

Tudor Bank Limited

# Douglas Bank Nursing Home

## 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

Douglas Bank Nursing Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 40 people across two separate units. One of the units specialises in supporting people who live with dementia.

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

People were at risk of avoidable harm because the management of accidents and incidents was not always effective. Staff did not always follow safeguarding procedures. We found continued failings in relation to the management of people's medicines.

People did not always receive person-centred care. We observed staff follow task-based routines on the dementia care unit and staff did not effectively support people to ensure they were stimulated or engaged. Staff did not always ensure people's care plans were updated as their needs changed for example, after someone had sustained unexplained bruising or a skin tear.

The registered manager did not always ensure good governance. Failings identified at this inspection had not been identified by the registered manager. This inspection found continued breaches in Regulation 12 (Safe care and treatment), Regulation 9 (Person-centred care) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us there were enough staff deployed. Staff recruitment was safe. The environment was clean and well maintained. The provider continued to refurbish areas of the environment. The registered manager failed to maintain good record keeping in relation to two outbreaks of infectious disease. At the time of the inspection we observed staff follow safe infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training. Staff told us they felt supported and listened to. People had access to a wide range of external health care professionals. There were procedures in place to promote equality, diversity and human rights.

We observed staff support people in a kind and respectful way on the ground floor unit, staff were responsive to people's requests and it was clear staff and people had built positive relationships. Relatives provided positive feedback and told us they felt involved in the planning of their relative's care.

We received positive feedback from visiting professionals who told us staff were responsive to people's changing needs and good at asking for support. People's care plans contained good detail about their needs and preferences should they be transferred to hospital. Staff supported people to maintain a healthy balanced diet. People had choice and control at meal times on the ground floor unit, the dining experience

of the dementia care unit was not as positive because not enough staff were deployed to effectively support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (22 January 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 22 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to people's safety, person-centred care and the way the service is governed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Inadequate 

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

# Douglas Bank Nursing Home

## **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.

#### Inspection team

This inspection was carried out by three inspectors and a medicines specialist.

#### Service and service type

Douglas Bank Nursing Home 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority's contract monitoring team and other visiting professionals. We used our planning tool to collate and analyse the information before we inspected. 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 two people who lived in the home, two relatives, five members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records of 12 people who used the service, checked the environment and observed staff interactions with people on both units. We also examined a sample of records in relation to medicines, staff recruitment and training, quality assurance checks and accidents and incidents. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and investigation information in relation to medicines management and safeguarding. We read feedback from two professionals who regularly visit the service and spoke with a further three members of staff by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not always safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider also failed to ensure people's medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were at risk of avoidable harm because systems in place to risk assess and care plan when a person had sustained an injury were not robust. Records for two people showed unexplained damage to their skin. The registered manager was not aware people had unexplained bruising and incident/accident analysis had not been undertaken.
- Staff failed to implement a care plan and risk assessment for a person who was known to display distressed behaviours which placed them and others at risk of avoidable harm. We observed staff were unsure how to best support this person when they became distressed towards another resident.
- We were made aware after the inspection that another person had sustained damage to their skin in September 2019, their risk assessments and care plans in relation to the incident had not been updated. There was no recorded evidence to show staff had checked the damage to the person's skin had healed.
- Processes in place to ensure lessons are learnt when things went wrong were inconsistently used. The registered manager did not always ensure good governance of accidents and incidents and staff did not always inform the manager of changes to a person's health and wellbeing for example, when they found unexplained damage to people's skin.

Using medicines safely

- The provider failed to ensure people's medicines were managed in a safe way. People did not always receive their medicines as prescribed which placed them at risk of avoidable harm. One person had not received their medicines for five consecutive days because staff had failed to ensure their medicines were available. Another person had a long standing history of refusing their medicines, staff failed to inform the person's GP who was responsible for prescribing the medicines.
- We observed staff administering medicines and saw that they did not always follow safe procedures.
- The providers audits had not identified failings found in relation to medicines management at this inspection.

