Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dean Wood Manor

Spring Road, Orrell, Wigan, WN5 0JH

Tel: 03452937644

Date of Inspection: 12 August 2014

Date of Publication: September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mimosa Health Care Limited
Registered Manager	Ms Rachel Harrison
Overview of the service	Dean Wood Manor is located off the main Orrell to Standish road in Wigan. The premises are based around an original Grade II listed building that has been extended to accommodate a maximum of fifty people. Most people being cared for at Dean Wood Manor have a dementia related illness. There are extensive gardens surrounding the home and car parking is available.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

What people told us and what we found

During this inspection the Inspector gathered evidence to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

During the inspection we looked at respect and involvement, care and welfare, safeguarding, support for workers and quality assurance.

This is a summary of what we found, using evidence obtained via observations, speaking with staff, speaking with people who used the service and their families, speaking to professional visitors and looking at records:

Is the service caring?

We observed staff interacting with people who used the service in a kind and friendly manner. Staff made efforts to ensure people's dignity and privacy was preserved and their preferences and choices respected.

There were a number of ways in which people were assisted to be involved in the home, including families attending reviews of care, relative's meetings and regular satisfaction questionnaires. People who used the service were consulted if possible, but many were unable to express an opinion due to the nature of their dementia.

There was no activities coordinator in place on the day of the inspection, but the home was in the process of trying to recruit someone to this position. In the meantime we saw evidence of care workers offering some activities, such as gardening in the new greenhouse and playing ball games. We also saw that there was regular entertainment offered at the home.

We spoke with one person who used the service who said, "Fantastic, no complaints

whatsoever". We spoke with three visitors who were all positive about the care at the home. One person said, "Brilliant, I can't fault them, he's well looked after. He's content and I'm content with him here". Another visitor told us, "I find them (staff) very obliging, I've only to mention something and they see to it". They went on to say, "I nip in any time and I always find the care is good". A third visitor commented, "X has settled well and is looked after well". All felt communication was good and they were informed in a timely way if there was anything they needed to be told.

Is the service responsive?

We saw evidence that assessments were carried out prior to people moving in to the home and care plans were individual and were regularly reviewed to ensure the person's care delivery was still appropriate. We were told that a person had recently been reassessed due to changes in their condition and a more appropriate placement found for them elsewhere. This indicated the home's responsiveness to changes in need and ability to follow this through to help ensure a good outcome was achieved for the person.

There was evidence that people's wishes and suggestions had been responded to via residents' meeting minutes, questionnaire analysis and within the care plans.

There was evidence that when audits, quality checks and assessments were undertaken the home responded appropriately. We saw changes had been made at the home in response to a recent home development plan which had highlighted the need for more dementia friendly materials on the walls of the home.

Is the service safe?

There were adequate numbers of staff on duty at the home on the day of the visit.

There were five people at the home who were subject to Deprivation of Liberty Safeguards (DoLS), and the home was working with the local authority to ensure further appropriate authorisations were made in a timely manner. Staff had received training in the subject and demonstrated an understanding of DoLS and the need for the least restrictive measures to be used.

Staff training was up to date and on-going and had been increased over recent months to ensure knowledge and skills were up to date.

Appropriate risk assessments were in place and when incidents occurred we saw the home took steps to minimise the risks of further occurrences. In cases where people who used the service demonstrated behaviour that challenged we saw evidence that this had been addressed with close monitoring, distraction techniques and referrals to other appropriate professionals.

Staff demonstrated a good knowledge and understanding of safeguarding procedures and were aware of how to report any concerns. Policies, procedures and guidance were in place at the home.

Is the service effective?

We spoke with four members of staff who demonstrated a good understanding of their roles and responsibilities. We looked at five care plans which included a significant amount of factual and up to date personal and health information.

There was appropriate signage to assist people with orientation around the home and the main corridor was circular which enabled people to move around freely and safely.

Visitors told us they could visit any time and were always made welcome. Relatives were encouraged to participate in reviews of care and to communicate any concerns or suggestions to staff.

Is the service well-led?

The home had a manager in place at the home, who was in the process of registering with the Care Quality Commission.

A significant number of audits and checks were in place to help ensure consistent standards of care within the home. Home development plans were produced as a response to audits in order to address any shortfalls identified and to continually improve service delivery.

Relatives' questionnaires were completed regularly to ascertain people's satisfaction with the service offered. There were regular relatives' meetings where people were encouraged to make suggestions and raise any concerns.

Complaints were logged appropriately and the policy was accessible to relatives of people who used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit to Dean Wood Manor we were shown the home's welcome pack, given out to potential users of the service and relatives. This contained information about services offered, meals, aims and objectives of the service and the complaints procedure which included contact telephone numbers.

We looked at care records for five people who used the service. We saw people's choices and preferences around issues such as where they wished to have their meals, were recorded. One person had expressed a wish to be cared for only by female carers and this was clearly recorded in their care plan. People's end of life care wishes had been documented within the care files and, if they had not expressed any preferences in this area, this was also noted. There was a section within the files with personal information, evidencing people's interests, backgrounds and daily routines.

