Newbloom (Dundoran) Limited

Dundoran Nursing and Residential Home

Inspection report

Vyner Road South
Noctorum
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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

The inspection took place on 10 August 2016 and was unannounced. Dundoran Nursing and Residential Home is located in Bidston, a residential area of Birkenhead. The home is registered to accommodate up to 39 people. The manager told us that the home had 31 bedrooms, of which three were big enough to be used as shared rooms, however none of the bedrooms had been shared for a considerable length of time. The home had a car park at the front and a secure garden at the back.

The home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The people accommodated at Dundoran were living with dementia-related conditions. We observed that they were treated with dignity and respect and supported to make everyday choices. People had a choice of meals and received the support they needed to eat and drink. Staff we spoke with had a good understanding and knowledge of people`s individual care needs and there was good communication between staff and people's families. Family members visited during the day with no restrictions.

The home was clean, tidy, comfortable and safe. Adaptations had been made to support people with mobility difficulties and to help people to find their way around.

During the day of our visit there were enough staff on duty and people did not have to wait for staff to attend to them. The rotas we looked at confirmed that these staffing levels were maintained by some use of agency staff.

Care records we looked at showed that people's care and support needs were assessed and planned for and the plans were reviewed regularly. Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately and some of these were awaiting authorisation by the local authority.

The home employed a social activities organiser and a wide range of age-appropriate activities was provided.

We saw evidence of regular staff meetings and meetings for people who lived at the home. A series of quality monitoring audits was carried out.

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.

There were enough staff to meet people's needs.

The environment was clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

A programme of staff training was in place.

The requirements of the Mental Capacity Act were implemented appropriately.

People received enough to eat and drink and their individual dietary needs and choices were catered for.

Is the service caring?

Good

The service was caring.

Staff responded to people in a polite and friendly way. People's relatives told us the staff were kind and caring.

Information was provided for people who lived at the home and their relatives and there was good communication between the home and people's families.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and planned for. Staff had a good understanding and knowledge of people`s individual care needs.

The home employed a social activities organiser and a wide range of age-appropriate activities was provided.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC. People described the manager as approachable and supportive.

There were regular staff meetings and meetings for people who lived at the home.

A series of quality monitoring audits was carried out.

Dundoran Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 August 2016 and was unannounced. The inspection was carried out by an adult social care inspector. Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public since our last inspection in 2013.

During the inspection we spoke with people who lived at the home and observed the care and support that was provided for them. We spoke with three visiting relatives, the manager, the area manager, and three other members of the staff team.

We looked at the care records of three people who used the service. We looked at staff records, health and safety records, medication and management records. We looked all around the premises.

Good

Is the service safe?

Our findings

Relatives we spoke with all believed that their loved ones were safe at Dundoran. One relative told us "I know he's safe here."

Polices were in place to guide staff on how to deal with any safeguarding concerns that arose or how to whistle-blow if they had any concerns. Information about safeguarding was displayed prominently in the ground floor corridor and this included telephone and email contact details for the local authority safeguarding team. Training records showed that all members of the staff team had attended training about safeguarding and the area manager told us that this training was going to be refreshed before the end of the year. We saw records of safeguarding referrals that the manager had made and these had also been notified to CQC.

We looked at staff rotas which showed there was always a registered nurse on duty, with a senior care worker and five care staff on duty throughout the day and four care staff at night. The rotas we looked at confirmed that these staffing levels were maintained with some use of agency staff as needed. The manager told us that she worked as part of the care team as and when needed. Two of the people who lived at the home received one to one support 24 hours a day, and a third person received one to one support for eight hours a day during the afternoon and evening.

In addition to the care staff there was a social activities coordinator who worked 30 hours a week. There were two housekeeping staff and a laundry assistant on duty each day; also a cook and a kitchen assistant.

Most people we spoke with said that there were enough staff working at the home to meet the needs of the people living there, however one relative felt that there should be more staff. Throughout the day we observed there were sufficient staff available to respond quickly to requests for support and to spend time interacting with people on a social basis as well as meeting their care needs and keeping them safe.

We looked at the recruitment records for three new staff members. We found that safe recruitment processes had been followed before they were employed at the home and the required records were in place, including a completed application form, identity documents, interview notes, references, evidence of a Disclosure and Barring Service check, job description and a contract of employment.

The home shared a maintenance person with another local care home owned by the same provider. The maintenance person worked two days a week at Dundoran but was also on call to deal with any urgent tasks.

A fire risk assessment was in place and had been reviewed annually. Fire evacuation instructions were displayed around the building. Weekly fire alarm checks were carried out and regular fire drills were held. There was a personal emergency evacuation plan for each of the people who lived at the home to advise staff and emergency personnel how to evacuate people safely in the event of an emergency. The home had a reciprocal arrangement with two nearby care homes to provide shelter for people in case of emergency. A

current business contingency plan was also in place.

