers.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

The provider could not demonstrate they were consistently meeting people's nutritional needs and records required strengthening.

Decision specific capacity assessments were completed in line with the Mental Capacity Act (MCA 2005). There was an effective system in place to manage Deprivation of Liberty Safeguards (DoLS).

Considerable investment had been given to ensuring the environment was suitable for people living with dementia, with appropriate décor and a range of aids, adaptations and pictorial signage in place.

Is the service caring?

Good ●

The service was caring

Staff were kind and compassionate and treated people with dignity and respect.

Staff demonstrated they knew people's preferences. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good ●

The service was responsive

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The home had an effective complaints procedure in place, with all complaints being investigated and outcomes documented.

The staff had worked closely with the hospice in your care home team, to improve practice and knowledge in relation to end of life care.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led

The provider had systems in place to monitor the quality of the service and some improvements had been made; however, we identified continued areas of concern that had not been identified through the providers own monitoring process.

People benefitted from staff working in partnership with other organisations to improve their well-being.

Relatives spoke positively of the registered manager, changes to the service and investment in the environment.

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 Monday 22 January 2018 and was unannounced. We made a further announced visit on Tuesday 23 January 2018 to complete the inspection.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC), a pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Prior to the inspection we reviewed information we held about the home. This included statutory notifications, safeguarding referrals, previous inspection reports, action plans and the service improvement plan which had been developed in conjunction with the quality performance team following the homes previous inspection. We also looked at the PIR which the registered manager had completed in December 2017. The PIR is a document in which the provider can record any good practice within their service and details how the service is safe, effective, caring, responsive and well-led.

We also liaised with external professionals including the local authority, local commissioning and safeguarding teams.

People living at Dean Wood Manor were unable to communicate their experience of care at the home so we observed the care and interactions in the communal areas which included lounges and dining rooms.

We spoke with 10 visiting relatives, seven staff members who included the registered manager, clinical nurse, nurse, senior care staff and care assistants. The provider and regional manager also attended the home during the inspection. Records looked at included five staff personnel files, seven care files, five medication administration records (MAR), training records, building checks and any relevant quality assurance documentation.

Is the service safe?

Our findings

We had previously visited this home in November 2015, June and November 2016 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last visit, improvements were identified but the management of medicines remained unsafe. We found care staff made a retrospective entry to record people's cream application which could result in recording error. There was still insufficient information recorded regarding people's blood sugar levels to enable nurses to administer insulin safely. People who needed their medication to be given covertly, by concealing it in food or drinks had no advice from the pharmacist as to how to do this safely. A stock check system had been introduced to ensure people received their medicines as prescribed.

At this inspection, we looked at five people's medicine administration records (MAR). We found all residents had photographs and allergies recorded on their MARs reducing the risk of a medicine being given incorrectly.

We found the stock check system in place at our previous inspection was not being followed, as medicines received from the doctor or pharmacy were not checked with previous MARs to check for any missing medicines. If a medicine was not on the new MAR staff assumed that the medicine had been stopped by the doctor, but they did not confirm this. The previous MAR for one person had a medicine for memory, which had been crossed off. The medicine for memory however was on the new MAR and this had not been identified by the nurses that there was a difference between records. It was unclear whether the medicine had not been ordered the previous month and the nurses had assumed it had stopped. A second person who was prescribed a medicine to relieve anxiety on their previous MAR did not have it on their current MAR; this had not been identified by the nurses. A third person who required food supplements as their weight was low had had their food supplements crossed off as it had not been supplied by the doctor. We asked the clinical lead to check on the day of our inspection with the person's doctor and they confirmed that this should have been continued as their weight was reducing. As there was no effective stock check system, this increases the risk of people not receiving medicine prescribed by their doctor.

One person was prescribed a medicine to thin their blood, however on the previous MAR 10 days had not been signed by a nurse to show that the person had been given it. Not having an accurate record meant it was not possible to tell whether the dose had been given and not signed for or not given at all.

A second person had their medicines administered in a covert manner, which involves nursing staff concealing the medicine so the person is unaware they are taking them. We found the care plan lacked detail on how this should be given and no advice had been taken from the pharmacist as found in previous inspections.

A third and fourth person had fluid thickener to aid swallowing, however this had not been prescribed for them and should not have been used for them. The nurses were using another person's fluid thickener, which is not legal. Both people had not been examined or assessed by a Speech and Language Therapist

(SaLT) or doctor and the nurses had commenced thickening their fluid without professional assessment and guidance.

