Newbloom (Dundoran) Limited

Dundoran Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Dundoran Nursing and Residential Home provides personal or nursing care to up to 39 people living with dementia. At the time of the inspection, there were 28 people living in the home.

People's experience of using this service: People were supported to move and transfer in ways that could put them at risk of harm. The registered manager took appropriate action when this concern was raised with them.

Medicines were not always managed and recorded as required. We made a recommendation regarding this in the main body of the report.

The systems in place to monitor the quality and safety of the service were not always effective as they had not highlighted the concerns we identified during the inspection. When areas for improvement were identified through the checks, actions taken were not always clearly recorded. We made a recommendation regarding this in the main body of the report.

People told us they felt safe living in the home. Risks to people had been assessed and care plans guided staff on how to minimise identified risks. Staff were aware of safeguarding procedures and how to raise concerns.

Safe recruitment practices had been adhered to. Staff felt well supported and received ongoing support through regular training and supervision.

There were usually enough staff on duty to meet people's needs. Feedback regarding staffing levels was mixed, but most was positive and rotas showed that staffing numbers were consistently maintained with the support of agency staff.

People had enough to eat and drink and feedback regarding the meals available was positive. When people were at risk of malnutritional steps had been taken to address the risks, such as referrals to the dietician.

Adaptations had been made to the building to ensure it was suitable for people living with dementia.

People's consent had been sought and recorded in line with the principles of the Mental Capacity Act 2005 and people had their rights respected.

People and their relatives staff told us staff were kind and caring and treated people with compassion. Staff knew people well, including their needs and preferences and these were recorded within their plans of care. People were supported to be as independent as they could be.

The registered manager took responsive action based on the feedback from the inspection.

Rating at last inspection: Good (Last report published September 2016).

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection team consisted of an adult social care inspector, a pharmacy inspector, a specialist advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Dundoran is a care home that provides accommodation with nursing and personal care to people living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The first day of the inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR), although this had been completed over six months before the inspection took place. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, area manager, a visiting health professional and six other members of staff. We gained the views of two people using the service and five people's relatives.

We looked at five people's care files, three staff recruitment records, medicine administration charts, staff training records and other records relevant to the quality monitoring of the service.

This report reflects the findings of all members of the inspection team.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Some practices we observed put people's safety at risk. For example, we observed people being supported to move about and transfer in ways that were not in line with best practice and could cause people harm.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• We raised this with the registered manager who shared these concerns with the local safeguarding team. On the second day of inspection, we found that refresher training had been provided and all staff had received a formal supervision to discuss how to support people to move safely.
• People told us they felt safe living in the home. One person said, "The windows and doors make me feel safe, they are secure and people can't just walk in, also the staff are on duty all the time so when you need something they're around." A relative told us, "I think [people using the service] are safe, the staff are lovely and [relative] is quite happy here, is well looked after and I have no concerns about their care and safety."
• Staff responded quickly to any accidents or incidents, assessed people quickly and took appropriate actions to maintain their safety. This was evident when a person had a fall during the inspection.
• Risks to people had been assessed and records showed that measures were in place to mitigate those risks from occurring again. Care plans guided staff on how to minimise identified risks.
• The building, equipment and utilities were checked regularly to ensure they remained safe.
• Emergency procedures were in place to help keep people safe and equipment was available to support people in the event of an emergency. The registered manager agreed to add further detail to the personal emergency evacuation plans to show when people required the use of evacuation equipment.

Using medicines safely
• Staff did not always ensure people refusing medicines were reviewed by their doctor in a timely way.
• People who were prescribed their medicines as and when needed (PRN), did not have required protocols in place to guide staff when medicines should be administered.
• Documented guidance to administer covert (hidden in food or drink) medicines safely, was not always in place.

We recommend that the registered provider reviews and updates its practices to ensure medicines are administered safely and in line with best practice guidance.

• The home used fluid charts for people with swallowing difficulties to record when a person's fluid was thickened to reduce the risk of choking.

• Oxygen was stored safely in a locked cupboard.
• Staff had received medicine training and had their competency assessed.

Staffing and recruitment
• Feedback regarding staffing levels was mixed. One relative told us, "There is always enough staff on duty, they are always friendly and smiling" and another relative said, "I have been to other places and you don't see the staff but you do here." However, a third relative explained, "[Staff] do their best, but sometimes when [relative] wants to go to the toilet they have to wait."
• Staff were very busy at times throughout the day. For example, people who required support to eat their meals had to wait until staff were free to assist them. The registered manager told us one member of staff had called in sick at short notice on the day of the inspection and people did not usually have to wait.
• Staff were safely recruited as all necessary pre-employment checks had been completed. This helped to ensure that only people suitable to work with vulnerable adults were employed by the service.
• Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.
• The registered manager received information regarding recruitment checks and training for any agency staff who worked in the home.

Systems and processes to safeguard people from the risk of abuse
• Staff were aware how to raise any concerns they had. They had received safeguarding training and a company policy was in place to guide them.
• The registered manager maintained a log of all referrals made, as well as any outcomes and required actions.
• Safeguarding referrals were made to the local authority appropriately.