Key pads were fitted to external doors and doors leading to the first and second floors. This meant that people who were unable to access these areas safely were not able to do so without support from staff. Window restrictors were fitted to windows and guards fitted to radiators. We tested a sample of call bells and found that these worked. Electronic door openers were fitted to hold some doors open, but would close in the event of the fire alarm sounding. We also saw that people who were at risk of falling had been provided with pressure mats or door sensors to alert staff if the person got out of bed. This all helped to make the premises safe for the people living there. We saw records of accidents and untoward incidents that had occurred and these were analysed monthly to find out if any additional safety measures were needed.

Current safety certificates were in place for electrical circuits, the fire alarm and emergency lighting systems, gas including boilers, the passenger lift and portable moving and handling equipment.

We found that all parts of the home were clean, tidy and odour free. Gloves and aprons were available for staff to use when providing personal care. The kitchen had maintained a five star food hygiene rating over a number of years.

We looked at the arrangements for storage, administration and disposal of medicines. There was a locked medication room on the ground floor, which was small but clean and tidy and contained appropriate storage for controlled drugs and medication that required refrigeration. Medication was stored safely and at the correct temperature.

Medicines in current use were kept in two trolleys which were tidy and well-ordered which made it easy for nurses to find the right medicines for each person. Medication administration record (MAR) sheets were completed well with no missed signatures. Medication rounds were carried out by registered nurses, however the manager told us that care staff also assisted with supporting people who needed time to take their medication.

The manager told us there was no use of 'as required' medication except for analgesics and a specific drug required for epileptic seizures. The manager told us three people sometimes refused their medication, and this was discussed with their GP, but there was currently no covert (hidden) administration of medicines. The manager was fully aware of issues relating to consent and medication.

Good

Is the service effective?

Our findings

A person who lived at the home told us "You're never hungry here." and a relative said "He loves his meals, the food is wonderful and good variety. They will always make him something else. The cook will do anything for the people here, it's wonderful."

At lunchtime most people had their meal in the dining room. Two people were supported to have their meal outside on the patio under an awning, and some stayed in their armchairs. We observed good interactions between people who lived at the home and staff, and people were encouraged and supported with their meal. People ate at their own pace and were not rushed. One person who was not eating their meal was offered soup. We noticed that another person had a plate guard to help them eat independently.

The manager told us that people were offered four meals a day and drinks and snacks were available throughout the day. A malnutrition universal screening tool (MUST) was used to identify people at risk of malnutrition. We saw evidence in care records that people's weight was monitored monthly, or weekly if there were concerns. People who were at risk had diet and fluid charts to monitor their daily intake.

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 Act 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 decisions 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.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were. We found that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these decisions had been made on an individual basis depending on the person's needs.

A programme of staff training was provided in-house. The training programme included safeguarding, health and safety, food hygiene, infection prevention and control, fire safety, moving and handling, and mental capacity. The manager told us that all of the staff had completed the training programme but the planned annual updates were not all up to date. The area manager told us that new corporate training modules had been written and would be introduced in the near future. E-learning had been used for some specific subjects, for example hand hygiene and control of substances hazardous to health. Members of staff had attended training about dementia provided by 'House of Memories' and other external training opportunities were shown on the training noticeboard.

Records we looked at for three new staff showed that they had completed basic training during a two day induction period. Supervision and appraisal planners were in place. They showed that the manager

supervised the senior staff and supervision of the other staff was devolved to the nurses.

Bedrooms varied in shape and size and some had en suite facilities. There was a large communal area on the ground floor that was divided into different sitting areas with televisions, quieter spaces and a dining room. There was also a separate quiet lounge. There was easy access to all areas of the ground floor including a pleasant, secure garden at the back which was accessible for people using wheelchairs. Trees made some bedrooms dark.

Adaptations had been made to the environment to support people who had mobility difficulties. These included a passenger lift, handrails in corridors and accessible showers and baths. Adaptations had also been made to the environment to support people who had dementia to find their way around. Bedroom doors had the person's name on and a framed photograph of the person. Other rooms such as toilets and bathrooms were clearly identified. There was plenty of stimulation in the environment with themed corridors and sensory items that people could touch. Some original features of the character building had been retained.

Good

Is the service caring?

Our findings

Relatives we spoke with were all very positive about Dundoran and praised the staff. One visitor told us "I have every respect for the staff. They work very hard. The care is wonderful." A person who lived at the home said "They're kind to me because I'm kind to them." The home provided placements for nursing students from local universities. Following their placement, one student had written "I would have no worries if a relative or loved one of mine were to be placed in the care of the staff at Dundoran."

Relatives we spoke with were also very satisfied with the way that care was provided. A family member told us "He's comfortable, he's happy, he's well cared for." Another relative said "They phone me if there is a health problem and they call the GP." During the morning we heard one person saying that they were hungry and within a matter of seconds a member of staff had given them biscuits.

