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

Summary of findings

Overall summary

Douglas Bank Nursing Home is situated on the outskirts of Wigan, in a semi-rural setting. The home enjoys panoramic views of scenic countryside and overlooks the picturesque village of Appley Bridge. The home accommodates up to 40 adults, who need help with personal or nursing care needs, including those who are living with dementia. The majority of bedrooms have en-suite facilities and are of single occupancy, although a few double rooms are available for those wishing to share facilities. At the time of this inspection there were 24 people who lived at Douglas Bank Nursing home.

At the time of our inspection the registered manager was on duty. She was cooperative and helpful throughout the inspection process. 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.

This comprehensive inspection was conducted on 26 September 2017 and was unannounced. Our last comprehensive inspection of this service was conducted over two days on 23 January and 1 February 2017, where breaches of the regulations were found in respect of person centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and notifications of other incidents. The service was rated inadequate overall and was placed into special measures. We took steps to ensure people were safe and the provider also submitted an action plan detailing the improvements they planned to make. Comments contained in the action plan were considered during this inspection. Since that inspection the directors of the registered provider's limited company had changed.

During this inspection we found that Douglas Bank Nursing home had demonstrated improvements had been made and therefore as the overall rating for Douglas Bank Nursing Home is now Requires Improvement this service is no longer in special measures.

We did however find when we looked at the management of medicines that although some improvements had been made in this area, further improvements were required. Therefore, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that risks to people's health care had been appropriately managed and safety of the environment had significantly improved. However, we noted a small number of minor improvements, which could enhance the premises further. These were discussed with the registered manager of the home and a Director of the company, who assured us these areas would be addressed. We made a recommendation about this.

We looked at the quality assurance systems and saw a range of effective audits and surveys had been introduced and any issues identified had been addressed or were in the process of being rectified. However, the medicines audit could have been more thorough, so that any shortfalls could be identified and

addressed in a timely manner. We made a recommendation about this.

People's care had significantly improved. The plans of care we saw were, in general well written, person centred documents, providing staff with clear guidance about people's assessed needs and how these needs were to be best met. We found that people's privacy and dignity was respected throughout the day.

We saw that people were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice and were in accordance with the principles of the Mental Capacity Act 2005 (MCA). However we have made one recommendation in respect of recording consent where the relevant person is unable to do so.

The system of required notifications had improved and the registered manager had notified us of any significant events, such as deaths, safeguarding referrals and serious incidents.

Meal times were pleasant and relaxed. We observed very positive interactions between people who used the service and staff. Staff members were seen to be kind, caring and compassionate.

The staff team had received training in safeguarding adults and whistle-blowing procedures. Staff members we spoke with were confident in making safeguarding referrals, should the need arise.

People who lived at Douglas Bank told us they felt safe there and we found that the recruitment practices were robust, which helped to protect people from harm. There were sufficient staff on duty on the day of our inspection and we saw staff were always present in the communal areas of the home. Records showed that although some agency staff were utilised, in order to cover staffing shortfalls, the agency staff used were usually the same ones in order to promote continuity of care.

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

This service was not consistently safe.

We found that significant improvements had been made to the safety of the premises and the cleanliness of the environment. However, some minor improvements were still recommended.

The Personal Emergency Evacuation Plans [PEEPs] could have been more detailed.

Improvements were needed in the management of medicines. Therefore this resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were satisfactory. Recruitment practices adopted by the home were robust and staff had received training in safeguarding adults.

Is the service effective?

Good

This service was not consistently effective.

The provider had ensured that lawful authority had been granted in order to deprive someone of their liberty and formal consent had been obtained from the relevant person.

Input from community professionals had not always been recorded within the plans of care and recorded medical diagnosis had not always been confirmed by a medical practitioner.

Induction programmes were provided for new staff. The staff team received a range of mandatory training modules and supervision sessions and annual appraisals were being introduced.

People had a choice of meals and these looked appetising and nutritious. Those we spoke with told us that they enjoyed the meals served.

Is the service caring?

Good

This service was caring.

The care plans we saw incorporated the importance of privacy, dignity and independence, particularly during the provision of personal care.

We saw some very positive interactions and caring approaches towards people who lived at the home. Choices were offered and individual wishes were respected.

People's privacy and dignity was consistently respected.

Is the service responsive?

Requires Improvement

This service was not consistently responsive.

We made two recommendations about the provision of activities and the management of meal times.

Assessments of people's needs had been conducted before people moved into the home and plans of care were person centred, reflecting individual needs well.

People had been offered the opportunity to be involved in planning their own care or that of their loved one.

Staff interacted with people in a responsive manner and complaints were being well managed.

Is the service well-led?

Requires Improvement

This service was not consistently well-led.

