

Newbloom (Dundoran) Limited

Dundoran Nursing and Residential Home

Inspection report

Vyner Road South
Noctorum
Birkenhead
Merseyside
CH43 7PW

Tel: 01516525481

Website: www.newbloom.co.uk

Date of inspection visit:

11 July 2023

18 July 2023

Date of publication:

05 September 2023

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 accommodation for up to 39 people who need help with nursing or personal care. At the time of the inspection 21 people were using the service. The majority of people living in the home, lived with dementia or other mental health needs.

People's experience of using this service and what we found

During the previous inspection we identified serious concerns with the safety and quality of the service being provided for people.

During this inspection the provider had made improvements, however more time was required for these improvements to be sustained over a longer period of time.

Monitoring records were not always up to date and did not show people received the care they needed with regards diet and fluids. We have made a recommendation about this.

Monitoring to mitigate risks had improved. Care records were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help reduce the risk of avoidable harm to people they were supporting.

Medicines management had improved and people had their medicines as prescribed. Staff had received training on administering medicines and their competence was regularly checked.

The principles of the Mental Capacity Act (2005) were now being consistently followed when providing care and treatment for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were knowledgeable about people's health needs and the provider worked in partnership with other health professionals as a measure of providing the appropriate level of support.

The provider had addressed issues identified from the last inspection and internal quality assurance audits relating to the medicine's, environment, care records and consent had improved.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 June 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that the provider had made some improvements to the service and they were no longer in breach of

regulations.

Exiting special measures

This service has been in Special Measures since 29 June 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Recommendations

We have made recommendations about the systems in place for the monitoring of peoples diet and fluids.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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

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?

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 (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

This inspection was undertaken by 2 inspectors 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 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 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 our last inspection and we sought feedback from the local authority and local safeguarding team. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 2 people who used the service and 9 family members about their experience of the care provided. We spoke with 11 members of staff including the registered manager, clinical lead, nurses, care staff, maintenance staff and catering staff. We looked at a range of records. These included 5 people's records related to their care and support and a variety of people's medicine administration records.

We looked at recruitment records for 3 staff members employed since the last inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and more time was required for assurances about safety to become embedded.

Assessing risk, safety monitoring and management

At the previous inspection the provider had not ensured risks to people's health, safety and welfare were adequately assessed, and mitigated to prevent avoidable harm. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- People's support needs were not always monitored accurately. For instance, some people's daily recording of fluid intake were not updated accurately. There were gaps in ongoing monitoring from the previous 3 months throughout care and monitoring records.
- The systems in place were not being used accurately for recording and monitoring how much fluids people had been offered and what they consumed.
- Immediate action was taken to mitigate risks to people and staff were provided with immediate guidance and training.
- Lessons had been learned from our previous inspection and systems were now in place to help assess and monitor the risks in providing care and treatment for people with specific medical conditions. This helped ensure the appropriate guidance was in place for staff.
- Improvements had been made to risk assessment for each person and we saw detailed documentation was relevant and up to date.
- Staff demonstrated they knew people's individual needs, identified risks well and knew how to support people safely.
- Risks associated with people's care had been assessed and staff had access to information and guidance to support people safely.

We recommend the provider review the system in place to monitor and manage risk.

Using medicines safely

At the previous inspection the management of people's medicines was unsafe. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- Medicines management had improved and were managed safely. Staff responsible for medicine administration had received relevant training and had their competency levels regularly checked.
- There were improvements on guidance for staff for high-risk medicines. For example, when oxygen was now increased for a service user there was clear guidance in place for staff and we saw this was now recorded and monitored appropriately.
- Where people were prescribed 'as required' medicines, staff had access to information and guidance to ensure these medicines were only administered when needed.
- Fridge and room temperatures were regularly checked to ensure medicines were stored within safe temperature ranges.
- We saw in each person bedroom there was a locked cabinet for any medicated creams.