We spoke with one person who used the service and three visitors. We asked if people were given a choice about when they wished to get up in the mornings and what time they wished to go to bed. All those we spoke with said this was a matter of choice for the people who used the service. One visitor told us, "My X is sometimes not up till late but is still given her breakfast – they (staff) don't say you've missed it".

We spoke with four staff members who told us they had received training in the subjects of dignity and dementia care. This was confirmed by the home's training records. Staff were able to give examples of how they preserved the dignity and privacy of people who used the service when offering care. Examples included knocking on bedroom doors, speaking quietly and discreetly to people and offering care in the privacy of bedrooms and bathrooms with the doors closed.

We observed care being offered in a respectful way and saw people were asked for

consent to any interventions prior to care being carried out. Staff told us if care was refused they would withdraw and offer again later, or ask another carer to administer the care if the person preferred someone else.

We looked at documentation of care plan reviews and saw that, although most people who used the service did not attend due to the nature of their conditions, relatives were usually present. The three visitors we spoke with told us they felt fully involved in the care planning and review process.

The five records we looked at contained documentation that referred to people's mental capacity and decision making abilities. This was in accordance with The Mental Capacity Act (2005) (MCA) which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. There was also direction on how to assist someone in the decision making process. Each file we looked at included evidence that decisions were made in people's best interests with the input of family or relevant professionals where appropriate.

We looked at minutes of relatives' meetings, which were held on a regular basis at the home. Topics discussed included relatives' experience of dementia, new staff appointments, abuse and the impact of abuse, care provision, activities and updates on the position of the home provider. This was another way of helping ensure relatives were fully involved in day to day life at the home.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We were shows around the home which was clean and odour free. People who used the service were well presented and appropriately dressed and we saw people being offered care in a polite and friendly manner. Choices were offered where appropriate, for example, there was a choice of cakes with afternoon tea, and carers ensured people understood the choices and were assisted to make their preferences known.

Bedroom doors were painted in different colours to help people who used the service identify their own room. All bathroom doors were painted green to assist people to recognise these and there was signage to assist with orientation around the building. The main corridor circled the building and people could walk around safely if they wished to do so.

We looked at a recent home development plan which had highlighted the need for more dementia friendly materials on the walls of the home. We saw this had begun to be addressed and there were some stencils and pictures on the walls of the corridors and the entrance way. People's rooms had been personalised with their own belongings.

The five care records we looked at included a significant amount of health and personal information. Care needs were clearly outlined and risk assessments were relevant and up to date. There were monitoring charts where a particular need had been identified, for example, where there had been any significant weight loss or the person was at high risk of falls. The monitoring data was complete and up to date in the records we looked at. Relevant professionals were involved with people's care where that need had been identified, for example Speech and Language Therapy (SALT).

We were shown menus which were on a four week rolling programme. We saw the meals were varied and there were choices at each meal. Any special or fortified diets were recorded in the care plans and food and fluid intake charts completed where required. We saw dietetic services were accessed for those who needed the service.

Some people who used the service displayed behaviour that challenged. We saw within peoples care records that this was addressed by some people having behaviour charts, one to one care and/or regular observations. We spoke with staff members about this and

they demonstrated a good understanding of how to deal with these issues. They had undertaken training in challenging behaviour, which was confirmed by training records, and were able to give examples of techniques used such as distraction to try to diffuse difficult situations.

Within each care record there was a Deprivation of Liberty Safeguards check list, which had been completed to ascertain whether an authorisation was required. Deprivation of Liberty Safeguards (DoLS) authorisations are sought when a person needs to be deprived of their liberty in their own best interests. This can be due to a lack of insight into their condition or the risks involved in the event of the individual leaving the home alone.

At the time of the inspection there were five people who were subject to DoLS. We spoke with four staff members and they confirmed they had undertaken DoLS training. They demonstrated a good understanding of the issue and the need for the least restrictive measures to be in place to ensure people's safety whilst preserving their human rights.

We looked at the home's training records which showed staff had completed mandatory training, such as fire safety, health and safety, moving and handling, infection control and safeguarding. All training was refreshed on an annual basis and the system generated a reminder when any training was due to be completed.

There was a hairdresser who attended the home on a weekly basis. We were told the activities coordinator had left the service and this post had been advertised. In the meantime staff were endeavouring to offer some activities, such as ball games, bingo and karaoke. We saw that there was a regular entertainer at the home and a church choir attended on a weekly basis.

There was evidence within individual care plans of some activities recently undertaken, such as painting and a party for someone's wedding anniversary. The home had recently purchased a greenhouse and those who wished to were encouraged to participate in gardening activities. We spoke with a person who used the service who was just about to go outside to the greenhouse to do some gardening. They said this was something they enjoyed very much.