Everyone we spoke with provided us with positive feedback in relation to the management of the home.

The registered manager had notified us of any significant events, such as deaths, safeguarding referrals and serious injuries. However, some records we saw were not up to date and others provided us with conflicting information.

Feedback from those who lived at the home, their relatives and staff members was actively sought through surveys and meetings. This allowed the manager to establish how satisfied people were with the quality of service provided.

A range of audits had been introduced. However, the monitoring of medicines management could have been better.

Douglas Bank Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 26 September 2017 by three Adult Social Care inspectors from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is a person who has experience of the type of service being inspected. Our expert by experience on this occasion had been involved in supporting an elderly family member who was living with dementia and who was accessing care services.

At the time of this inspection there were 24 people who lived at Douglas Bank Nursing Home. We were able to speak with eight of them and ten family members. We also spoke with six members of staff, the directors of the company, the registered manager of the home and two visiting health care professionals.

We toured the premises, viewing all private accommodation and communal areas. We observed people dining and we 'pathway tracked' the care of six people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, medication records, quality monitoring systems and the personnel records of six staff members.

We did not ask the provider to submit a Provider Information Return [PIR] on this occasion, as we received one prior to the previous inspection earlier in the year. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection 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.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection, such as serious incidents, injuries and deaths. We were in regular discussion with local commissioners and community professionals about the service provided at Douglas Bank. We asked ten community professionals for their feedback and we received five responses.

Douglas Bank is currently involved in the Quality Improvement Planning [QIP] process, which provides the home with additional support from the clinical commissioning group and the local authority. This is to help them make improvements where needed and to reach a satisfactory standard of service. Progress continues to be made, in accordance with their action plan, developed in conjunction with the supporting organisations.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Douglas Bank. People said they felt comfortable speaking with staff, should they have any concerns and they expressed their satisfaction about being able to make choices, in relation to daily living.

Comments from those who lived at the home included: "I feel safe. Yes I do. I don't want to leave here. Staff are generally always around. I get my medicines on time"; "There always seems to be enough staff on. I feel safe. I've never had any problems. My health needs are taken care of. It's all done for me"; "I don't have to wait long for staff"; "Yes it's safe, but noisy. Staff are very good. We never have to wait. My health needs are done by nurses" and "Yes I do feel very safe. My medication is done regularly."

One relative told us: "There always seems to be enough staff on when I come. There's never any problem"; "[Name] is safe here."

During the course of our inspection, we assessed the management of medicines. We were told that a new system for medicines management had recently been introduced.

On the day of our inspection we noted that the clinical room on the first floor was inaccessible, due to the floor being screeded and unable to be walked upon. We found that medicines for two people were left in bags on the floor of the clinic room. We discussed this with a nurse and asked about the returns policy. We were told that any returns were disposed of in blue tubs and these were recorded in the disposal of medicines book. A tray of medicines was left out for one person, which contained both morning and lunch times medicines. We asked about these and were told that the GP had discontinued them and therefore they needed to be returned. One box containing four capsules was seen in the hand-washing basin in the clinic room. We noted an excessive stock of medicines in the clinic room cupboards. We looked at the book for recording returned medicines. Those identified to us as awaiting collection by the supplier, due to a change of supplier, were not entered into the returns book and therefore a clear audit trail of returned medicines was not evident.

We saw that the medicine trolley on the ground floor had been left without being attached to the wall, which did not make it secure. There were four bottles of lactulose, which had been opened and not dated. Therefore, it was difficult to ascertain when the shelf life would expire.

There were no protocols seen for 'as and when' required [PRN] medicines, which would provide staff with clear guidance about why PRN medicines were prescribed and when they should be administered.

Some of the MAR charts we saw contained missing signatures and did not identify any reason for omission. Therefore, it was not clear if these medicines had been administered or omitted for some reason. This meant that people may not have received their medicines as prescribed or there was the potential that people could have been administered a double dose of medicines, due to staff not signing the charts appropriately. Some hand written entries had not been witnessed and countersigned, in order to reduce the

possibility of transcription errors.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that a range of medicine policies and procedures were in place at the home, which provided staff with clear guidance about the safe management of medications.

We found that the Medication Administration Records [MAR's] contained photographs of individuals for identification purposes and where people had allergies these were noted. These records contained clear information about how people preferred to take their medicines, which was considered to be good practice.

The MAR chart folders contained sample signatures of the staff members responsible for the management of medicines. This helped to identify who had administered the medicines on each occasion. A coding system had been introduced and a medicines profile kept a clear record of stock counts of medicines. This helped to identify any discrepancies.

Medicines prescribed to be given early morning were identified and although there was no additional guidance about these on the MAR charts, this was explained on the boxed containers, for staff reference. We checked the boxed medicine stocks at random and found that these were correct.

