

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: 24 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mimosa Health Care Limited
Registered Managers	Rachel Harrison Miss Paula Ann Mooney
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'.

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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 24 September 2013, 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 carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Due to the differing ways in which the people living at the home communicated they were unable to give their views on the outcomes we looked at. We made observations in the dining room during lunch and found that people were being asked respectfully for their choice of meal and drink. People were encouraged to eat and were given reassurance when required. Staff supported people to eat in a dignified way.

Relatives spoken with said "the home is very nice" and " I am always made to feel welcome". Other comments made were " The staff are very nice" " they know what they are doing" and " I know all the staff"

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

Reasons for our judgement

We looked at care plans at the home and saw that there was evidence such as signatures, from the person themselves or their representatives showing that they had agreed to residing in the home and to the assessment of their needs.

There were details of conversations and meetings with family members to discuss plans of care, likes and dislikes of the person and the next of kin, relative or advocate signed on their behalf.

People were seen to be supported by staff to make choices about where they spent their day. Some people were in the lounges and some had chosen to stay in their own rooms. We spoke to staff about their understanding of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff spoken with said that they had received training on these subject matters. Staff were able to give some examples of what would be considered a restriction. For example using a bed rail to prevent people from falling out of bed. Staff said they would make decisions in the best interest of people's safety.

We spoke with relatives and they said that they had been involved in a best interest meeting with regard to their relative.

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

Due to the different ways that the people living at Dean Wood Manor communicate we were not able to directly ask them their views on this outcome.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We made the observations in the dining room during lunch and found that people were being asked respectfully for their choice of meal and drink. People were encouraged to eat and were given reassurance when required. Staff supported people to eat in a dignified way.

We found that each person had an assessment of their needs completed. This information was used to complete risk assessments and an individual plan of care. The care plans and risk assessments were updated on a monthly basis and changed if necessary.

We saw that people had been referred to other health care professionals such as dieticians or district nurses when needed so they stayed as healthy as possible.

The plans had been updated and had been reviewed each month or as the person's needs changed. The daily records were detailed and painted a good picture of how the person spent their day. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. The reviews were detailed, as were the daily records, so staff would know what changes, if any, had been made.

People who had been assessed as requiring one to one care had staff members with them at all times and people who required checking whilst in their bedrooms every 15 minutes staff had recorded that these checks were taking place.

During our inspection we found that the people living at Dean Wood Manor looked well cared for and were dressed appropriately for the weather on the day. People were clean and tidy and their hair had been brushed or combed. A hairdresser visited the home on a regular basis.

We saw staff dealing quickly with conflict between two people on the dementia care unit. The situation was diffused appropriately by staff members. Another person who appeared distressed was given quiet reassurance by staff members.

The home employed an activities coordinator. This role was to help plan and organise social and other events for people, either on an individual basis or in groups. All of the

people using the service had their own activity record which was completed following each activity.

Staff spoken with were very knowledgeable about the people they cared for. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles

Relatives spoken with said "the home is very nice" and "I am always made to feel welcome".

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

We looked at the management of medicines in the home.

We found that appropriate arrangements were in place in relation to medicines ordering, receipt, administration and recording. The medicines administration records were clearly presented to show the treatment people had received. Audits of medication and recording were in place to assist the manager in identifying any errors which may occur so that action could be taken quickly.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked the personnel files of the five most recently employed staff members and saw that evidence of identity was checked. We saw that a Disclosure and Barring Service check had been carried out (the replacement organisation for the CRB) and two written references had been obtained before they began working in the home. This was to make sure people who were not suitable to work with vulnerable adults were not employed within the care home. Any gaps in employment history had also been explored before they started working in the home. New staff members had received a proper induction and they were receiving regular training. The result of this was that the current team had the skills, knowledge and experience to meet the diverse needs of the people using the service. Relatives spoken with said "The staff are very nice" " they know what they are doing" and "I know all the staff"

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

We were shown a copy of the complaints procedure in place and there were leaflets on every unit that explained how people could make a complaint. We saw complaints were logged when they were received and there was a system in place to record the actions taken until the complaint was resolved. We saw complaints made had been acknowledged by the manager until it had been investigated and then a response was sent to the person making the complaint. All of this had been completed within the agreed timescales. We also saw the home monitored compliments and comments as well as complaints and this information was sent to the regional manager on a monthly basis. This was important to ensure that managers within the service were aware of both positive and negative aspects of the service. It is possible to improve the quality of the service if all of these areas are monitored on a regular basis.

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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