

DHCH14

Dean Wood Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Dean Wood Manor is a nursing home registered to support younger and older adults and people living with dementia, or a physical disability. The home is a grade two listed building that has been extensively refurbished to meet the needs of the people living at the home. Dean Wood Manor can accommodate up to 50 people. At the time of the inspection 49 people were living at the home.

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

People felt safe living at Dean Wood Manor. Relatives told us their loved ones received safe care from staff who knew people well. Enough staff were deployed to keep people safe and meet needs. People told us request for help were met timely. Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. We found the home to be clean, with effective cleaning and infection control processes in place. Overall, medicines were managed safely. We identified some recording issues; however, these were addressed promptly during the course of the inspection.

Staff received sufficient training, support and supervision to carry out their roles effectively. People and relatives spoke positively about staff's competence. 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. People's healthcare needs were being met. Referrals had been made in a timely manner to professionals when any issues had been noted or concerns raised. Equipment was in place to support people to stay well. People were happy with the food provided, with choices available at each mealtime, along with snacks in between.

People were treated with dignity and respect by staff who were described as kind, caring and friendly. Relatives explained how they had observed staff showing patience and empathy when supporting people.

Care records explained people's needs and how they wanted to be supported. People and relatives were involved in the care planning process and any subsequent reviews, to ensure care continued to be appropriate. Peoples' social and recreational needs were met through an activities programme, facilitated by an activity co-ordinator and staff members. The complaints process was displayed around the home and people and relatives we spoke with, felt comfortable raising concerns, although the majority had not needed to.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed. People and relatives told us the home was well run and spoke positively about the registered manager. Everyone we spoke with said they would recommend the home to others.

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

Rating at last inspection and update

This was the first full ratings inspection since the provider had applied to change from a partnership to a limited company. This change, which took place on 19 July 2021, resulted in a new legal entity being created. We carried out a focused inspection of the safe and well-led domains only in August 2021. Following this inspection both domains were rated requires improvement, but as all domains were not inspected, an overall rating was not provided.

Why we inspected

This was a planned inspection based on the date of re-registration in order to provide a rating for the service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Dean Wood Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection due to the COVID -19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 29 June 2022 and finished on 27 July 2022 at

which point we had received all the additional information and clarification we had requested from the provider. We visited Dean Wood Manor on 30 June and 1 July 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the home and seven relatives about their experiences of the care and support provided. Relative feedback was gathered through face to face and telephone interviews. We spoke with 11 staff members, which included the registered manager, nominated individual, head of quality, medicines lead, nursing and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting medical professional, who had regular involvement with people in the home.

We reviewed a range of records and other documentation This included six people's care records, risk assessments, safety records, audit and governance information. We also looked at medicines and associated records for 10 people.

After the inspection

We requested additional evidence from the provider. This included care documentation, monitoring charts, safety records, policy and procedures, audit, quality monitoring and governance information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the focused inspection completed in August 2021 the provider had failed to manage medicines safely. 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.

- Medicines were administered safely by staff who had been trained and assessed as competent to do so. Medicines were stored securely; the service adhered to the requirements for the storage of controlled drugs (medicines subject to extra control because of the risk of misuse). The medicines refrigerator was locked and temperatures were monitored to ensure medicines were stored correctly.
 - Information to support staff with the safe administration of when required (PRN) medicines, such as paracetamol, was in place. However, staff had not always documented on care notes if PRN medicines had been effective. Systems were implemented following the inspection to address this.
 - The home had recently introduced an electronic medicines system and were experiencing some 'teething problems'. For example, documentation of medicines provided in a patch format, were not clear, so we were unable to confirm if patches had been rotated in line with guidance. The home acknowledged this and reverted to using paper records, whilst the electronic system was adapted.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home provide a safe and caring environment. Comments included, "I feel [relative] is very safe and well looked after", "My [relative] is very safe in the home and they provide very good care" and "I feel safe because the staff are friendly. They look after me well."
- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
- Safeguarding concerns had been reported in line with local authority guidance, with records kept documenting what had happened and action taken.

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

- Care documentation contained a range of generic and individual risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line

with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

- Accidents and incidents had been recorded on the home's electronic system. Documentation included what had happened, action taken, outcomes and lessons learned. Additional monitoring and review of accidents, incidents and falls had also been completed at provider level, to look for patterns and trends and help prevent a reoccurrence.