Temporary arrangements had been made for the storage of medicines on the first floor. This was due to maintenance work being in progress. However, the registered manager had completed a risk assessment prior to the work being commenced. She assured us the situation would be rectified as soon as the work had been completed, which was expected to be by the end of the day. We saw one controlled drug being stored in a portable trolley within a vacant secure bedroom. We sought advice from a CQC pharmacy manager, who felt this was acceptable as a temporary measure only.

The record of the drugs fridge temperatures on the first floor showed that the thermometer had not been working for 17 days during August and September 2017. The drugs fridge was replaced on 7 September 2017 and the daily temperature recordings had then been reinstated. If medicines are stored at incorrect temperatures, this could render them ineffective.

The nurse administering the medications confirmed she had completed medicines training with the supplying pharmacist, followed by competency checks. Records we saw showed that relevant staff had completed learning modules in medicine management and that competency assessments had been conducted.

We observed the administration of medicines on three separate occasions and found that medicines were administered in a safe manner, with people's consent being gained prior to administration.

At our last inspection on 23 January 2017 and 1 February 2017 we found that although some environmental improvements had been made, we still identified many safety concerns, associated with the premises and the provision of care. These presented a risk of potential harm for those who lived at Douglas Bank. Although some improvements had also been made in relation to infection control, further improvements were still needed to the cleanliness of the environment. This constituted a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made to the premises, which provided a

safer environment for those who lived at Douglas Bank. The home was secure, well-lit, well maintained and free from hazards. Clear signage and photographs were evident on bedroom doors, walls and bathrooms, particularly on the dementia care unit. This helped people to navigate around the unit more easily. The home was clean and hygienic throughout. Practices adopted by Douglas Bank kept people safe. Therefore, the continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met on this occasion.

However, we noted a small number of minor improvements, which could enhance the premises further. We recommend that: A programme of maintenance be implemented for the regular clearing of leaves on the external fire escape, particularly during periods of wet weather. Further improvements to the environment for those who are living with dementia. Guidance and advice be obtained from Lancashire Fire and Rescue Service in relation to the current fire evacuation policy for Douglas Bank to ensure a safe procedure is being followed. The broken window pane on the first floor corridor be replaced. We discussed these with the registered manager of the home and the provider, who assured us these areas, would be addressed without delay.

Personal Emergency Evacuation Plans [PEEPs] had been implemented. These would help staff and the emergency services to evacuate people in the safest and most appropriate way, should this be necessary. However, it is recommended that the PEEPs be further developed to include the level of sensory abilities, such as sight, hearing and communication. This would further assist the emergency services with their evacuation plan, should the need arise.

Two fire marshals had been appointed, who had completed relevant training earlier in the year, as well as health and safety training and infection control. On our arrival at Douglas Bank we were advised of the fire assembly point by one fire marshal. This helped to ensure that the correct procedures were followed in the event of a fire.
Lancashire Fire and Rescue Service had visited the home in June 2017 and had found adequate fire safety, with a few suggestions for further improvements, but no time scales had been advised. Staff members we spoke with were fully aware of the action to take in the event of a fire.

A wide range of risk assessments had been conducted in areas such as falls, moving and handling, pressure and use of bed rails. These had been reviewed each month or more often if needed and had been linked to the relevant plans of care, with strategies being implemented in order to reduce the element of risk. This helped to protect people from harm.

The risk assessment for one person, reviewed in September 2017 indicated that their weight had changed to below average, despite them not having been weighed for a period of five months, due to frailty and being nursed in bed. This was a visual assessment. An alternative recognised method for estimating this individual's Body Mass Index [BMI], such as MUAC [Mid Upper Arm Circumference] had not been introduced. If neither height nor weight can be measured or obtained, a likely BMI range can be estimated using the MUAC, which may be used to support an overall estimate of the person's risk category. We discussed this with a nurse, who agreed that although this alternative method was not completely accurate it would be beneficial in estimating and monitoring this person's BMI. We 'pathway' tracked the care of another person, who was losing weight, despite eating a good diet. We found the home had involved other healthcare professionals, such as the GP and dietician and appropriate action had been taken on their advice in order to provide additional nutritional support for this individual.

The food hygiene inspection conducted by the Environmental Health Officer resulted in a level 5, which corresponded with 'very good', the highest level achievable. We established that the cook had completed

training in food hygiene, health and safety and infection control during the year. This helped to ensure she was up to date with current legislation and good practice guidelines in relation to nutrition and safety of the catering facilities.

A good amount of guidance was available in the kitchen around cross contamination, temperature checks, reheating and cooling, food deliveries and transportation, cooking and chilling. A wide range of checks were conducted each day. This helped to keep people safe from harm and helped staff to be aware of the importance of good food hygiene and robust management systems.

