Newbloom (Dundoran) Limited

Dundoran Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Dundoran Nursing and Residential Home is a care home providing personal and nursing care for up to 39 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 31 people using the service.

The service was provided in one adapted building suitable for meeting the needs of people who use the service.

People's experience of using this service and what we found
People's care plans and risk assessments were not always as detailed or reviewed regularly as required. The registered manager explained this was because paper records were in the process of being transferred onto an electronic recording system and some shortfalls had been identified. The registered manager had taken immediate action to resolve this.

Staff were caring and treated people with kindness and respect. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of reoccurrence.

Feedback regarding the management and quality of service people received was very positive. Staff said they enjoyed their jobs and were well supported. The registered manager was clear about their role and responsibilities and worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.

All areas of the service were clean and well maintained. Safety checks of the premises and equipment had been undertaken. People had personal emergency evacuation plans (PEEPs) in place.

The registered manager provided clear direction and good leadership. Feedback about the service was consistently positive. All the relatives we spoke with would recommend the home to others. Staff felt valued and supported, and were confident people received good care. Systems and processes for monitoring quality and safety were effective.

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

Rating at last inspection
The last rating for this service was good (published 28 November 2020)

Why we inspected
The inspection was prompted in part due to concerns received about unsafe environment and the safety of people. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

This report only covers our findings in relation to the Key Questions Safe and Well-led.

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 good. This is based on the findings at this inspection.

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

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Dundoran Nursing and Residential 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.

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 undertaken by three inspectors.

Service and service type
Dundoran Nursing and Residential 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. Dundoran Nursing and Residential 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.

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

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority and other professionals who have visited the home since our last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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 one person who used the service and five family members about their experience of the care provided. We spoke with ten members of staff including the registered manager, care and nursing staff, and the provider.

We reviewed a range of records. This included five people's care records and five people's medication records. We looked at recruitment records for five staff members employed since the last inspection.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance, training records, rotas, COVID-19 testing records and maintenance records.

Good

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were assessed, monitored and regularly reviewed in line with their risk management plans. However, some people's risk plans had not been updated due to recent and ongoing changes between moving from paper records to electronic records. The registered manager was aware of this and was taking immediate action to address it.
- Care monitoring records for people had been completed to show they had received the care and support they needed to minimise the risk of harm.
- Care records contained information that was person centred. This included a life story and people's preferences when receiving care. Staff could easily access care records and had a clear and concise understanding of the person they were caring for.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented to help minimise the risk of further occurrences. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The systems in place protected people from the risk of abuse.
- Staff had received safeguarding training and were aware of the signs of abuse. They understood what to do if they had any safeguarding concerns. This included how to raise a safeguarding concern and how to use the providers whistle blowing procedure. One staff member said, "If I thought a resident wasn't being looked after properly or manual handling wasn't done correctly and putting someone at risk, I would raise a safeguard, I would not hesitate."
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as needed.

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 home 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.

Using medicines safely
● Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with current guidance.
● People had medication risk assessments in place and staff were familiar with individual medication administration procedures.
● Staff received regular medication training and competency checks. Routine medication audits were completed.

Staffing and recruitment
● There were enough staff to meet people's needs.
● Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible.
● Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care settings.

Preventing and controlling infection
●We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules when this was required.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

Good

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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems and processes used to assess, monitor and review the quality and safety of the service and manage risk.
- The registered manager and provider completed a range of audits and spot checks across the service which were in the main effective. However, they had failed to identify a lack of recording of daily blood sugars for one person in line with their care plan. This was acted on immediately by the registered manager and provider after we raised it with them.
- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us that they felt comfortable to share their views about the service with the registered manager.
- People and their relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us that they felt confident making suggestions and raising concerns with the provider. One relative said, "They will ask me what my [relative] would want as I was looking after her for so long and they take my thoughts and opinions into consideration."

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

- The registered manager promoted a positive culture and encouraged the views of people staff and others.
- People were involved in the planning of their care. Staff knew people well and could tell us what was important them. We observed kind and caring interactions between people and staff.
- The registered manager told us they had an open-door policy and staff told us they felt supported. One member of staff told us, "The registered manager is very helpful and has the experience and is not just a manager, has all the right skills and is empathetic."

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 registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care.

Working in partnership with others

● Partnership working was embedded in the home; the provider engaged with relatives and staff and involved people in decisions regarding their care.

● Joint working with external health and social care professionals meant people received coordinated care. Referrals to external healthcare professionals had been made to help ensure people received safe and appropriate support.