Preventing and controlling infection
• The home appeared to be clean and odour free. People told us they thought the home was always kept clean. One relative said, "It's always clean and tidy when we come."
• Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Hand gel was available throughout the home.
• Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and we saw these were used appropriately.
• Staff had completed infection control training and a policy in place to support them in their role.
• Hand washing facilities were available throughout the home and staff regularly washed their hands before and after supporting people.

Learning lessons when things go wrong
• Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
• The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
• Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.

Staff skills, knowledge and experience
• New staff completed a comprehensive induction in line with the care certificate. This is the government minimum standards for people working in social care.
• Staff told us they were well supported by the registered manager and area manager. Staff received supervision and annual appraisals were scheduled in.
• Staff completed regular training in courses that provided knowledge and skills to enable them to support people safely. Staff told us they felt their training was sufficient. One staff member said, "It is a great place to work, we are supported to undertake courses" and another staff member told us, "I am happy with my level of training."

Supporting people to eat and drink enough with choice in a balanced diet
• Risks regarding malnutrition and dehydration had been assessed. When people were at risk, actions were taken to reduce those risks, such as fortified diets and referral to the dietician for specialist advice and support. Refreshments were available throughout the day including biscuits and snacks and people told us they had enough to eat and drink.
• Menus reflected a choice of two meals and a list of the alternatives available. People were asked each morning what meal they would like.
• Feedback regarding the meals was positive and people's comments included, "The food is good and there's lots of it", "Meals are great" and "If you don't like what they are doing they do try to change it for something else." Relatives told us, "The food always looks good when we visit" and "The food seems to be great here, [relative] really enjoys the meals."

Staff working with other agencies to provide consistent, effective, timely care
• Referrals to other health and social care professionals were made in a timely way. A visiting health professional told us that communication from staff was good and they made appropriate referrals to mental health professionals when required.
• As part of an expanding GP service, a nurse from the local GP practice visited regularly each week and a GP visited each month to review people's needs.
• When other health and social care professionals were involved in people's care, this was incorporated

within their plans of care, along with any advice they had provided.

Adapting service, design, decoration to meet people's needs
• The home had been adapted to meet the needs of people living with dementia. For instance, there was pictorial signage available around the home and people's bedroom doors contained photographs, names and personal items of significance to assist people in finding their way.
• Large clocks and an orientation board were on display.
• Each corridor within the home had been decorated in a different theme, with items of memorabilia securely attached to walls. A lift was available to assist people to upper floors and bathrooms were adapted to ensure they could be accessed by all people.
• There were three lounges available, including a quiet lounge if people did not want to watch television. A decking area was available in the garden, with seating areas so people could enjoy outside space.
• People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.

Supporting people to live healthier lives, access healthcare services and support
• People and their relatives told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell.
• The service was using tele triage to seek medical advice for people in a timely way.
• People were supported to attend health appointments.

Ensuring consent to care and treatment in line with law and guidance
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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• When DoLS authorisations were in place, the conditions were being met. Applications were made appropriately, and the registered manager had a good understanding of their responsibilities in relation to DoLS.
• Relevant staff had received training in relation to mental capacity and told us they always asked people for their consent before providing support and people we spoke with confirmed this. We observed people being asked for their consent throughout the inspection, such as before supporting people to move about or assisting them to eat.
• Records showed people's capacity had been assessed in line with the principles of the Act, when significant decisions needed to be made. When people were unable to provide their consent, best interest decisions were made and recorded.
• The registered manager agreed to review people's files and ensure consent was in place for everybody in relation to their care and treatment.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• Staff were kind and caring and treated people with compassion. Relatives told us, "The staff are absolutely lovely and always take the time to have a chat, you can't fault them. They are so kind", "[Staff] do things they don't have to do. They went out and bought [relative] slippers because theirs were getting old and tight. They didn't have to do that off their own bat." Another relative said, "The staff are always welcoming and they speak to [relative] nicely. You can just see that they care for the people here."
• We observed positive, familiar interactions between staff and people living in the home throughout the inspection. For example, when people became distressed, staff went and sat with them, stroked their hand and spoke calmly, offering reassurances until they were calm.
• Staff knew the people they were supporting well, including their needs and preferences. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed. Staff spoke warmly of the people they supported.
• Staff understood how to communicate with people in a way that was most effective for the individual. They knew when people required additional support due to hearing or visual impairment. When people were not able to communicate verbally, staff were aware of specific body language signs to help understand the person's needs.
• The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

Supporting people to express their views and be involved in making decisions about their care
• The registered manager told us they tried to seek people's views about the service. Meetings took place each month with people who lived in the home. Areas such as activities, meals and the environment were discussed.
• The registered manager told us that they had recently held a cheese and wine evening for relatives, enabling them to socialise and share their views in an informal setting.
• Head office sent relatives an annual quality assurance survey which had recently been sent out. Five responses had been returned to the home and the registered manager was fully aware of their content.
• A service user guide was available for people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.
• Information regarding advocacy services was available to people if they had nobody to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence
• Staff had registered as dignity and dementia friends and the registered manager planned to allocate staff to complete dignity champion training.