There were adequate numbers of staff on duty on the days of our inspection and we saw staff members were always present within the communal areas of the home. We noted that throughout our inspection staff sat and chatted with people regularly, which increased their well being and people did not have long to wait for assistance with personal care. The staff rotas matched the number of staff on duty and where agency staff were utilised these were often the same agency workers, which helped to promote continuity of care.

Staff members we spoke with told us they had undergone training in relation to safeguarding adults and records we saw confirmed this information to be accurate. They were also fully aware of the whistleblowing policies and were confident in reporting any concerns in the most appropriate way.

We found that accidents and incidents had been documented and that these records were retained in line with data protection guidelines. A monthly falls and incident analysis had been introduced since our last inspection, which helped to identify any recurring patterns. Action plans had subsequently been developed in order to reduce the likelihood of falls and incidents.

Records showed that systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations. This helped to ensure they were safe for use and protected people from harm. A business contingency plan was in place at the home, which covered emergency procedures for events, such as fire, power failure, flood, gas leak, severe weather conditions and loss of utilities.

During the course of our inspection, we looked at the personnel records of four people who had worked at Douglas Bank for varying periods of time. We found that recruitment practices for these people were robust, which helped to keep those who lived at the home safe. Each staff member's file contained two written references and Disclosure and Barring Service [DBS] checks. DBS checks highlight if the prospective employee has received any criminal convictions or cautions. This helped the provider to decide if the individual was deemed fit to work with the vulnerable people, who lived at the home. Each applicant had submitted recognised forms of identification. They had also completed health questionnaires and application forms. We spoke with staff about the recruitment procedure, who confirmed that the process was robust and that all necessary checks were conducted before people started to work at the home.

Good

Is the service effective?

Our findings

People we spoke with said they enjoyed their meals and confirmed that staff members got their agreement before providing any care or treatment. Their comments included: "The food is excellent. There is plenty of it too. I choose what I want and when. Staff always ask us first. They [staff] are well trained as far as I am concerned"; "The food is good and there is enough. Staff know me well. They are always asking if I'm OK" and "Staff know what they are doing. They always ask and knock [on the door] before coming in."

Relatives we spoke with told us: "As far as I can see the food is good. [Name] always eats everything. I've seen them [staff] asking her what she wants. Staff are welcoming and the atmosphere is good"; "I've been involved with my relative's care plan. They [staff] keep me updated with anything that is happening. I know the training is good for staff now. It's got better" and "[Name] gets personal care always. He eats all the food, he doesn't say any different. I see staff supporting him. They do a good job."

During the course of our inspection, we looked in detail at the care and support of six people who lived at Douglas Bank Nursing Home. We found that a wide range of community professionals had been involved in the care and treatment of those who lived at the home. This helped to ensure that people's health care needs were being appropriately met. People we spoke with told us that they were able to see a doctor, if they were not well. We spoke with two community professionals who visited the home whilst we were on site.

We saw that a Speech and Language Therapist [SALT] had assessed some people's swallowing reflexes. Soft diets and thickened fluids were in use on their recommendations. Where an external professional had been involved with the care of people, then this was not always recorded within the care plan, although it was documented on the record of professional's visits. However, one visiting health care professional told us that she felt the staff team were fully aware of the individual needs of those who lived at the home. We noted that one person's care records referred to them having heart failure. However, there was no evidence to demonstrate that this diagnosis had been made by a medical practitioner. We recommend that any input from community professionals be recorded within the plans of care and medical diagnosis be confirmed by a medical practitioner only.

At our last inspection on 23 January 2017 and 1 February 2017 we found that consent had not always been obtained before care and treatment was provided. Therefore, this was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that formal consent had been obtained where possible from those who used the service in relation to various areas of care and treatment. Where this was not possible, due to people lacking the capacity to make specific decisions, then people, who had legal authority to do so, gave consent on their behalf. Otherwise meetings were held in order to ensure that decisions were made in the best interests of those who lived at Douglas Bank. However, it is recommended that the recording of these meetings be more detailed in some cases.

We found that relatives of people who lived at the home had given permission for the taking of photographs and the sharing of information. This was in situations where the person themselves were unable to give permission, due to frailty or mental health conditions. Whilst we understand the rationale behind this, people either consent themselves or it is a best interest decision. Relatives cannot consent or give permissions unless they hold Lasting Power of Attorney (LPA). This should be a best interest decision. Therefore, we recommend that it is documented within any such records that all relevant people, including relatives have been consulted and agreed with the specific decision in order to keep people safe.

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. 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.