During our inspection we found that when staff were talking with and socialising with people they had a caring approach and communicated with the person in a way the person preferred. We also found that staff knew people well and knew how to reassure or distract them if they were upset or unhappy and they took the time to do so. People who lived at the home were comfortable with the staff and we observed warm and caring relationships. We saw that staff treated people kindly and supported them at their own pace. People's needs were tended to promptly and staff responded to people in a positive manner.

Staff we spoke with were knowledgeable about people's care needs and their likes and dislikes. Each bedroom was different and was decorated and personalised to reflect the individual.

We saw that throughout the day visitors were made welcome and relatives we spoke with said they could visit anytime and they were always made welcome.

A copy of the home's 'Service Use Guide' was provided in each bedroom and gave people good information about the service. Various noticeboards contained relevant and useful information.

Good

Is the service responsive?

Our findings

A relative told us "I have no complaints at all about the care."

During our visit we observed that staff spoke respectfully to people. They took the time to explain what they were doing and to obtain people's agreement. We saw staff spending time with people and supporting them in the way they wanted to be supported. Most people were up and about and spent their time in the lounges. A small number of people chose to spend the daytime in their bedrooms, or were being cared for in bed due to declining health.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of three people who used the service. Each care record included a series of detailed risk assessments specific to the individual. Risk assessments covered areas such as nutrition, medication, pressure risk, going out, falls, seizures and continence. Risk assessments clearly identified what each person's care risks were and how they should be managed.

Each person's records included a series of care plans along with guidance for staff which identified the person's individual needs and how they were to be met. We saw records which showed that people's care plans were reviewed regularly. The reviews were detailed and meaningful and plans had been updated to reflect any changes to the person's care and support needs.

The care plans followed an 'activities of daily living' rather than a person-centred model and contained little biographic information. We discussed with the manager how the care plans might be developed to describe the person's life history, preferred daily routine, likes and dislikes, and important family members.

Daily records showed the care and treatment people had received and gave information about the person's general wellbeing. Records showed people were supported to access GPs, district nurses and other health professionals as and when required. There was evidence of good consultation with health professionals.

We spoke with the home's activities organiser and she told us about the range of activities she facilitated. She said that a weekly activities programme was in place but was flexible. Some of the activities were for groups and others were on a one to one basis. Activities included a 'daily chat' each morning, a weekly poetry reading provided by 'The Reader Organisation', monthly Holy Communion, weekly baking, monthly entertainment, visits from church and school groups, weekly hairdresser and holistic therapist visits. The activities organiser also took people out using public transport or a taxi. People had recently enjoyed trips to Tam O'Shanter farm and Birkenhead Park. On the day we visited, one person had been supported to go to a local shop for a newspaper.

Policies and procedures were in place to guide staff on the process to follow when a complaint was received. Information about how to make a complaint was available for visitors to the home via a poster displayed in the entrance area. It was also contained in the home's Statement of Purpose. The complaints procedure informed people of who they could contact both within and outside the organisation and

provided contact details for them.

Records showed that complaints received had been investigated and the manager had taken action to address the issues and replied appropriately to the complainant.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. A relative told us that both the manager and the area manager were "excellent", and any concerns they had raised had been sorted out to their satisfaction. We spoke with a member of staff who had started working at the home during 2016. She told us that she enjoyed her job very much and felt "really supported" by the manager. She told us "The food is good, referrals are made quickly, staff report things and everything is addressed."

During the inspection the manager was supported by the area manager, and the provider also contacted us by phone to offer their support. We saw a good standard of record keeping in all areas which underpinned effective management. For example, there was a list in the manager's office and in nurses' office showing when people's 'do not resuscitate' orders and Deprivation of Liberty Safeguards were due to be updated. There was also a summary of when servicing and maintenance visits were due. We also saw a list of which people had bedrails in use. Detailed records were maintained of any personal spending money in safekeeping at the home and there was appropriate storage for people's money.

Records showed that separate monthly meetings took place for nurses, senior care staff, the whole staff group, and the end of life care team. There were also regular meetings for people who lived at the home. The manager told us that meetings for relatives were not currently being held due to poor attendance.

Annual satisfaction questionnaires were distributed to people who lived at the home, their relatives, and visiting professionals. We saw a full report that had been written following the 2015 survey. This informed people of what had been done as a result of people's comments and expressed the provider's commitment to continuing what they did well. Comments received from professional visitors were very positive and included "Staff are always both professional and friendly and always very welcoming" and "All staff seem to have good knowledge of clients."

We saw records of a series of weekly and monthly internal audits that were completed to monitor the quality of the service. The area manager also completed a monthly audit to check the management of the home and the service provided. The most recent had been carried out on 20 July 2016. The audit included safeguarding, DoLS, care documentation, medicines, staffing, health and safety. The area manager audits included time spent talking to people who lived at the home and staff.