We found blood sugars for a fifth person who was on insulin to be incomplete and when blood sugars had been recorded as being too low, there was no record about what the nurse had done to return their blood sugars to a normal level. A person's blood sugar should be taken before administering insulin to ensure their blood sugars do not go too low, as this increases the risk of harm. The record of recording blood sugar before administration was not fully recorded.

We looked at topical Medicine Administration Records and found these not to be completed fully. It was unclear if creams had been applied and not signed for or whether they had not been applied at all.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system in place to determine staffing levels and we saw there were sufficient numbers of staff on duty to meet people's needs timely. The registered manager had identified a need to increase staffing levels because people were more unsettled early evening. The provider had agreed the increase to support people to remain safe and the registered manager was in the process of recruiting to this position at the time of the inspection.

People's care needs were assessed and care plans developed to promote people's freedom of movement around the home. When accidents or incidents had occurred, assessments had been updated to reduce the risk of recurrence. Staff reported and maintained accurate records of incidents such as injuries, falls and a deterioration in people's mobility. The registered manager monitored and reviewed incidents to identify any trends and shared their observations with staff to promote learning.

The provider had maintained safe recruitment procedures to ensure people were supported by staff that were suitably checked to ensure they were safe to work with vulnerable adults.

Staff had received safeguarding training and the processes in place remained effective. Staff spoken with were knowledgeable regarding safeguarding matters and reporting procedure. Documentation of incidents between people living at the home had been tightened and included observation charts which supported staff to manage difficult situations in a positive way. The observation charts were given to the registered manager for analysis so people could be referred for assessment and professional support at the earliest opportunity.

The home environment was safe. External doors were coded and only staff had the access codes to enable visitors in to the home. The environment was clean and feedback from the local infection control team was positive regarding the standards of cleanliness maintained. Prior to our inspection, Public Health infection control had audited the home and it had been awarded 100%.

The provider carried out regular health and safety checks in line with legal requirements. These included fire, water, gas and electric maintenance certificates were viewed. We looked at people's personal emergency evacuation plans (PEEPS) and found they were individualised and in date. The registered manager had implemented a traffic light system to convey the level of people's need in the event of an emergency situation; red meant high levels of support, yellow was used to identify people needing moderate support, whilst green was used to indicate people who were independently mobile. This system meant staff had a visual prompt to support safe and efficient evacuation if required. The home had an identified fire officer who had previously worked in the fire service for 15 years. The fire officer was

responsible for fire drills and ensuring staff were equipped to deal with an emergency.

Is the service effective?

Our findings

People's care files contained a universally recognised nutrition assessment which is completed in conjunction with monitoring people's weights to determine when people are at risk of malnutrition. The assessment identifies the criteria for referral to dietetic services but we found this had not been done for two people whose assessment indicated they met the criteria for referral. We also found their care plans had not been updated to demonstrate control measures had been implemented to mitigate the risk of further weight loss. For example, fortifying their meals with additional calories and increasing snacks offered between meals and milky drinks.

This is 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.

We also identified one person was documented as having a significant weight increase between November 2017 and December 2017 of 5kg which had not been explored at the time to determine if this was the consequence of medical changes. For example; water retention. We determined this could also have been a recording error as in January 2018, the person's weight had reduced again by 5.5kg but again this had not been explored further to determine whether the person needed medical assessment.

We found records documenting people's dietary intake could not be relied upon to determine the consistency of the food people had received. Kitchen staff had a record of people's nutrition needs but when we looked at the food records, people requiring a soft diet were documented as having received foods that were not consistent with their assessed needs. For example; pie which would not be an appropriate food to give to people requiring a soft diet due to the pastry. When we showed the records to the registered manager they were adamant it was a recording error and people requiring a soft diet would have been given the inside of the pie without the pastry. We verified this with the staff spoken with who were able to identify the people requiring their food modified and the foods not appropriate for these people.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider could not demonstrate accurate records were maintained to determine people's assessed needs were being met.

Family members we spoke to were happy their relatives had access to the appropriate healthcare professionals when needed. One family member told us they had noticed their relative's foot looked sore. When they spoke to the staff, it had already been arranged for [their relative] to see the chiropodist and the visit took place within the week. All the relatives spoken with told us they were informed immediately if there was a change in their relative's condition. We saw everyone had a health action plan which was person centred and reflective of their needs, supporting positive outcomes regarding their health.