Staffing and recruitment

- People and relatives told us there were enough staff on duty and they responded to needs timely. One stated, "I feel there are plenty of staff around all the time. [Relative] is not able to use a buzzer, but she is attended to regularly, there are always staff around checking on her."

- Overall staff supported this view, although some felt allocation of staff across the home could be looked at, as some areas were busier than others. We discussed this with the registered manager and provider who agreed to look at this.

- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.

- Additional measures had been implemented throughout to the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.

- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.

Visiting in care homes

- Government guidance around visiting had been followed. Changes in guidance had been clearly communicated to relatives via emails and online meetings.

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.

This is the first inspection of this domain for this newly registered service. This key question has been rated 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

- Assessments had been completed both prior to and upon admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and DoLS and understood how this impacted on the care they provided. One staff told us, "If we have to put any restrictions in place, such as use of bed rails, lap belts, key codes and so on, we need to assess if each person has capacity to make these decisions. If not, we have to make these decisions in their best interest. DoLS are used to authorise any necessary restrictions."
- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place and was clearly and consistently documented.

Staff support: induction, training, skills and experience

- Staff confirmed they received enough training, support and supervision to carry out their roles safely and effectively. Comments included, "Generally training is good. Did a three day induction and then shadowed" and "I like the training; we do online sessions and some face to face and have an external company who

come in to do NVQ's (national vocational qualification) with us."

- Training completion was monitored in the home using a matrix, as well as at provider level, with staff informed when a session was due to be completed or refreshed.
- Competency based supervisions were completed regularly, however, support orientated meetings, where staff were able to talk about how things were going, discuss goals and needs and so on, were not currently held. Staff told us this was not an issue, as the registered manager was approachable and had an open door policy. The staff supervision process was being reviewed by the provider.

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

- People and relatives were complimentary about the food and fluid provided, telling us they liked what was provided and received enough. One relative told us, "The food [relative] is given is good. They are given drinks and snacks regularly through the day. The drinks trolley goes around with a selection of drinks, biscuits and fruit."
- We observed the mealtime experience to be positive. People were provided with options for each meal and where they required support to eat, this was provided patiently and sensitively. Relatives were encouraged to attend the home and support their loved ones during mealtime, should they wish to do so.
- Where people required a modified diet, such as soft or pureed meals, these were provided in line with guidance. Food and fluid logs had been used to record people's intake. These detailed how food have been provided, for example pureed, along with what and how much the person had eaten.

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

- People received support to stay well and access medical services and professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians. Information following appointments or assessments had been documented in care records.
- Oral care was provided in line with people's needs and wishes. Care plans detailed the level of support people required and the equipment they preferred to use.

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

- The layout of the home catered for people's needs. The home was separated into four areas, three of which were on the main floor, with the fourth located in the downstairs unit. The area people resided in, was dependent on their needs. People who liked to walk with purpose, were able to do so safely and had access to communal lounges and other seating area.
- Some adaptations had been made to the environment to help people living with dementia, such as pictorial signage, plain walls and flooring.

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.

This is the first inspection of this domain for this newly registered service. This key question has been rated 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

- People and relatives were very complimentary about the care provided and the staff who supported them.
- Comments included, "The carers cannot be faulted, they are excellent in every aspect of their job and always polite and friendly", "The staff are kind and caring, they are all very good" and "The carers are kind to me, they chat with me. I like to stay in my room and they let me do that."
- We observed positive interactions throughout the inspection and noted people were at ease in staff's company. Staff were patient when supporting people and provided clear explanations about what they were going to do.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented on their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well.
- A relative told us, "The staff show empathy for each resident. When supporting [relative], they close her door and shut the curtain to ensure they maintain her dignity." Another relative stated, "They respect all the residents. They always make sure my [relative] is clean and tidy, which is important to them."
- Staff understood the importance of maintaining people's privacy and dignity and ensuring people were supported to maintain as much independence as possible. One staff stated, "We close doors and curtains, give people choices and let them have or do what they want to. It's also about knowing people and looking for signs and non-verbal cues." Another told us, "Cover with a towel and wash one area at a time when providing personal care. Ensure doors and curtains are closed. Offer people choices, let them wash what they can, comb their hair, brush their teeth, as much as they can manage."