• Most staff provided explanations to people and sought their permission before providing support so they understood what was happening and they provided reassurance throughout the support.
• Staff spoke to people in a respectful way and we saw that their independence was promoted. Care plans reminded and encouraged staff to encourage people to do what they could for themselves.
• People told us staff protected their dignity and privacy. One person said, "Staff are always pleasant and polite and make me feel valued, they always tap on my door if they want to come in, friends and family come every week and the staff are always nice to my visitors."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans were detailed regarding the support people required and had been reviewed regularly. People's preferences in relation to their care and treatment were reflected throughout the plans.
• When people had specific health needs, such as experiencing seizures, very detailed plans informed staff of how to best support the person during these times and described actions staff had to take.
• One person required specific support with their medicines, but there was no plan of care in place to guide staff about this. On the second day of the inspection, a new care plan had been created that reflected their needs.
• There was no documentary evidence that residents and relatives were consulted about their care plans, although people told us they were aware of them. One person told us, "'Staff talked about my care when I first came here but they don't now." The registered manager told us they would look at ways of recording this involvement.
• An activity coordinator was in post who arranged a wide range of activities for people both within the home and in the local community, based on their interests. We observed people requesting films, having hand massages and their nails painted and a person who was colouring who told us they enjoyed this. We also observed reminiscence activities. People smiled throughout this activity and clearly enjoyed it.
• Regular external entertainers visited the home and one person was supported to visit a football stadium on their birthday.
• The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. The registered manager told us they had accessed talking books for one person in the past, but they no longer used them. Magnify glasses were available for people who had impaired vision and these were used regularly during a poetry reading.
• People's religious needs were explored and met by the service. A regular bible study session took place and staff arranged for visits from local church clergy when required. A policy was in place that reflected people's right to worship in their chosen faith.

Improving care quality in response to complaints or concerns
• A complaints policy was available and this was on display within the home.
• The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.
• The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.
• Relatives told us they knew how to raise any concerns and would not hesitate to do this as they would be listened to. One relative described an incident that had occurred recently with their family member. They were worried about this and spoke with the registered manager who listened to her worries and explained how they would deal with it. The relative was very happy with how this was managed. Another relative told

us, "I know I can talk with the manager if I had any worries or concerns."

End of life care and support

• Although nobody was receiving end of life care at the time of the inspection, staff had undertaken training and a policy was in place to guide staff to enable them to support people effectively at the end of their lives. The service had completed a locally recognised end of life course; 'Six Steps.'

• The registered manager told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders had not always ensured that the service provided was safe and followed current best practice. Some regulations may or may not have been met.

Continuous learning and improving care
• The registered manager and provider had systems in place to assess and monitor the quality and safety of the service. Some of these audits had led to changes being made, however at times it was not clear what action had been taken as this was not consistently recorded.
• The systems in place had not identified the issues highlighted during the inspection, such as those relating to helping people move safely and appropriate guidance being available for staff on people's medication.

We recommend that the provider reviews its processes to ensure effective quality monitoring processes are in place.

• The area manager visited regularly and completed quality checks covering all aspects of the service which were shared with the providers. The providers also visited every few weeks, which helped to ensure they maintained oversight of the service.
• Responsive action was taken to any issues raised during the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The registered manager was supported by the area manager and the registered providers.
• Staff felt well supported in their role and people were positive about the care they provided. There was a positive culture which was promoted by the registered manager.
• The registered provider told us a new electronic care record system was being sourced and would soon be implemented to help further improve the service.
• The registered manager engaged with everyone using the service and their family members.
• People and their relatives provided positive feedback about the quality of service they received. They said the service was managed well and the manager was approachable. One relative told us, "I would recommend it here because of the way my [relative] is being looked after and the lovely atmosphere here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Ratings from the last inspection were clearly displayed within the home and on the provider's website as required.
• CQC had been notified of incidents that had occurred within the home as required.
• The registered manager and staff had a good understanding of their roles and responsibilities within the service.

• The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role and were held accountable for their actions. Staff received supervision and support to develop their practice. Staff felt well supported in their roles and told us they worked well together as a team.
• A visiting health professional told us they felt care was well managed, that staff communicated well and that they had no concerns regarding the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Systems were in place to gather feedback from people. These included meetings, surveys and a complaints process.
• Staff meetings were held regularly and staff told us they could raise any issues and felt listened to.

Working in partnership with others
• The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
• They took part in local quality initiatives with other agencies, such as the extended GP service.
• The service supported student nurse placements.
• When referrals to other services were needed, we saw that these referrals were made in a timely way. Advice received from these professionals was recorded within care plans and followed by staff.
• The registered manager attended the local registered managers forum to gather information and share best practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The support provided to people when transferring, was not in line with best practice and could cause harm.