We observed the mealtime experience and found it to be relaxed and flexible to meet people's needs. The meals had recently changed in response to people being more restless in the evening so lunch was the main

meal of the day and a lighter snack provided in the evening. Staff encouraged and offered practical support whilst promoting people's independence. We observed staff were flexible with people and those that were unsettled in the evening were able to take their sandwiches from the table and walk with them.

The food was freshly prepared at the home and well presented. There was a summer and winter menu which was developed taking in to account people's food preference. People's relatives were complimentary about the food and two relative's told us their family member's weight had increased since living at Dean Wood Manor. They attributed this to them enjoying the meals, staff being supportive and being settled at the home. Comments included; "The chef is very good, the food smells and looks lovely", "The food is very good, home cooked meals, and we've no complaints at all."

All the family members we spoke to were happy the staff were competent and knowledgeable about their relative's needs and preferences. One family member commented that [their relative] and other residents could be challenging at times but that "it's never an obstacle for the staff, they are all just brilliant."

Staff had received appropriate induction and completed shadow shifts before providing care at the home. The registered manager advised us a trainer had recently been appointed to support staff to complete the care certificate and additional training. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. This was in the process of being introduced as the inspection was underway.

Staff had received appropriate training to support them in their role which included; moving and handling, health and safety, infection control, dementia, challenging behaviour awareness, mental capacity and deprivation of liberty safeguards, (DoLS), first aid and safeguarding.

The registered manager had a supervision matrix in place to monitor completion. We noted there had been challenges to completing supervision due to staff leaving and the system breaking down but staff verified they had received one to one supervision in the past few months and peer supervision. The registered manager had devised a new system to ensure supervision was completed more regularly.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The registered manager had submitted applications for people as required and had an organised system in place to monitor when authorisations had been granted or assessment was pending. The system was colour coded for quick identification as to where people's application was up to in the process. The system recorded expiry dates and any conditions attached to the DoLS. Staff demonstrated a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

We observed some residents doors were open and best interest decisions had been made for a gate to be fitted. This meant people nursed in bedrooms, were not shut off from the rest of the home but were not vulnerable to people entering their bedroom.

All of the family members we spoke with commented on the work that had been done to improve the environment. They also mentioned with excitement the home had obtained funding to refurbish the courtyard so that people living there would be able to access the courtyard from the patio doors in the different lounge areas. The courtyard transformation was scheduled to commence in March 2018 and had been designed with people's needs in mind so it would be safe for people to access independently.

The home had been decorated with people's needs considered to promote their freedom of movement around the home including pastel shades on the walls with contrasting handrails. Doors were colour coded to enable residents to recognise their bedroom and each had a photograph of significance to the person living there, such as wedding photographs. Bathrooms and toilets were clearly signed, including pictures, and the dining areas had pictures of the food choices.

Each corridor was decorated, one area was a library and had wall paper that resembled book shelves. There were books available, radio and seating and we saw different people utilising the area throughout our inspection. 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.

Is the service caring?

Our findings

All the family members we spoke to were complimentary about the staff and the care provided at Dean Wood Manor. They told us they considered the staff to be "excellent" and "very caring". One family member said the staff always provided "lots of comfort and reassurance to [their relative]". Another family member told us [their relative] "gets on brilliantly with all the staff." Another observed that "it's not just the carers, all the staff get involved and are happy to help out where needed, nothing is ever a problem."

The home had a calm, cosy and welcoming atmosphere. During our inspection, we saw staff speaking to people with kindness and compassion. Staff listened to people's requests with patience and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support timely when they needed it.

We observed staff to be patient, gentle and compassionate with people in the lounges and the dining room, always coming down to their eye level when speaking with people. An external healthcare professional arrived to carry out a mobility assessment for one person. Staff were patient in introducing the visitor to the person, giving them time and lots of reassurance before they accompanied them to a private area for the assessment.

Throughout the day, staff were seen sitting with people, talking to them, holding hands and stroking backs of hands. Whilst some people were unable to respond, they appeared relaxed and content. Other people responded with equal displays of affection and kissed staff on the cheek. We observed one person dancing with a staff member to music playing. A family member told us [their relative] also used to enjoy little dances with staff when they were able to weight bear. Staff sang with people and there was a constant flow of conversation which made for a vibrant atmosphere.

We observed one person was unsettled throughout the inspection and ascertained the person had an infection at the time. Staff continually provided reassurance to the person and were prompt to distract them and engage them in conversation when they were upset.