At our last inspection on 23 January 2017 and 1 February 2017 we found that the records of one person showed that they were unable to make safe decisions about their planned care and treatment. However, a mental capacity assessment had not been conducted and there was no evidence available to show that best interest decision meetings had been held, in order to ensure that care and treatment was provided in accordance with the best interests of this person. The care records for another person indicated they were being gently restrained against their will. This represented a deprivation of their liberty. There was no evidence to demonstrate that a Deprivation of Liberty Safeguards [DoLS] application had been submitted. This constituted as a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw good MCA and DoLS policies and procedures had been implemented. Mental capacity assessments had been completed, where deemed necessary and applications for DoLS authorisations were seen in several people's care files. Evidence was available to demonstrate that the manager had periodically followed the applications up. We saw several examples of best interest decisions being made in relation to specific decisions, which involved a range of people, including relatives of those who lived at the home. The records related to mental capacity were well written and very detailed, which helped to protect people's rights. .

The care records we saw held photographs of individuals and they recorded people's health conditions, highlighting any allergies they had, such as specific food items and any perfumed products.

At this inspection we looked at the personnel records of four staff members and found that new employees were provided with induction programmes and a range of information when they first started to work at the home, such as job descriptions and terms and conditions of employment. These informed them of what was expected whilst working at Douglas Bank and outlined their duties specific to their individual roles. Staff we spoke with described their induction programme and provided us with some good examples of training they had completed during this period. They told us that they completed several shadowing shifts with senior staff members before they were able to work alone. They felt their induction was sufficient for their needs and helped them to do the job expected of them.

We found that training for the staff team had improved. Individual training records and certificates of achievement were present in staff members' personnel records. These covered areas such as moving and handling, safeguarding, infection control, fire awareness, food hygiene, health and safety, dementia awareness, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Knowledge checks had also been undertaken following some training modules. This helped to ensure that staff members had absorbed the information provided.

Staff we spoke with gave us some examples of training they had completed, which corresponded with the records we saw. One new member of staff told us that they were not allowed to be involved in moving and handling people until they had completed the appropriate training, which was due to take place in a few days' time.

Records showed that formal supervision for staff were being completed and that annual appraisals were in the process of being developed. This would help to ensure that staff were being monitored and supported with their personal development and additional training needs.

A member of the inspection team assessed the management of meals on each unit. The menus we saw were on a four weekly rotational basis and offered choices of each course. We observed people being offered choices at lunch time. A variety of hot and cold beverages were available, so that people could select the beverages of their choice.

Lunch was served in the dining rooms or in the lounge areas. The meal time was pleasant and relaxed on both units. Dining tables were attractively set and seats were comfortable. Condiments were available for people to help themselves and fresh gravy was served in a gravy boat. Food served was well-balanced and nutritious.

Comments from people in relation to meals were positive. Lunch was described as, 'Lovely', 'Enjoyable' and 'Really nice'. We noted that people ate all their food. The two inspectors who dined with people sampled the food served and reported that it was; 'Tasty', 'Hot' and 'Well presented'.

We observed that some people who lived at the home required assistance from staff with their meals. This was provided in a kind and caring manner. Staff members were chatting with people whilst assisting them on an individual basis. We noted that on the dementia care unit people were supported with their meals in a sensitive and discreet manner.

The catering facilities were well organised and the cook we spoke with was aware of special dietary needs, as well as the preparation of fortified diets. We saw evidence of a good supply of food, including fresh fruit and vegetables. Pureed diets were prepared in specialised moulds, which enhanced the presentation of pureed meals.

Good

Is the service caring?

Our findings

Comments we received from those who lived at Douglas Bank included: "They [staff] are very kind and look after us well. I see people being treated well. I would say so if not"; "They [staff] are lovely people. They are very good" and "Lovely they are [staff]. Nice and caring."

Relatives we spoke with told us: "Yes, I do think they care. I've seen it. I know they listen to my relative"; "Staff are very adaptable. They are very good. My relative is always nicely dressed and clean. She has showers regularly" and "It's very homely here. The staff are lovely."

At our last inspection on 23 January 2017 and 1 February 2017 we observed two staff members preparing one person to be transferred in the hoist. This process did not promote dignity and respect for the person involved. Therefore, this was a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we observed several moving and handling manoeuvres with the use of a hoist. These transfers were conducted in a confident and competent manner by staff members, who respected people's dignity throughout the process. Therefore the previous breach of Regulation 10 was met on this occasion.

People we spoke with told us that their independence was promoted and that they could receive visitors in private, should they wished to do so. They also told us that they were offered a variety of choices, such as where they would like to sit, what they wanted to do, what they wanted to wear, whether they wanted to be supported or not and what time they wished to get up.

