

Gainford Care Homes Limited

Lindisfarne Crawcrook

Inspection report

Kepier Chare
Crawcrook
Ryton
Tyne and Wear
NE40 4TS

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lindisfarne Crawcrook is a care home providing accommodation and personal and nursing care to up to 60 older people, including people who may live with dementia, or a dementia related condition. At the time of our inspection there were 51 people using the service, living in one purpose-built building.

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

At our last inspection the provider did not have effective systems in place to monitor and improve the quality of the service and improvements were required to medicines records. At this inspection some improvements had been made, medicines were better managed and improvements had been made to medicines records, but other improvements were needed to the running of the service to ensure people received safe, timely and person-centred care.

Further action was required with regards to the provider's quality monitoring system. We identified shortfalls with staffing levels and staff deployment, the provision of person-centred care, the environmental design, people's mealtime experience and communication. These shortfalls had not all been identified or actioned in a timely manner by the provider's governance system.

Improvements were required to the environment to ensure it was designed to meet the needs of people who live with dementia, to keep them orientated and engaged as they walked around. People's mealtime experience was not well-managed to ensure, people were offered choice and encouragement to eat.

Staffing levels and staff deployment were not effective to ensure people received safe, timely and person-centred care. Care was task-centred rather than person-centred. Due to staff being busy they did not have time to spend with people. Throughout our observations some people sat silently or were not engaged or stimulated. We have made a recommendation staff receive training about person-centred care.

Risks to people's safety was not well-managed, staff did not always identify, or take action to mitigate the risk of avoidable harm. Where people may become upset or agitated, their distress was not always understood or well-managed.

Records provided guidance to assist staff to deliver care and support to meet people's needs. Staff recruitment was carried out safely and effectively. There was evidence of collaborative working and communication with other professionals to help meet people's needs. People and relatives had opportunities to give feedback about the service.

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.

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 requires improvement (published 31 August 2022).

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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider continued to keep staffing levels under review to ensure people receive timely and person-centred care. We recommended to continue with a timely programme of refurbishment to keep people engaged and to maintain the cleanliness of the home. At this inspection we found the provider had not acted on all the recommendations to make improvements.

The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 July 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and the management of medicines records.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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.

We inspected and found there were concerns with people's dining experience, environmental design and staff training, so we widened the scope of the inspection to include the key question effective.

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 requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindisfarne Crawcrook on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staffing, safe care and treatment and governance.

We have made a recommendation that staff receive further training to give them more insight into people's care and support needs.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lindisfarne Crawcrook

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 carried out by 2 inspectors and 1 Expert by 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

Lindisfarne Crawcrook is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lindisfarne Crawcrook 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.

Inspection activity started on 7 August 2023 and ended on 7 August 2023, when we visited the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people who used the service about their experience of the care provided and 4 relatives. We spoke with 13 members of staff including the regional manager, registered manager, 2 nurses, 7 care workers including 2 senior care workers and 1 laundry assistant.

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

We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant 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

- Observations at inspection showed systems were not all in place to keep people safe.
- Improvements were needed to the management of people's agitation and distress, when they were upset to ensure people remained safe. Our observations at lunch time showed staff did not all have an understanding of how to support people and provide reassurances, when people may be distressed or agitated.
- Environmental risks had not all been identified by staff to keep people safe. Hot tea pots were left unprotected on the drinks trolley, which posed a risk to people's safety, as some people were walking around the trolley, on the unit where people lived with dementia. A box of fluid thickener was also left in an unlocked cupboard, on the same unit, and could put people at risk if they ingested it unsupervised. We intervened immediately and made the registered manager aware to address the issue.
- There was a system of evaluation of care plans and risk assessments, which were repetitive. Care evaluations should be more detailed with reflection of the person's health and emotional well-being over the month, to monitor the effectiveness of the person's care and treatment.

The failure to ensure people received safe care and treatment was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were insufficient staff and they were not appropriately deployed to support people in a safe, timely and person-centred way. Observations showed that staff were not always available to supervise people on the Memory Lane unit, to keep them safe as they moved around. A relative told us, "I usually have to go looking and ask about a bit, but they [staff] come eventually."
- Staff were not effectively deployed to meet all people's social and emotional needs and provide care in a timely, safe and meaningful way. A person commented, "I sometimes have to wait but they [staff] have a lot of people to help so I don't mind."
- Care was task-centred rather than person-centred. We observed people were not all engaged or stimulated and they sat asleep or disengaged most of the day, until some chose to sit with us. A person commented, "Staff don't really spend time with us. They might talk if they're helping me but otherwise, we [people] talk to each other" and "I don't keep them from their work."
- We discussed these comments with the registered manager who told us a dependency tool was used to calculate the number of staff required. However, throughout the day staff appeared busy, and most did not have time to interact with people, except when they provided care.

The failure to ensure people received safe and person-centred care was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Using medicines safely

At our last inspection improvements were required to some aspects of medicines management relating to medicines record keeping and the provider was in breach of regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 17.