People at Dean Wood Manor appeared to be clean and well-presented. One family member told us [their relative] did have little accidents but these were attended to immediately. Other family members we spoke with were satisfied with the levels of personal care provided and voiced their family member maintained the level of personal grooming they always had.

We observed staff were vigilant and ensured people had their glasses, hearing aids and teeth in and were quick to notice when any of these items were missing to promptly find them and ensure they were back with the rightful person.

Family members considered staff were respectful of people's dignity and privacy, telling us when asked "definitely , 100%." We saw dignity bags had been introduced since our last inspection so gloves, wipes and continence pads were not on show around the home. Dignity bags were kept discreetly in people's

wardrobe to support people in their bedrooms.

We saw people nearing the end of their life were treated with the upmost dignity and respect. A senior carer from the home had been recognised in the hospice in your care home awards as a 'dignity champion' for providing exemplary dignified care when people were approaching the end of their life (EoL). Staff spoke with the passion when caring for people and providing the best care and comfort to people as possible.

We observed there was a discrete symbol on a person's door to identify when people were approaching the EoL. This was so staff and domestic staff were aware of people's needs and maintained a quiet presence outside their room to respect their needs and that of their family.

People were encouraged to make decisions about their care and in their daily lives. Staff presented people with options to enable people to make choices about how they spent their time and the activities they engaged in. Relatives told us they were consulted about the care and support their family members received and felt staff always considered their views and suggestions. People's families were able to visit at any time and one person told us they visited daily to continue to provide support and familiarity to their family member.

The home had cards displayed and compliments received commending the care provided at Dean Wood Manor. Compliments included; 'Thank You, two small words that mean so much. For all the care, help, patience and understanding you gave [relative]. For the comfort and support you gave to us as a family.' 'Thank you so much, your caring and kind thoughtful ways has been very much appreciated.' 'Thank You for all the care and dignity given.' 'The loving care was so appreciated.' 'The support provided made a real difference to us during a very sad time.' 'Thank you for always maintaining their dignity and the excellent care and support.' 'Thank you, our relative has just come on leaps and bounds since being with you.'

Is the service responsive?

Our findings

Family members we spoke to felt the staff were proficient at getting to know their relatives and their preferences. Where people had communication difficulties on admission, information was sought from family members on their likes and dislikes. All family members knew about their relative's care plan and said they felt able to look at it at any time. One family member told us they reviewed their relative's care plan annually, suggesting changes where appropriate. Other family members told us they had signed the care plan on admission but tended to liaise directly with staff if they felt any changes were required. Relatives told us they felt staff were approachable and responded to their requests.

We saw people had a one page social profile in their files which captured information of importance to the person and information regarding their likes, dislikes, previous occupation and family members. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting. For example, they told us about objects of reference one person used to communicate. Staff told us how they recognised when another person was in pain, but was unable to verbally communicate, and how they managed this. Relatives we spoke with all confirmed the staff knew their relatives well. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed.

We saw 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 are sexual, spiritual or cultural. A family member told us they and [their relative] regularly received communion from their local vicar in their relative's room. Equality diversity and human rights was also considered in the hospice training the home was engaged with and was a central part of the assessment and care planning process.

Hospice in your care home involves care staff and nursing staff receiving additional training through partnership working with a designated team from Wigan and Leigh Hospice. The provider makes sure that facilities and support are available for people, taking in to account those people who are important to them and staff before, during and after death. Feedback received from the hospice in your home team in regards to the support provided to a resident approaching end of life included; "We were absolutely delighted to find [person] so well looked after with everything we recommend in place. They were truly delighted with the timely administration of pain relief, the comfort round tool completed correctly and the workstation set up in the room to attend to all the person's needs. The complimentary tray for the family was so thoughtful and exactly what is needed when in vigil at a bedside. The dignity symbol was in place and there was such a feeling of peace and calm around the person, family and staff. The level of care was a very high standard and exemplary.' Dean Wood Manor also received most improved care home and the dignity champion award at the hospice in your care home end of year awards ceremony.

Dean Wood Manor had a designated activities coordinator and the activities programme was devised in consideration of the people living at the home to incorporate the activities people enjoyed. On the day of our visit, we observed a fishing game was going on in the large lounge, where fish were "caught" with a magnetic tipped rod. Only two or three people were able to participate although other people did sit watching. We then saw "stained glass window" painting in one of the smaller lounges. We also observed staff signing, dancing and sitting chatting with people throughout the inspection.