Staffing and recruitment

At the previous inspection the provider had not ensure safe recruitment practices were being followed. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- People were supported by enough staff to meet their needs in a timely way.
- Staff personnel files contained the appropriate information required to ensure 'fit and proper persons' were employed.
- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us that since the appointment of the new manager, recruitment of permanent staff was constantly improving and this was helping to increase staff morale. One staff member said, "It's less stressful and we have routines with more permanent staff and its flowing and it is nice."

Preventing and controlling infection

At the previous inspection the provider has not ensured the risk of the spread of infection was managed adequately. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- We were assured that the provider had made improvements and was supporting people living at the service to minimise the spread of infection. Hot water was now available in communal areas and in all bedrooms promoting good hand hygiene and good personal hygiene.
- We were assured that the provider had made improvements and was safely managing the risk of Legionella bacteria developing. We saw the provider had completed the necessary checks and actions to mitigate against signs of bacteria in the homes water system.

- We were assured that the provider had made improvements and we saw the home and equipment was clean and the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- No one had been admitted to the service since the previous inspection. We were assured that the provider had the appropriate measures in place to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives, people and staff confirmed the service was supporting visits from families and friends.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- 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.
- The provider had accident, incident and safeguarding procedures in place. Investigations took place when necessary and lessons were learnt and shared with staff.
- There was evidence 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.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the previous inspection the provider did not properly assess or manage people's needs to ensure that people's health and wellbeing were supported in accordance with standards and best practice. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- We observed people being supported to eat and drink at lunch times in line with their current needs. The staff were attentive and created a pleasant atmosphere in the dining room.
- Relatives comments about food were generally positive. These included, "Food looks good. Staff know what [relative] likes" and "Food all looks good, [relative] can choose different things."

Staff support: induction, training, skills and experience

At the previous inspection the provider had not ensured staff had received appropriate support or training to carry out their job role effectively. This was a breach of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills, knowledge and experience. Staff were confident in asking for extra support or training if they felt they needed it.
- Staff told us that they were well supported, and records showed they benefited from regular supervision meetings with their manager.
- There was a training plan in place. Staff had completed all the mandatory training. Systems in place alerted the registered manager when training needed to be renewed.

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 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 MCA. 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 and whether appropriate legal authorisations, were in place, when needed, to deprive a person of their liberty. We also checked whether any conditions relating to those authorisations, were being met.

At the previous inspection the provider did not ensure people's consent was always obtained in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- We found improvements had been made in assessing people's ability to make certain decisions about their care and welfare.
- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had capacity to make decisions.
- The registered manager and staff completed training in the MCA and understood its principles. They always sought appropriate consent before carrying out any care and support.

Adapting service, design, decoration to meet people's needs

- The home was adapted and designed to meet people's needs.
- People had access to aids and adaptations to help with their mobility and independence. This included handrails, ramps and adapted bathrooms.
- One unoccupied room had a new shed installed directly outside the window and restricted any views. We highlighted this on inspection and the provider had plans to address this restricted view.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's right to privacy and confidentiality were respected. Confidential information was kept secure.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.
- People were supported to express their views and make decisions about their care.
- People and family members told us they were given the opportunity to share their views about the care they received. Relatives told us, "We are involved with [relatives] care plan and updating it," and, "I was involved initially in [relatives] care plan and it has been updated."
- People were given the opportunity to comment about the care provided through discussions and review meetings. We saw that care had changed due to feedback given.
- We observed positive interactions between people and staff. Staff were seen offering people choices and options.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that staff cared for people with compassion and respect. We received comments such as, "Definitely very kind and caring staff, no complaints at all. Staff are always respectful and would listen to me and ring me with any concerns to discuss forthcoming meetings," and "The staff are caring, always listen to us and very approachable."
- There was a calm atmosphere at the service and staff provided friendly and compassionate support. We observed caring and trusting relationships with staff. One relative told us, "Yes very caring staff, know [relative] very well, they [staff] all love [relative], very loving in the Home."
- Staff spoke of improvements from the last inspection. They talked about people's wellbeing and were focused on providing the right support to improve people's lives. One staff member said, "I come here on my days off. I love it here and visit to spend time with people and just talk. It's like my second home."
- The provider aimed to ensure people received care from a consistent team of staff. Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the previous inspection the provider had not always ensured people's care was person centred to ensure their needs and preferences were met. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- Since the last inspection improvements were made; People's care was now planned in a personalised way.
- Care plans included people's preferences and wishes and were being regularly reviewed with people and/or their family members, to make sure they remained current.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the previous inspection the provider did not ensure people's communication needs were properly identified, and people were not supported to communicate in a way they could understand. This was a breach of regulation 9 (person centred care) Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- Improvements had been made since the previous inspection and communication needs were identified, recorded, and highlighted in people's care plan's.
- The provider was aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to get involved in a variety of activities to meet their needs.
- Relatives appreciated the effort staff made to keep people active. Their comments included, "The activities co-ordinator [name] is excellent, encourages baking, making craft displays and families get invited to Christmas and Summer Fayres where the staff get fully involved and dress up, there were some trips out earlier, [name] is very pro-active ," and, "On [relatives] wedding anniversary staff decorated the conservatory with balloons and made it special for them. Photos taken and put in [relatives] room, made [relative] very happy."