We found evidence that people had been harmed and systems were not robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were at risk of abuse because staff did not always follow safeguarding procedures.
- One person had sustained a skin tear during personal care, their care records were not updated following the incident and safeguarding procedures were not adhered to. Another person had unexplained bruising, staff failed to follow safeguarding procedures.
- We received whistle-blowing information after the inspection in relation to concerns about the way a member of staff handled people during personal care and allegations of physical harm to a service user. We were informed that the provider was informed about these concerns in December 2019, this information had not been shared with us at the time of the inspection and safeguarding procedures had not been followed. We raised a safeguarding alert to ensure people's safety and the allegations were investigated in line with the local safeguarding authority's processes.

Systems and oversight were not robust enough to demonstrate that people were consistently safeguarded from abuse. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The registered manager could not evidence robust action had been taken following two outbreaks of infectious disease in April and May 2019. Recording keeping in relation to deep cleaning and risk assessment was not maintained to show how the risk would be managed. The outbreaks were reportable incidents and the registered manager failed to notify us. Public Health England were notified.
- Staff followed safe infection control procedures on the day of the inspection.

Staffing and recruitment

- There were sufficient numbers of staff deployed. Relatives and staff told us staffing levels were consistently good. A relative told us, "There are always plenty of staff around. I have never had any issues finding staff, managers or nurses. Nurse call bells are answered in good time."



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Changes in people's health needs were not always effectively recorded to show when an assessment had been undertaken. For example, one person had sustained damage to their skin three weeks before the inspection and a record of wound assessment had not been recorded. We saw the wound dressing was old, and we could not be sure when it was last changed. This placed the person at risk of harm.
- Staff referred people to external health care professionals when they became unwell, we saw some good examples of people receiving timely care. However, one person's care plan was not updated following a visit from the on-call GP who directed staff to follow specific guidance in the case of a deterioration in the person's health. We were unsure if the person received medical treatment in a timely manner because record keeping was poor.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good record keeping. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pre-admission assessments were completed before people moved into the home.
- There was an effective process in place to ensure people's important information was taken with them if they were transferred to hospital.

Staff support: induction, training, skills and experience

- Staff told us they did not always feel confident to support people with distressed behaviours. The provider failed to ensure staff received training in positive ways to support people when distressed to reduce the risk of harm to themselves and others. The registered manager informed us after the inspection this type of training had been arranged.
- There were effective processes in place to ensure staff received a good standard of induction support and training. Agency workers also received an induction before they were deployed to support people.
- Staff told us they found E-Learning training modules interesting and relevant to their role. Comments from staff also included, "We do a lot training, it is good." And "The training is really good."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure people's nutritional needs were effectively managed. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's nutritional needs were assessed and their care plans showed how best to support them at meal times. Staff understood people's nutritional needs and preferences. One person preferred a vegetarian diet and this was made available for them.
- We observed meal service across both units and found people on the dementia care unit did not have a good meal time experience because not enough staff were deployed to ensure they were sufficiently supported. On the ground floor unit people were well supported and offered choice and control.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet the needs of people living with cognitive and visual impairment. People were encouraged to personalise their bedroom.
- The provider continued to promote the use of technology to enhance people's care and support which included a telephony system, a call bell system and assistive technology such as sensor mats.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with principles of the MCA and associated DoLS. Good record keeping in relation to the MCA had been sustained.
- Staff understood the principles of the MCA and received annual training. Staff were able to tell us who was subject to a DoLS authorisation.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff did not always respect people's dignity when supporting them with personal care, for example we observed a person was supported to shower and staff did not assist them to brush their hair leaving them to look unkempt.
- We undertook observations of the support people received on the dementia care unit by using the Short Observational Framework For Inspection (SOFI) to assess the standard of support people received. This framework is a way of observing care to help us understand the experience of people who could not talk with us. We found staff were task focused and did not always engage with people in a person-centred way or respond to their non-verbal communications. We saw people had unmet needs for example, one person was restless and indicated they wanted to stand up, staff did not acknowledge their restlessness as a sign of communication and continually asked them to sit down. This was an on-going shortfall from the last inspection.

Staff failed to consistently ensure people received person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback from people and their relatives about the support they received. Comments included, "Staff are kind and compassionate, I have never observed staff be anything other than caring." And "The staff are so loving and caring with [name] and I can see this in [name's] reaction to them."

