

Tudor Bank Limited

Douglas Bank Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Douglas Bank Nursing Home is a residential care home providing personal and nursing care for up to 40 adults across two separate units. One of the units specialises in supporting people who are living with dementia. At the time of our inspection there were 31 people living at the home.

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

There had been some improvements in the management of medicines since the last inspection. However, further work was still required in order to ensure good medicine practices were adopted. We made a recommendation about this.

Staff were being supervised. However, the supervision records could have been more detailed and although training for staff had been provided this could have been expanded to ensure all staff completed the mandatory training modules. We were assured the manager would address this issue.

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.

Recruitment practices were robust and at the time of our inspection there were enough staff on duty to meet people's needs. However, two relatives felt there was a high turn-over of staff and not enough staff on duty at weekends. We were aware there had been high usage of agency staff, but a recent recruitment drive had filled all permanent staff vacancies.

Those we spoke with felt Douglas Bank was a safe place for people to live. The practices adopted by the home protected people from the risk of abuse. People looked relaxed in the company of staff and the new manager had implemented a system to ensure all staff received relevant training. One family member told us, "I am very pleased with the Home. I can sleep at night because I know my relative is safe, and staff are always about."

Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being fully met.

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. We observed some lovely interactions by staff members towards those who lived at the home and staff we spoke with were clearly committed to the people who lived at Douglas Bank. Independence was being promoted by the staff team. One family member told us, "My relative's mobility has greatly improved since being at Douglas Bank. She walks with a zimmer and we know staff are on hand to make sure she uses it to prevent falls."

The new manager was open and transparent during the inspection process. We received very positive comments about vast improvements made since his recent appointment.

The environment was clean throughout and infection control practices were good. A wide range of regular audits were evident. This helped to ensure the quality of service provided was of a good standard and any shortfalls identified were addressed without delay.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating. However, the inspection was also conducted to follow up on action we told the provider to take at the last inspection.

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2021) and there were multiple 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 we found improvements had been made and the provider was no longer in breach of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors, two medicine inspectors and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Douglas Bank 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, who had recently commenced employment and was therefore not yet registered with the Care Quality Commission. Once registered this will mean the manager and the provider will be 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 information we had received about the service since the last inspection. We sought feedback from the local authority and community professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with two people who used the service and 12 relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager and the manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records and quality assurance records.



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some work was still needed around the management of medicines.

- The provider had systems in place to monitor the management of medicines. However, actions were not always taken in response to the findings of internal audits and staff did not always accurately record when thickening powder was added to drinks.
- Guidance to help staff administer 'as and when required' medicines was not always in place and not always accurate. However, the manager provided evidence this was addressed during the inspection.
- A system had been developed whereby staff worked with prescribers to review people's medicines. This arrangement had already demonstrated a positive impact on those who lived at Douglas Bank, as no one in the home now required their medicines to be administered covertly and none required behaviour controlling medicines.
- Staff administering medicines were trained and competent to do so. Staff knew residents well and medication needs were being met. We saw medicines being administered in a kind and caring manner.

We recommend the manager follows up on actions found during the internal auditing process and ensures thickening powder is recorded accurately for those at risk of choking or aspiration.

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

At our last inspection the provider had failed to robustly assess and record the risks relating to the health, safety and welfare of people. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had systems in place which helped to ensure potential risks to people's safety, health and welfare were being protected.
- The manager had implemented systems for regularly monitoring and managing risk, so that people were protected from harm.
- Installations and equipment had been serviced to ensure they were safe and fit for use. We noted recommendations for repairs of some emergency lights was in progress.
- During our tour of the premises, we noted a few items needed some attention. We discussed these with the manager at the time of our inspection, who responded immediately and addressed the issues whilst we were still on site.
- Accidents and incidents had been recorded and the manager had introduced systems so that lessons were learned following such events.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which helped to protect people from the risk of abuse.
- Staff were aware of the home's safeguarding procedures and whistle-blowing policies. They had received training in safeguarding people and were confident in reporting any concerns. They felt people were safe living at the home and their rights were being protected.
- Safeguarding events had been documented, although outcomes had not always been recorded. We discussed this with the new manager, who assured us this information would be recorded in the future.

Staffing and recruitment

- The provider had adopted thorough recruitment practices.
- Most relatives we spoke with felt the home was short staffed and all commented on the high turn-over of the staff team. However, since the arrival of the new manager this shortfall had been identified and a substantial recruitment drive had been undertaken, which resulted in all staff vacancies being filled. One long standing member of staff told us, "It is very much improved. We are now fully staffed. The new manager is lovely. He is approachable and supportive. I feel very happy coming to work now."
- Evidence was available to demonstrate robust disciplinary procedures were being followed in response to staff misconduct and return to work interviews were conducted following staff absences. This helped returning staff to be supported to fulfil their role.
- At the time of our site visit, we noted a calm and relaxed atmosphere and staff members were seen to be spending time with those who lived at the home. The staffing levels were improving since the recruitment of new staff members.