We overheard a staff member tell one person who lived at Douglas Bank, "[Name], the hairdresser cannot come today, but she will be here tomorrow." The individual responded by saying, "OK. At least she has let me know." The care worker asked, "Would you like me to do your hair today, or would you rather wait until tomorrow?" The person decided to wait for the hairdresser the following day. We saw that those who lived at Douglas Bank looked well-presented and smart in appearance. We saw care workers knocking on people's bedroom doors before entering and supporting people in a warm, pleasant and caring manner, whilst enjoying a chat with those who lived at Douglas Bank.

We noted some good interactions by staff during the course of the day throughout the home. Staff members were seen speaking with people in a respectful and compassionate manner. They offered people choices throughout the day and provided good explanations of daily activities being undertaken. It was evident that they had knowledge of individual preferences. Relationships between staff and those who lived at Douglas Bank appeared to be positive. For example, we saw a staff member chatting with one person, who liked telling people she loved them. The staff member allowed this person time to express their feelings and responded in a way they liked, by telling her she loved her too, which settled her and she looked happy with this response. Another person was seen to be upset, but staff members knew how to support her, by making her a cup of tea and holding her hand. This response by staff members provided the compassion this person needed at that time.

People were consistently treated with empathy and compassion, particularly on the dementia care unit. This helped to demonstrate an inclusive and caring approach towards all those who resided at Douglas Bank. We found a calm and relaxed atmosphere with some good diversion techniques being used when people displayed unsettled periods. We saw many thank you cards, which had been sent to Douglas Bank with positive comments and praise for the staff team.

The care files we saw recorded people's likes, dislikes and leisure interests, as well as their family history, education, employment and any significant events in their lives. This helped the staff team to develop a picture of the people who lived at Douglas Bank. The plans of care incorporated the need for privacy, dignity and independence, particularly during the provision of personal care. We noted that a birthday list was displayed within a public area of the home. This showed the birth dates of those who lived at Douglas Bank. However, this was removed at the time of our inspection in order to maintain confidentiality and to protect people's personal details.

We spoke with the relative of one person whose care we 'pathway' tracked. They told us that they were very satisfied with the care their loved one received. This relative told us that they were quite worried about how staff would cope, as the person could challenge the service, but said that staff at Douglas Bank understood their loved one and knew what to say and how to distract them. This relative added, "I was really worried because at her last home she was treated badly and got 'kicked out'. Now I can go home and almost forget about her, as she is well looked after. There's plenty for her to do and the staff here are great."

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they would know how to make a complaint and would not be afraid to do so. Comments we received from those who lived at the home included: "There are activities if we want them, but not much sometimes. I know how to complain, but I haven't got anything to complain about"; "I wish there was more to do. I want to go out. We don't get out. I've no complaints about anything else" and "There is someone who does things like nails and games that sort of thing, but I would like to go out."

Relatives we spoke with told us: "We have meetings often. The new owner seems good. I have complained in the past, but not now. When I did it was resolved. They know my relative well"; "The activities have gone down recently. This coordinator doesn't do half as much. New staff need to interact more. More outings would be good" and "We are overall satisfied. I've made complaints, but they have been resolved. It seems to be picking up now."

At our last inspection on 23 January 2017 and 1 February 2017 we found that the care plans and risk assessments were not always person centred and did not accurately reflect people's needs. This constituted a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the planning of people's care had significantly improved. The plans of care we saw were well written, person centred documents, providing staff with clear guidance about people's assessed needs and how these needs were to be best met. For example, the records of one person we 'pathway' tracked stated that he liked to wear caps and that these were on top of his wardrobe. The plan of care for another person, who had significant sensory disabilities, provided staff with clear guidance about how to communicate with this individual, so that they could understand what was being said. Although four of the care plans we saw were very informative, two could have been a little more detailed and although advice from community professionals was recorded in the visit records it was not always evident in the plans of care. Hospital passports highlighted important information about the person, which other health care professionals may need to be aware of, should admission to hospital be necessary. This helped to ensure that people received the care and support they required.

During the course of our inspection, we 'pathway' tracked the care of six people who lived at Douglas Bank Nursing Home. Needs assessments had been conducted before people moved into the home. These covered areas of daily living, such as health care needs, eating and drinking, falls, personal hygiene, socialisation, medication, skin integrity, communication and end of life wishes. This helped the staff team to build a picture of those who lived at the home and to be confident they could provide the care and support required by people, before a placement at Douglas Bank was arranged. We noted that family members had been sent letters inviting them to attend care plan reviews on behalf of individuals who were not able to participate themselves. The plans of care had been reviewed and updated regularly. This helped to ensure that any changes in needs had been recorded, providing staff with clear guidance about how the changes were to be managed.