The person who used the service with whom we spoke said of the home, "Fantastic, no complaints whatsoever". We spoke with three visitors who were all positive about the care at the home. One person said, "Brilliant, I can't fault them, he's well looked after. He's content and I'm content with him here". Another visitor told us, "I find them (staff) very obliging, I've only to mention something and they see to it". They went on to say, "I nip in any time and I always find the care is good". A third visitor commented, "X has settled well and is looked after well". All felt communication was good and they were informed in a timely way if there was anything they needed to be told.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Appropriate safeguarding policies and procedures were in place at the home and were reviewed and updated regularly and as and when changes occurred. We spoke with four members of staff who were all aware of the policies and had access to them when required. They were able to give examples of safeguarding concerns and the reporting mechanism.

Staff with whom we spoke said they had received training in safeguarding vulnerable adults, which was further evidenced via the training records. This training was refreshed on an annual basis to ensure knowledge and awareness was kept up to date.

We looked at some recent safeguarding concerns which had been addressed and followed up appropriately. We spoke with staff about particular risks due to the nature of some of the conditions of the people who used the service. Some people at the home living with dementia could occasionally become agitated, verbally or physically aggressive and others could become the victims of this behaviour. Staff were able to give examples of techniques used in these situations and we saw there were people who were looked after on a one to one basis as a response to incidents of this nature that had happened.

Each care file we looked at included specific documentation around the person's vulnerability to the risk of abuse. A copy of any safeguarding alerts in which the person had been involved was kept in the file. Some people had behaviour charts to monitor behaviour that challenged and GPs were brought in to look at addressing the situation with medication changes if this was identified as an option.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS), used when a person needs to be deprived of their liberty in their own best interests. There were five people currently subject to DoLS and we saw evidence that staff at the home were working closely with the local authority to identify further applications to be made. This was due to the recent changes to the DoLS thresholds.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at four staff files and saw evidence of robust recruitment procedures, including application forms, interview notes, proof of identification and references. Disclosure and barring checks, which help ensure people are not unsuitable to work with vulnerable people, had been completed. Staff were given an induction including training, introduction to policies and procedures, shadowing and guidance.

Supervisions and appraisals had not been very regular and had been highlighted in a recent management audit. The home development plan produced in response to this had highlighted the need to make these more regular and a programme had been implemented to address this. Staff with whom we spoke felt supervisions and appraisals were helpful to their development.

We spoke with four staff members, who were generally positive about communication and felt supported in their roles and able to approach the manager at any time. They said communication was generally good and they felt able to raise any concerns.

Staff told us mandatory training was updated as required and further training was offered on a regular basis. This was corroborated by the training records and we were told there was a system in place that flagged up reminders when training was due. The staff members with whom we spoke said they were confident that any requests for extra training would be facilitated as they were well supported in their professional development.

Staff meetings were held on a regular basis and we saw minutes from recent meetings. Discussions included roles and responsibilities, documentation, supervisions, disciplinary procedures and care plans.

We asked staff about the home's whistle blowing procedures. Whistle blowing is a process by which staff are able to report any poor practice they may witness at work. Staff with whom we spoke were aware of the procedures and confident to follow them if required. We were shown a new whistle blowing poster which was to be displayed for staff. This included a 24/7 helpline number for staff to use to obtain advice, support and guidance should they need it.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home had a manager in place who was currently in the process of registering with the Care Quality Commission.

We looked at the accident and incident log which was completed appropriately. Monthly audits of accidents and incidents were carried out, trends monitored, actions recorded, followed up and completed.

The complaints policy was up to date and available via posters on the wall and within the welcome pack given to people who used the service and their relatives. Complaints and compliments were appropriately recorded and followed up.

We looked at documentation of audits and checks which took place on a regular basis within the home. We saw evidence of monthly medication audits, hand hygiene audits, kitchen audits and a number of health and safety checks. All included identification of any shortfalls and actions to be completed. Fire drills were undertaken on a three monthly basis.

We saw a monthly management audit and quality monitoring report which included areas such as environment, care records, infections, pressure sores, health and safety, staffing, training complaints, accidents and safeguarding concerns. We were shown a home development plan produced by higher management to ensure any shortfalls identified were appropriately addressed. The plan included target dates. We saw evidence that issues identified had been addressed within the home to help facilitate continual improvement in service delivery.

There were regular relatives' meetings which provided a forum for relatives to voice any concerns or put forward suggestions. We saw minutes of some recent meetings where a range of topics had been discussed.

We saw evidence of a recent relatives' satisfaction questionnaire undertaken at the home. This included areas such as physical environment, health and well-being and daily life. Comments were welcomed and there was a section for relatives' suggestions and

complaints. Some people had indicated they were unaware of the complaints policy and we noted this was to be discussed at the next relatives' meeting. Other comments included, "The staff are warm, friendly and approachable. They all work very hard and it is much appreciated", and, "All staff seem very dedicated and caring people". One comment mentioned a concern that had been raised which had been satisfactorily rectified in a timely manner.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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