Preventing and controlling infection

- We found the environment to be clean and hygienic throughout. One family member told us, "The Home is very clean, and my relative's bedroom is spotless. There are no unpleasant smells."
- Although we were assured the staff team were following current guidance in relation to Covid 19, the training matrix did not identify such specific learning and it showed a low percentage of staff had completed infection control training.
- Infection prevention and control policies were in place and stations were available throughout the home. However, some hand sanitisers were empty. The manager addressed this at the time of our inspection. Everyone we spoke with felt the pandemic was managed well. One relative said, "The Home seems to have dealt with Covid well. They were strict, but that meant they didn't have many cases. The staff assisted my relative in lockdown and we had skype calls to keep in touch."
- The manager told us all but one service user and all staff had received both Covid 19 vaccines and staff spoken with confirmed they completed daily LFT checks and twice weekly PCR tests.
- The laundry department was well organised in order to prevent the risk of cross infection and the

environment was in general clean and hygienic.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and include these in people's care and treatment assessments. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had systems in place which helped to ensure people's health and social care needs were assessed and they were supported to make choices about the care they received.
- The plans of care clearly identified people's assessed needs and how these needs were to be best met.
- A wide range of information was available for the staff team, which helped them to deliver care in line with relevant legislation and current guidelines.
- One staff member told us, "The manager is hands on. He will help out on the floor and he is very visible around the home. There is a massive difference since he has been here, which is for the better. He is a manager that manages." Another commented, "People will certainly get the care they need with the new manager on board. He really cares about the residents."

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure new staff received a thorough induction programme. Staff members told us they had regular supervision. However, the supervision records we saw contained basic information. One simply stated, 'The purpose of this supervision was to solely discuss personal hygiene and appearance of residents.'
- We requested the manager to forward evidence in relation to staff training. We received a wide range of training certificates for the staff members we had identified. However, the staff training matrix showed several staff members, including senior staff had failed to complete training modules. The new manager had recognised the shortfall in staff training and had developed a detailed action plan to ensure all staff completed all mandatory e-learning by the end of October 2021. We were assured the manager would address this issue. One relative commented, "The staff seem knowledgeable in doing their jobs and are very compassionate when dealing with people who have dementia."

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

- The manager had systems in place which helped to ensure people received a nutritious diet.
- We observed the lunch time service and noted menus of the day were readily available on dining tables and on a white board in the dining room, including in picture format. This meant that everyone was able to access choices of the day.
- We noted on the upper floor the music was very loud, which resulted in staff shouting and people not being able to hear conversations. This did not provide a conducive dining experience for those who lived on this unit. However, one member of staff eventually lowered the volume of the music, following which we observed some lovely conversations between people and staff members. We noted this issue had been recognised by the manager during an audit of the dining experience and had recently been discussed in a staff flash meeting.
- Dining tables were pleasantly laid, and meals served looked nutritious and appetising.
- Staff were observed providing good support where needed. Everyone said they had enjoyed their meals and most had eaten everything. We observed one person sitting at the dining table having a late full English breakfast, who indicated they were enjoying this by giving the thumbs up sign. One person told us, "The food is very good" and a relative commented, "The meals always look delicious and are well presented."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies in order to provide a good standard of care.
- People told us they were able to access health and social care professionals with support from the staff team.
- Records showed community professionals were regularly involved in the care and support people received, which helped to ensure health and social care needs were being consistently met.

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

- The provider had commenced a refurbishment programme in order to upgrade and modernise the premises. This helped to enhance the environment for those who lived at Douglas Bank.
- There had been some structural improvements made, such as the installation of a new passenger lift and office on the ground floor.

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.

- The manager of Douglas Bank had taken appropriate steps to ensure people were safeguarded against being deprived of their liberty.

- Evidence was available to show the manager was in regular contact with the DoLS team to follow up applications made.
- Information recorded on DoLS applications was detailed and clearly described people's specific needs.

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 now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had systems in place to ensure people were treated with respect.
- We observed some lovely interactions between staff and people living in the home during our visit and we observed people being treated equally in a kind, caring and respectful manner.
- We noted a dignity inclusion tree on the wall of the ground floor corridor, which contained comments made by those who lived at the home. We discussed this with the manager at the time of our visit, as we felt one comment did not protect one person's personal details. The manager assured us the individual had agreed to include their comment on the dignity tree.

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

- The provider had information readily available to inform people about local advocacy organisations and how these services could be accessed.
- People we spoke with provided us with positive comments. One person told us, "It is great here. I can do what I like. There are no hard and fast rules" and another commented, " They (the staff) always ask us if it is OK before they do anything for us. They ask us if we are happy with everything."
- Staff were very positive about the new manager and felt people would be involved more in their own care, or that of their loved one going forward.