The care plans we saw considered people's preferences and they contained some good information about people's medical history, which helped the staff team to be aware of individual health care needs.

We noted that protected meal times had been introduced. This discouraged people from visiting at certain times of the day, which could prove difficult for those travelling a distance by public transport to visit their loved ones, as the home is situated in a semi-rural position and therefore access to local amenities is limited. This routine adopted by the home also discouraged relatives and friends to have a meal with their loved ones, as they may have enjoyed doing prior to living at Douglas Bank. We recommend that those who live at the home, their families and friends are consulted about this decision and explanations provided as to why this was implemented.

At this inspection, we found that complaints were being well managed. We noted that a detailed policy in relation to complaints was clearly displayed within the home. This outlined specific time frames to expect for each stage of the complaints process. Contact details for external authorities were also included, should people wish to report concerns to the local authority. A system was in place for the recording of complaints received by Douglas Bank. We were able to see the investigation process for one recent complaint, which had been managed through regular communication with the complainant, which was recorded.

During the afternoon eight people were sitting in one of the lounges enjoying an Elvis film, whilst others were reading newspapers or chatting amongst themselves or with staff members. We saw people having their nails manicured by the activity staff and playing bingo. One person was thoroughly enjoying dancing with a member of care staff.

We spoke with a member of the activity team, who told us that there was an activity plan in place. She said the plan was built around people's choices and that this was done by asking people when they moved in [what they would like to do]. We were told that both floors were invited to join in activities. The activity coordinator told us that if people wanted to go out then she would take them, but it depended on how people were on the day. We were told that people didn't ask to go out. This did not reflect what people had told us. Many people told us they would like to go out more. We were also told the home had a dementia care specialist coming to Douglas Bank to talk about environmental stimulation for those who lived with dementia. We have since been told that the activity coordinator is going to be undertaking a recognised qualification with NAPA, which teaches about suitable activities for people living with dementia and other health conditions. We recommend that the area of activities be revisited and activities be provided in accordance with people's wishes.'

Requires Improvement

Is the service well-led?

Our findings

People we spoke with felt that improvements were being made in the home. Comments we received about the management of the home included: "The Manager is excellent. She sorts things out. We are asked if we are OK yes"; "Yes I know the manager. She is OK" and "[Name] is the manager. She's lovely. She is getting things sorted out."

Relatives we spoke with told us: "The manager is very approachable. She listens. I have done a questionnaire in the past. We have meetings now" and "[The manager] is good and she has stayed. I've no concerns.

On our arrival at Douglas Bank, we noted that the last inspection rating of 'Inadequate' was clearly displayed in the reception area of the home and also in the manager's office. This information had also been posted on the home's website, so that people had access to information about the quality of the service.

The registered manager of Douglas Bank was on duty of the day of our inspection. She was cooperative and helpful throughout the inspection process. Since her appointment a few weeks prior to the previous inspection she demonstrated commitment and enthusiasm to take the service forward and to make the improvements needed.

At the time of our inspection Douglas Bank was in the Quality Improvement Programme (QIP). This meant that they were being supported by outside agencies, such as the local authority, the Clinical Commissioning Group (CCG), the safeguarding team and the Care Quality Commission (CQC) to make improvements needed. This was because there had been multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at the previous inspection.

We discussed progress with the registered manager of the home. We were told by the registered manager and the provider that a compliance team had recently been established, who visited the home every two weeks and who had implemented an action plan, which was being worked through to ensure any shortfalls were addressed in a timely manner. An annual self-assessment plan of quality was in place, which covered areas, such as management policies, quality improvement, care and support, health and safety, infection control, food hygiene, safeguarding, medicines, activities and end of life care. A full premises audit had recently been conducted and any improvements needed were being addressed. We established that the registered manager was in the process of developing a specific tool to accurately calculate the staffing levels required, in accordance with people's needs.

At our last inspection on 23 January 2017 and 1 February 2017 we found quality monitoring systems had been implemented, but these were not effective. Some documentation, such as care plans, falls risk assessments, dependency assessments and Personal Emergency Evacuation Plans (PEEPs) did not always reflect people's current needs and other documents, such as dietary and fluid charts, were being inaccurately completed. These failings could have had a detrimental impact on the health and safety of those who lived at the home. Therefore, this constituted a continued breach of regulation 17 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that a monthly safety audit had been introduced, which covered a wide range of areas, including bedrooms, communal areas, furnishings, floors and stairs, laundry and sluice, paths and external grounds. We noted that issues identified were being addressed. For example, the flooring on the dementia care unit was being replaced in response to the audits conducted.