Music was playing in the large lounge, while TVs were on in the smaller lounges. One TV was linked to a DVD player and was playing Mary Poppins. There were dolls and teddies available which we observed people comforting and there was a pram in the corner of one lounge. A couple of twiddle-muffs were placed on chairs and there were fiddle boards on the corridor walls which had been fitted with different doorknobs, gate latches and bolts which people could handle.

Relatives told us there were frequent beauty and nail painting sessions. They also told us a therapy dog visited Dean Wood Manor weekly and that singers or other entertainers came in about once a month. Trips were arranged in summer on the minibus which we were told was well-received.

There were appropriate procedures for managing complaints. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. Complaints received were discussed at staff team meetings and disseminated to promote learning. We observed complaints had been responded to in the required timeframes and appropriate action had been taken to resolve concerns.

Is the service well-led?

Our findings

Due to the fact that we identified breaches of the regulations within other domains (safe and effective) the well-led key question can only be rated as requires improvement.

The processes in place to monitor the performance of the home was 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 and needed strengthening to ensure the breaches were addressed to enable people to receive safe, effective care.

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

At the time of our inspection there was a registered manager in post and they were supported by the clinical lead. A deputy manager was also due to commence at the home in February 2018. The registered manager was also advertising for their own care coordinator at the home to support person centred care planning.

We found the registered manager and regional manager to be open and transparent in discussing the changes that had taken place and those they believed were still required.

The registered manager, staff and relatives we spoke with were extremely positive about the positive improvements observed at the home and the investment the provider had committed to Dean Wood Manor. There had been considerable investment in the décor and environment. Themed corridors had been introduced and furniture replaced to introduce couches in to communal areas so people could sit together or get comfortable and put their feet up whilst watching television. A training room had been developed within the home and a trainer had just commenced at the home whilst we were undertaking the inspection.

The registered manager expressed the provider had listened and supported them to implement the changes. Everybody we spoke with were proud of the achievements they had made and were excited about the next phase and development of the courtyard. Funding for the courtyard had been part obtained from the local authority innovation fund and the provider had matched this to ensure the works could be commenced in spring so people could be benefiting from this accessible space in summer.

There were employee initiatives which relatives and visitors could nominate staff via the suggestion boxes and the staff member would receive a bottle of fizz at the end of the month in recognition of their contributions. Staff were supported through training, supervision and team meetings and there was an operational structure which included senior care staff to provide additional support on duty.

We saw the registered manager had commenced work on identifying staff members with particular interests and motivation to take on certain roles as champions but at the time of our inspection this had not yet been embedded. The registered manager was part of the 'butterfly community' which provides support and

initiative to people providing care and support to people living with dementia. The butterfly community is a closed group and webinars that offers best practice support. At the time of the inspection, staff were trialling their own clothes to remove barriers. Nursing staff intended to wear a white coat when a clinical intervention was required and a red tabard when supporting medicines so not to be disturbed. Night staff were also participating and wearing pyjamas at night to promote the visual prompt that it was night time to promote good sleep routines for people living at the home.

As most people who lived at the home were unable to communicate their experiences, the provider had considered how they could be supported to give their views and to raise concerns if necessary. The registered manager told us relative meetings and suggestion boxes were available around the home for people that may be unable to attend an arranged meeting.

A relative survey had been sent October 2017 but had not been analysed at the time of inspection as the survey had been discussed at the relatives meeting in December 2017 and people had requested more time to complete. We saw professional's feedback had also been sought and there were plans to analyse the information and to put up a board with the survey outcome. The registered manager planned to respond with; 'you said and we did' by the end of February 2018.

Family members we spoke to knew who the registered manager was and said they found them and the staff approachable. Family members told us they had confidence in the registered manager to lead staff and maintain the improvements and standards they'd observed. Family members were aware of the meetings and those who had attended were complimentary, commenting that the meetings provided an opportunity to raise issues in an informal setting and to let family members know what was going on around the home. One family member said the meeting they attended "was very informative".

Overall family members appeared to be satisfied with the care at Dean Wood Manor. Two family members told us they felt it compared favourably with other care homes their relatives had had experience of and they all indicated they would recommend Dean Wood Manor to other people requiring this level of care and support.

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

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 not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The provider had not ensured nursing staff had referred people to dietetic services when there nutrition risk assessment score indicated the requirement to do so.

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	<p>The provider had not ensured accurate, contemporaneous records were maintained in relation to specialist diets.</p> <p>The provider needed to strengthen their quality monitoring process.</p>