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity was being promoted. One member of staff told us they had just completed training in dignity in care.
- We saw staff providing people with good explanations and encouragement whilst mobilising and eating. This helped to promote dignity and independence. One family member commented. "The staff are lovely with my relative. They are so kind and caring. They always treat her with respect and always ask before they deal with her."

- The plans of care we saw incorporated information about promoting people's privacy and dignity particularly during the provision of personal care.

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 now improved to good. This meant people's needs were met through good organisation and delivery.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had systems in place to ensure people received personalised care and were supported to make informed choices.
- Plans of care demonstrated a person-centred approach had been adopted by the home, so that care and support was tailored to individual needs and choices. However, two relatives commented on poor oral care of their family members, in that their teeth didn't look clean when they visited. We were assured this matter would be addressed.
- The manager had introduced a key worker system, which enhanced person-centred care and handover sheets had been developed for the change-over of shifts. This helped to ensure staff were familiar with people's current needs and preferences.
- We observed people being offered choices throughout our visit and when decision making was difficult staff provided them with alternative options.

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.

- The provider had prominently displayed a wide range of material on the notice board. This allowed people, visitors and staff easy access to information and kept them well informed of policies, current guidance, events and activities. We were told information could be provided in different formats should the need arise.
- The provider had a statement of purpose and service users' guide in place, which outlined the services provided and facilities available at the home.

- Some relatives felt communication could have been better during the pandemic when they were not able to visit their family members. Relatives said they were not contacted by the home unless there was a problem. However, since the current manager's appointment communication has improved. People and relatives told us he had introduced himself to them and one relative told us he had discussed with them plans for the future at Douglas Bank.
- We observed staff members chatting with people in a supportive manner ensuring they were provided with enough time to digest information.
- People were wearing hearing aids and spectacles where needed, which helped them to communicate well.

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

- We were shown an activities programme for August 2021. We established the activities co-ordinator had recently left the home. However, a new one had been appointed and was waiting to commence employment once recruitment checks had been completed.
- Due to the pandemic and restrictions on care homes people had not been engaging in community activities. However, the activities programme showed people were supported to join in events held within Douglas Bank, which helped to avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which had last been updated in July 2017. We were assured this would be reviewed to ensure it provides current information for its readers.
- We saw complaints had been, in general dealt with appropriately. However, one complaint had been registered with the home, for which we were unable to find any acknowledgement, correspondence or investigation. The manager had identified this shortfall and was in the process of dealing with the complaint.

End of life care and support

- Systems were in place to ensure nursing and care staff were able to deliver compassionate end of life care and to support families during and after the last days of their family members' life.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure the service was well-led. The provider had also failed to have a robust system in place to ensure effective and accurate 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The manager of the home had recently been appointed. He had recognised shortfalls in the service, and had appropriately prioritised work needed, much of which had been addressed or was in progress.
- The manager promoted a positive culture and demonstrated an open and honest attitude. Everyone spoke very highly of him and provided us with encouraging comments about the style of management and the vast improvements made since his appointment. One staff member told us, "It is very much improved. We are now fully staffed. The manager is lovely. He is approachable and supportive. I feel very happy coming to work now." One relative told us, "I would 100% recommend Douglas Bank. The whole package is really good."
- A statement of purpose and service users' guide was in place, which outlined the services provided and facilities available at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of his legal responsibilities in relation to duty of candour.
- We had received some concerning information under previous management in relation to staff failing to record or report serious injuries. CQC reviewed all the relevant records prior to the appointment of the current manager and found there were serious failings in record keeping and reporting. The failings were discussed with the new manager who acted immediately and implemented systems to prevent this being repeated.

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

- The provider had systems in place which helped to ensure the quality of service was monitored and risks were managed appropriately.
- The provider had a business continuity plan in place, which included action staff should take in the event of an environmental emergency, such as fire, flooding, gas leak, utility disruption or severe weather conditions.
- A wide range of quality assurance systems had been introduced, which helped to ensure all aspects of the service were being regularly assessed and monitored. Some audits included detailed observations and clear action plans had been developed in accordance with the findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place in order to share relevant information with the staff team and to gather feedback from those who lived at the home and those who worked at Douglas Bank.
- Records showed that quarterly management review meetings were held to allow senior managers to discuss any areas in need of improvement and any areas of good practice.

Continuous learning and improving care; Working in partnership with others

- The provider had a wide range of policies and procedures in place, which provided staff with detailed information and clear guidance about the practices adopted by the home.
- Daily flash meetings were held for the staff team, so that relevant information could be shared and any concerns discussed.
- Action plans showed improvements were needed in areas such as the presentation of pureed meals, the use of clothes protectors and good hand washing practices. The manager was in the process of addressing any outstanding actions.
- Records showed community professionals were involved in the care and support people received. This helped to ensure health and social care needs were being met.