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

- The provider issued feedback surveys for people and their relatives. We looked at survey results and found a high number of responses across two previous surveys showed people answered 'no' to the providers question, 'do you know your democratic rights'. The registered manager was unable to tell us what had been done following this feedback. People living with dementia had access to an easy read survey and were supported by staff to express their feedback.
- People and their relatives were involved in making decisions about their care. A relative told us, "The staff make this place feel like a proper home, I feel part of the community here. I feel involved and the whole team are inclusive."
- People's care plans showed their views and opinions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Staff failed to consistently ensure people's care records were reflective of their current needs.
- We saw some elements of person-centred care planning had improved however, because staff failed to update a person's care plan when their needs changed improvements were not sustained. For example, one person had been reviewed by an on-call GP and prescribed anticipatory medicine, staff failed to update their care plans to ensure all staff understood the GPs advice and this placed the person at risk of avoidable harm.

We found no evidence that people had come to harm however, people were at risk of not achieving positive outcomes because the provider failed to ensure they consistently received person-centred care. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in people's care plans about their communication needs and preferences. Staff supported people to attend appointments with communication specialists such as opticians and audiology. We saw people had been supported to wear their communication aids.
- People had access to important documents in accessible formats. For example, information could be translated into any language, changed to large font or provided in audio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives provided positive feedback about how they were supported to maintain relationships and follow their interests. Comments included, "[Name] gets out of bed now, the home organised use of a specialist chair and this has really improved their quality of life." And "Yes we are kept entertained and busy enough".
- Staff had collated information about people's past times and interests, there was a good information in people's care plans about social activities.
- Staff supported people to connect with the local community. The local primary school had recently visited, a flower arranging group and local gardening enthusiast visited to encourage people to get involved with creative activities. There was an interactive table which encouraged people to be stimulated and engaged with games and visual experiences. This was good use of information technology.

#### Improving care quality in response to complaints or concerns

- On the day of the inspection people living with dementia did not have access to the complaints policy in an easy read format. The registered manager acted immediately and assured us this would be made available. People's relatives told us they felt confident to raise their concerns. Comments included, "All of the staff are approachable." And "I am very confident to raise any concerns and I know they will be acted on."
- The registered manager maintained a good standard of record keeping which showed complaints were managed in line with the complaints policy and procedure.

#### End of life care and support

- Staff supported people to make informed decisions about their end of life care and support. There were procedures in place for staff to ensure principles of the MCA were adhered to and when needed best interest meetings were held.
- Staff told us they felt confident to support people at end of life and they had received training in palliative care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our last inspection the provider had failed to ensure that the service was well-led. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Quality assurance systems had not identified failings found at this inspection.
- The provider failed to embed a positive culture to ensure good outcomes for people.
- Auditing and monitoring of people's care needs did not identify shortfalls in record keeping as highlighted throughout this report.

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

- This was the second inspection where we found senior staff failed to act in line with their duty of candour responsibilities. For example, two people had not received their medicines as prescribed and action was not taken to ensure their GP was informed. A significant whistle-blowing was not reported in line with the local safeguarding authority's processes.
- Staff did not always keep accurate, complete and contemporaneous records in respect of people's changing needs.

We found people had been exposed to the risk of actual and avoidable harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager did not always inform us of notifiable incidents. For example, when there was an infectious outbreak and the service was closed to visitors and when a significant allegation of abuse was received.

This was a potential breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and stakeholders were encouraged to be involved and engaged in decisions made about the service they received.
- Staff had regular meetings with the senior management team. Staff told us they were satisfied with the support they received from the registered manager. Comments included, "People, staff and relatives are encouraged to be involved in the way the home is run. The manager has an open-door policy. Improvement ideas are well received."
- We received positive feedback from visiting professionals about how the service is led.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The provider failed to ensure people received consistent person-centred care.</p> <p>Regulation 9</p>



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 failed to robustly assess the risks relating to the health safety and welfare of people. The provider also failed to ensure people's medicines were managed in a safe way.

### The enforcement action we took:

We served a warning notice which informed the provider when they needed to be compliant by.

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 failed to ensure good governance of the service.

### The enforcement action we took:

We served a warning notice which informed the provider when to be compliant by.