Other audits recently introduced included care planning, maintenance, medicine management, infection control and hand-hygiene. Any issues identified had been address or were in the process of being rectified. However, although the majority of audits were effective, the medicines management audit could have been better, so that shortfalls we identified were also recognised by the internal monitoring systems. We recommend that the auditing of medicines be more thorough, so that any shortfalls are identified and addressed in a timely manner.

At our last inspection on 23 January 2017 and 1 February 2017 we noted that the provider had not always informed us of the occurrence of significant events, such as serious injuries. This was a breach of Regulation18 of the Care Quality Commission (Registration) Regulations 2009. The failure to notify us of matters of concern as outlined in the Registration Regulations is a breach of the provider's condition of registration.

At this inspection we noted that the registered manager of Douglas Bank had notified us of significant events, such as deaths, safeguarding referrals and serious injuries. A system had been introduced for the recording of any safeguarding referrals, so that an outcome was evident and a clear audit trail was in place. Therefore, the previous breach of Regulation 18 had been met on this occasion.

We read the home's Statement of Purpose and welcome pack, which had been updated to reflect the current status of Douglas Bank, as there had been some recent changes in the management structure of the service. These were detailed documents and included areas, such as the principles of care, the facilities and services available and important policies and procedures, such as the complaints procedure.

We saw that surveys for those who lived at the home had been conducted in December 2016 and those for staff in September 2017. This helped the management team to seek people's views about various aspects of life at Douglas Bank. Feedback received was analysed and the outcome was produced in an overall summary for easy access.

Records showed that meetings had been established for those who lived at the home, their relatives and the staff team. This allowed any important information to be passed on to interested parties and also enabled people the opportunity to discuss various topics in an open forum, should they wish to do so. Action plans had been developed in response to these meetings, so that any areas for improvement could be addressed promptly and any areas of good practice could be developed further. However, during our inspection people told us that they would like to go out in to the community, but the systems for gathering people's views had not identified this.

We saw there were a wide range of written policies and procedures within the home such as, health and safety, safeguarding adults, privacy and dignity, infection control, fire awareness, confidentiality and data protection. This helped the provider to ensure the staff team were kept up to date with current legislation and good practice guidelines.

Care records contained instructions for the staff team, where decisions had been made not to carry out

resuscitation, due to specific medical conditions. These decisions had been recorded by the GP, but had involved the service user where possible and their relative in the decision making process. Where records showed that the decision was not long standing, then regular reviews had been conducted, in order to decide on continuation or withdrawal. However, we saw that on one occasion the best interest decision recorded that a relative wished for resuscitation to be performed if needed, although there was a 'Do Not Attempt Resuscitation' order within the individual's care file. This provided conflicting information for the staff team.

We noted that although fluid and dietary charts were being completed, the total amounts were not always calculated at the end of each shift and it was not clear if all intake was being consistently recorded, as the chart for one person recently showed an intake of fluid of only 220mls in 24 hours, which was clearly insufficient to sustain adequate hydration.

We recommend that all records are kept up to date and maintained accurately, so that they are consistent with people's individual needs.

We were aware of the none attendance of representatives from Douglas Bank at the recent Safeguarding Adult Reviews [SAR] Briefing, despite it being arranged around the availability of Douglas Bank staff. We understand that this was due to staff training convened at short notice. The Lancashire Safeguarding Adult Board [LSAB] Adult Review subgroup expects all professionals directly involved in a case to attend the learning event. The registered manager accepted that she should have informed the LSAB that representatives would not be attending the learning event.

One member of staff we spoke with felt that improvements had definitely been made under the new management of the home.

We received collective feedback from two GP surgeries, which provided opposing views about the service provided. One group told us that staff did not always check records, which had resulted in wasted GP visits. They also said that there was a high turnover of staff and established staff had left employment, as well as there being a language barrier with some staff members. They told us that some people were sent to hospital inappropriately and the home lacked leadership and established senior staff. Prior to the last inspection Douglas Bank had experienced regular changes of the management team, which had resulted in an unstable staff workforce and which had impacted on the quality of service provided for those who lived at the home. However, at this inspection we found that a more solid management and staff structure was developing and therefore improvements were being made.

However, we received positive feedback from another group practice, who told us that progress had been made in upgrading the environment and that policy and procedures to improve the service had been implemented, which was reflected in the care plans. These GP's also felt that a more appropriate medication system had been implemented to minimise risks and possible medicine errors and that communication with the surgery had improved. They told us that the manager had uplifted the image of the nursing home and relationships with residents and relatives and with the surgery was very good. They also said that the manager was trying very hard to make improvements, so that risks to people's safety were assessed and actions taken to reduce the risk of potential harm. The staff from the surgery felt very supported and valued by the registered manager, heads of care and senior management team. We were told that good leadership was demonstrated at all levels with pro-active efforts to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being well managed in order to protect people from medication mismanagement