- Improvements had been made to the safe management of medicines with more robust records now in place. A relative commented, "Staff give [Name] what they are supposed to have. It has just been changed and they [staff] rang me to let me know the GP has changed [Name]'s medication."
- Person-specific information was in place for the use of topical medicines, 'when required' medicines and medicines to treat some complex health conditions.
- Records were in place to show the administration of food and fluid thickener, where prescribed.
- Patch rotation records were in place that showed that patches were being rotated in line with manufacturer's instructions.
- Allergy recording across records was now consistent.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. A relative told us, "I have been told they use two carers to move [Name] around now and that's for [Name]'s safety."
- Lessons had been learnt and some aspects of service provision had improved as a result of the learning.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately. Relatives and people told us people were safe at the service.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Preventing and controlling infection

- Improvements were being made to the environment as there was a programme of refurbishment taking place. A person told us, "It is clean enough. They [domestic staff] are always going round with the trolley." Carpets were being replaced, however, more effective odour control was required around areas of the top floor.

Visiting in care homes

- There were no restrictions to visiting at the time of inspection.

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 good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A programme of refurbishment was taking place. At the last inspection we recommended the provider followed best practice guidance to ensure the appropriate environmental design to meet the needs of people who used the service.
- At this inspection this had not progressed, and the premises were not all 'enabling' to promote people's independence, and involvement. There was little visual and sensory stimulation to help maintain the involvement and orientation of people who lived with a dementia, as they moved around.

This is a breach of regulation 17 as the previous recommendation has not been acted upon, in a timely way, to ensure the environment is appropriately designed to meet the needs of people who live with dementia.

After the inspection we received photographic evidence from the registered manager and an action plan of improvements to be made.

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

- Care plans and risk assessments were in place if people had nutritional support needs. A person commented, "The food is basic but there is usually something I can eat" and "I keep asking for a bit more up to date variety, like a curry or a Chinese. We have got Sweet & Sour chicken today so that's good."
- People's dining experience, on Memory Lane, was not well-organised for all people to enjoy a sociable experience, if they wished to engage and they did not receive encouragement to eat, where needed to ensure they received sufficient nutrition.
- Staff were busy and did not spend time observing whether people needed support or encouragement to eat their meal. People were not offered an alternative if they did not want their meal.
- Some staff did not interact with people as they served them and placed their food down without saying what it was, acknowledging or assisting them. People were not all encouraged to make a choice with regard to their food. Menus were not available in a different format, if people no longer understood the written word. People were not shown objects such as two plates of food to help them make a choice. We received information after the inspection from the registered manager that showed how this was being addressed.

Staff support: induction, training, skills and experience

- There was a programme of staff training that staff completed to help make sure they had the correct skills and knowledge to support people. However, observations on the day of inspection showed all staff did not appear to understand the management of distressed behaviours and some staff appeared to have little

insight into why people may become distressed and agitated, with no reassurances provided to the person when they were upset. We discussed this with the registered manager and the need for staff to receive refresher training about behaviours that challenge and also for staff to receive training about person-centred care.

- Staff completed an induction at the start of their employment. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors
- Staff were supported in their roles through supervisions and appraisals. Staff members all said they were, "well-supported" by the new registered manager.

We recommend staff receive training about behaviours that challenge and person-centred care to give them more insight into people's care and support needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made as required to make sure people received care and treatment that met their care and support needs.
- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and the mental health team.
- There was communication between staff and visiting professionals, and staff mostly followed guidance provided to ensure people's needs were met.

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

- Records showed mental capacity assessments and best interest decisions were appropriately made and documented.
- The provider 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.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- The provider had responded and made improvements to medicines management and records since the last inspection, but some improvements were still required to ensure people's safety and for the provision of person-centred care.
- The manager was appointed to the service since the last inspection and had been recently registered as registered manager by the Care Quality Commission. They were introducing improvements to the service to achieve compliance, so people received safe and more person-centred care, however further improvements were still required.
- A quality assurance process was in place. Audits were completed to monitor service provision. However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way. The deficits identified at inspection included, staffing levels, staff deployment, management of distressed behaviour, person-centred care, environmental design and the quality of care.

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

- Systems did not all promote a positive, person-centred culture to benefit people living at the service.
- People were not always listened to, engaged with and they did not all receive person-centred care. This is reported on in the safe and effective key questions of the report.
- In parts of the home people's lived experience was not the main focus of care as staff did not all engage, listen or keep people stimulated or occupied.

The provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes and person-centred care for people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their feedback to allow the provider to find ways to improve the level of support provided to people.
- Staff said they were well-supported and received opportunities for training and development. People, relatives and staff all said the new manager was approachable. A relative commented, "We have had several meetings with this manager. She seems very nice, but we want to see things improve not just them saying they are" and, "The manager is very friendly, they popped in to introduce themselves."
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs. A relative told us, "They staff] are very good about ringing me if there's anything I need to know."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and had some understanding of people's support requirements.
- Staff communicated with a range of professionals to ensure that people's needs were considered and so that they could access the support they needed.

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 understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The provider understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to ensure people were protected from the risk of unsafe care and treatment. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to ensure effective systems were in place to monitor the quality of care people received. Regulation 17(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person failed to ensure staffing levels were sufficient and staff were effectively trained and deployed to ensure people received safe, timely and person-centred care. Regulation 18(1)(2)(a)