End of life care and support

- People and were supported to make decisions and plan their preferences for end of life care if they wished and family members were involved where this was appropriate.
- At the time of our inspection no one was receiving end of life care.
- The home had recently achieved the NHS end of life accreditation which is valid for 6 months.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Most of the relatives we spoke with had no concerns about the service. Comments included, "Staff are busy but not rushed I feel, always got time for everyone, never needed to complain, I would go to the manager," and "Never had to complain, I would go to the nurse on duty or the manager [name], I am on first name terms with most of the staff."
- Complaints were recorded and, responded to appropriately and actions were identified to improve the service.

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 inadequate. At this inspection the rating has changed to requires improvement. Although the provider had made improvements, many were recent and they needed to be embedded and sustained over a longer period of time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the previous inspection the provider failed to ensure the management arrangements in place to assess, monitor and improve the safety and quality of the service was adequate. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- The providers systems and processes were not always used effectively to assess, monitor, and improve the quality and safety of the service.
- Although a range of audits and checks were carried out at regular intervals across the service to help identify any safety concerns or quality issue the provider had missed issues around nutritional risks.

The concerns highlighted during this inspection were not systemic across the service as they had been previously. The provider was made aware of the concerns highlighted and took action during our inspection to address them.

- The registered manager and staff understood their roles and responsibilities.
- Since the last inspection the director of quality and governance maintained oversight of the service on behalf of the provider. They carried out regular visits to support the registered manager and to oversee the providers governance systems.
- Relatives told us that the provider had learned and improved since the last inspection. One relative said, "Well run now, it was in a downfall but improving now," and, "Very well-run home now, it's had hiccups in the past with managers in and out" and, " I do feel that the home is well managed now, the new manager has made massive changes and is friendly and approachable, [name] interacts well with the residents and I can express my views."
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- The provider had improved its quality assurance systems and they had completed regular visits and audits at the service recently. These identified ongoing issues and the provider had been proactive since the last inspection to make improvements and recognise when things were going wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the previous inspection the provider failed to ensure the service was person centred or good outcomes for people were being met. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- There was now a positive culture that was person centred and inclusive.
- Since the last inspection the provider integrated people's involvement in planning their care and support and they experienced good outcomes. Staff knew people well and respected their choices and decisions.
- Staff members described the registered manager as approachable, open and responsive; they told us that the registered manager motivated and helped them to be effective in their roles supporting and enabling people. One staff member told us, "We can see the improvements and we are being listened to now. Staff are feeling valued."
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution to achieving positive outcomes for people.

Working in partnership with others

- There was a positive approach to working in partnership with others.
- Referrals were made for people to relevant professionals when required for specialist advice and support.
- There was regular contact with people and relevant others to ensure consistency of care for people.

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 provider and registered manager understood and acted on their duty of candour. They were open and honest with people and relevant others when things went wrong.
- The manager knew which events they were required to notify CQC about and they submitted them without delay.