

Tudor Bank Limited

Douglas Bank Nursing Home

Inspection report

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Date of inspection visit:

10 May 2023

12 May 2023

Date of publication:

17 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Douglas Bank Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to people living with dementia, older people, younger adults, people with a physical disability and people with a sensory impairment. At the time of our inspection there were 37 people using the service.

Douglas Bank Nursing Home is set over 2 floors, with the ground floor dedicated to people with nursing needs and the first floor meeting the needs of people living with dementia. Both floors have good sized communal areas and people, and their relatives have access to a good-sized garden.

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

We have identified that improvements were required in the safe management of medicines, assessing risk regarding fire safety and the recording of risks to people's health.

We identified improvements were required to assess, monitor and mitigate risks, and to improve quality.

People were kept safe from the risk of abuse. There were sufficient staffing levels with less reliance on agency staff compared to the previous inspection. The home was clean and comfortable, and people were protected from the risk of mistakes being repeated.

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 living at the home benefitted from a positive culture and were supported by staff that enjoyed their jobs. The manager encouraged staff to develop knowledge and skills and worked well with other agencies.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 August 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Improvements have been made since the last inspection, however some changes are yet to be embedded and sustained, therefore the provider continues to be in breach of the regulation.

At our last inspection we recommended that the provider completed tasks to improve their health and safety systems, and to review their auditing processes to make sure issues were followed up. At this inspection we found that the provider had made improvements in these specific areas, however further

improvements were required in other areas.

The service remains requires improvement. Although the service was rated good in 2021, it has previously been rated requires improvement in 7 consecutive inspections and inadequate in 1.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Douglas Bank Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe management of medicines, fire safety, and governance of the service.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 2 inspectors 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

Douglas Bank Nursing Home 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. Douglas Bank Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post, and application had been made to CQC to become registered.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people that used the service and 8 relatives. We spoke with 10 staff, including care staff and the manager.

We looked at a range of documents including 3 care plans and risk assessments, and medicine records. We looked at 3 staff recruitment records and rotas. We looked at policies and procedures, audits, and health and safety records.

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. The rating for this key question has remained requires improvement. 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 protect people from the risks associated with unsafe medicines management. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were prescribed thickener to be added to their drinks to manage the risk of choking. Whilst staff documented they had added thickener, they did not record the amount added, and so we could not be sure people received this medicine as prescribed.
- Staff did not record the date of opening of topical creams, which was identified at the previous inspection, meaning improvements have not been made. This means there was a risk medicine would not be disposed of in the required time and therefore no longer effective.
- The manager completed medicines audits weekly and monthly. The recent audit identified that staff did not always record the date of opening of topical creams and the manager told us this would be addressed.
- We found that prescribed topical creams were being stored in people's bedrooms. Guidance states these should be stored securely.

Although we found no evidence of harm, systems were still not in place to ensure the safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager arranged medicines training for newly recruited staff and checked their competencies.
- Staff signed medicines records to say medicines were administered as prescribed; this was an improvement following the last inspection.
- Staff had access to guidance for medicines administered 'as and when required'.
- Medicines were stored safely, and keys were restricted to the appropriate members of staff.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider take action to meet the required health and safety standards. The provider had made improvements, however further work was required to improve fire safety.

We found that improvements were required with regards to record keeping about risks to people's health.

- The provider was unable to produce an up-to-date fire risk assessment and action plan following a risk assessment undertaken in 2021 where actions were identified. The fire service conducted an inspection in June 2023, after our inspection, and found the provider needed to take action to reduce risks in case of fire. The fire service issued an enforcement notice with a completion target date of December 2023.
- Some people were required to be weighed weekly but we did not see evidence this was recorded. However, people at risk of losing weight were weighed monthly and referrals were made to dieticians.
- There was a post falls policy however we could not see that post fall observations were being documented by staff. Therefore, we were not assured that people would be kept safe following a fall.

Although no harm occurred, systems had not been established to assess and monitor the risks to the health and safety of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had begun to address these issues including the recruitment of a new deputy manager.

- We observed that some people did not appear to have been supported effectively with their personal care and we received similar feedback from relatives. We discussed this with the manager who put checklists in place for staff.
- Actions had been taken regarding emergency lighting and the kitchen environment. Health and safety checks regarding electrical testing and water testing was in place.
- The service employed a maintenance manager and there was a robust system to check the safety of the environment regularly and to replace or fix items.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a thorough safeguarding policy which was in date.
- The manager provided safeguarding training which was up to date and staff could describe what they would do if they had any concerns.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- Recruitment records showed the manager had made the necessary safety checks including references and

Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The manager had recently recruited more staff and rotas showed there were enough staff to meet people's needs. Relatives told us there seemed to be a high turnover of staff.
- The manager had recently appointed a new deputy manager who had only just commenced the post at the time of inspection, and there was a senior care staff member, again new in post to support clinical tasks.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visiting in line with guidance.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated as the manager examined incidents.
- There was an incident recording policy and procedure, which staff were aware of and recorded incidents on the electronic system. These were signed off by the manager and considered at governance meetings.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we recommended the provider reviewed their auditing processes to make sure issues were identified and acted upon in a timely manner. We found that not enough improvement had been made, and the provider was now in breach of regulation.

- Improvements had not been made since the last inspection and there continued to be shortfalls in assessing, monitoring and mitigating risk to people.
- We identified concerns in similar areas at 8 previous inspections, showing a repeated failure to improve standards and practice.
- Action had not been taken to address fire safety and medicines management.
- The issues we found regarding recording within care plans and risk assessments had not been identified by the registered provider, and therefore had not improved practice.
- The registered provider's audits were ineffective and had not addressed the issues found at this inspection.

The registered provider failed to establish systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used this service, and to improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had employed a deputy manager and permanent nursing staff to support them to make improvements.

- The manager dealt with performance issues, and areas for improvement were discussed during team meetings.
- The manager understood their regulatory responsibilities and submitted statutory notifications as required by law.

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

- People and their relatives did not always feel that they were fully involved in care planning and were not invited to relatives meetings.
- Relative's experiences of the management were mixed. Some people said the manager was approachable and informed them of changes. Other relatives said they did not hear from the manager, were not invited to feedback on care and did not feel as though their concerns were always followed up. One relative told us they were not informed when their relative had experienced a fall. The manager told us they planned to arrange opportunities for people and their relatives to provide feedback.
- The manager organised regular team meetings for staff, and we saw that staff completed surveys to give feedback about issues and concerns.

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

- People were supported by staff that enjoyed their jobs and we found a positive culture.

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to complete their care certificates and there were plans to support staff to complete further training.
- The manager worked with other agencies to support staff, for example the local hospices and wider health teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe medicines People who use services were not protected against the risks associated with fire safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who use the service. People who use services were not protected against the risks associated with fire safety.