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

- People and relatives told us they were involved in their care and encouraged to make decisions. A relative told us, "There is continuous dialogue between myself and the home." Another relative stated, "The home regularly ask me to make choices regarding my [relatives] care, as they are incapable of making choices for themselves."
- Due to their medical diagnosis, the majority of people living at the home were unable to attend or benefit from resident meetings. As a result, information was communicated individually when needed. Throughout the pandemic, relatives had been kept up to date through online meetings.

Is the service responsive?

Our findings

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

This is the first inspection of this domain for this newly registered service. This key question has been rated 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

- Care plans explained how people wished to be cared for and supported.
- The home used an electronic care planning system. Care plans viewed on inspection contained a range of personalised information about people's likes, dislikes, interests and life histories, which helped staff understand people as individuals.
- People and relatives told us they were involved in the care planning process and could view these whenever they wished to. One relative stated, "[Relative] has a care plan, which is kept in the nurses station. I can ask to read it and they pass it to me. I was involved in setting up the care plan and saying how I wanted [relative] to be looked after. I've been to review meetings, to make sure the plan still meets [relatives] needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the Accessible Information Standard. Information was available in a range of different formats including easy read and large font.
- Each person had a communication care plan, which clearly explained any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication, including glasses and hearing aids and if they chose to wear these consistently.

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

- People were supported and encouraged by care staff and the activities coordinator to undertake activities and maintain social relationships to promote their wellbeing.
- Due to their deteriorating cognition, many people's willingness to engage in group activities was limited. As a result, the activities coordinator completed a lot of individual activities, alongside larger group events, such as tea parties and celebratory events. We noted a party had been recently held to celebrate the Queen's platinum jubilee, which people said they had enjoyed.
- A relative told us, "The home knows [relative] likes music, so will put songs on they like to sing along with. The activity coordinator, who is quite new, is getting to know [relative] and becoming more aware of how to stimulate them."

Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback about their experiences of care and the home provided a range of ways to do this, for example through their open door policy, care plan reviews and the complaints process.
- The formal complaints process was clearly displayed around the home and relatives told us they had been provided with a copy. One relative stated, "I have never had reason to make a complaint, but I have got a complaints procedure I can look at, if I need to."
- Complaints received had been logged and responded to in line with the providers policy. Learning was shared to try and prevent a reoccurrence.

End of life care and support

- Staff had been trained to support people at this stage of their life. We received positive feedback from a relative about the care and support provided by the home during this stage in their loved ones life. They told us, "I can't praise them enough. They made my [relative's] death bearable."
- Staff at the home had been nominated for an internal award for the provision of end of life care to a person admitted to hospital. The person's family were unable to visit, so staff took it in turns to visit when not on shift, to ensure this person always had someone with her. They provided personal care to ensure continuity of care was maintained and arranged for the person to return to the home to die, which was in line with their wishes.
- The home was supported with end of life care by the local hospice.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the focused inspection completed in August 2021, systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

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

- The provider had a clear audit and governance schedule in place, which detailed the checks and monitoring completed and how often.
- A range of audits had been completed on a weekly, monthly and less frequent basis, with any actions being captured on the home's continuous improvement plan. The improvement plan was formally reviewed weekly and updated with progress made.
- Daily flash meetings were used to discuss any areas of concern and how these would be addressed. The meetings were also used to share learning.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- We found the home to be an inclusive environment. People and relatives views were sought and documented.
- Everyone we spoke with was complimentary about the home and the care provided. The registered manager was held in high regard by people and relatives, who reported her to be friendly, open and supportive.
- Comments included, "The home is well managed. The manager is very supportive, she is excellent", "The manager is informative and helpful and makes sure the home runs smoothly" and "I can't fault the manager, she went out of her way to do everything for [relative] during her time in the home and especially at the end of her life."

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

- People and relatives views were sought through annual questionnaires. Easy read versions had been created to support people in completing these.
- Staff told us they felt supported and listened to and confirmed, alongside daily flash meetings, larger team meetings were held quarterly. The provider operated an internal reward programme, with staff able to nominate colleagues who they felt had gone the extra mile for an award.
- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home. A visiting professional told us, "I have no concerns, communication with and from the home is good."

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 home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest.
- People and their relatives had no concerns around communication, or action taken when any concerns had been raised. One relative told us, "Small issues I have raised, such as missing glasses have been sorted straight away, nothing is too much trouble for them. I would highly recommend the home." Another stated, "The manager and staff communicate with me all the time. When I have worries, the manager is available for me to talk to."