

Gainford Care Homes Limited

Lindisfarne House

Inspection report

Newburn Road
Throckley
Newcastle Upon Tyne
Tyne and Wear
NE15 9QR

Tel: 01912676029
Website: www.gainfordcarehomes.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lindisfarne House is a care home providing personal and nursing care to 54 people at the time of inspection, aged from 65 and over, some of whom were living with a dementia. The service can support up to 60 people in one large adapted building.

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

Risks to people's health and safety were assessed and monitored to ensure they were kept safe. The provider had safeguarding systems, policies and procedures in place to keep people safe.

Staff understood their safeguarding responsibilities. People and relatives spoke positively of the staff and how they felt safe in their company.

The environment was clean, safe and well maintained. There was a refurbishment plan in place.

Staff were recruited safely. They received ongoing supervision and competence checks to monitor their performance.

People received their medicines when they needed them. Medicines were managed safely by suitably trained staff.

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.

The registered manager had positive working relationships with external healthcare professionals. They worked openly with them when people's needs changed.

Staff felt they could talk to the management team, and that concerns would be acted on if needed.

Activities co-ordinators worked hard to keep people engaged with regular activities and to facilitate visits from relatives.

Monitoring systems were in place to identify trends and patterns after specific incidents. Not all auditing systems had identified areas where improvements could be made. We have made a recommendation about this.

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

Rating at last inspection

The last rating for this service was Good (published 11 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Lindisfarne House

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 Care Act 2014.

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 one inspector and a specialist advisor with a background in nursing. An Expert by Experience made calls to relatives on 15 December 2021. 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with seven members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks to people's health and safety were assessed, reviewed and managed in line with care plans. Staff demonstrated a good understanding of the specific risks people faced. Where relevant, additional nationally recognised risk tools were used.
- Staff knew people well and delivered care in a safe and timely manner. One relative said, "The home have done all they can to keep her safe."
- The service was well maintained and clean. The provider had systems to monitor the safety of the environment and equipment in the home. There was an ongoing refurbishment plan in place. Utilities, lifting and other equipment were regularly serviced.
- There were sufficient numbers of staff to meet people's needs. Call bells were answered promptly and relatives felt there were sufficient staff, though one felt more staff would be beneficial. They said, "Staff are rushed off their feet." The registered manager and area support manager acknowledged a recent reliance on agency staff, due to the additional pressures of staff self-isolating, and the challenges of recruiting in social care more generally.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risks of recruiting unsuitable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us they had confidence in staff keeping people safe. Staff were patient with people, for instance when helping them walk down corridors, or at mealtimes.
- Staff received safeguarding training and knew what to do if they had concerns.
- Safeguarding incidents were reported appropriately.

Using medicines safely

- People received their medicines as prescribed, when they needed them. One relative said, "I have been there when they have given medication and they will very gently encourage."
- Staff demonstrated a good knowledge of people's needs, including 'when required' medication. There were systems in place to reduce errors, including stock checks and audits by senior staff and a visiting pharmacist.
- Homely remedies had recently been reviewed with a GP but these records had not been added to people's medicines records. The provider rectified this during the inspection. There were some instances of recording shortfalls that had not been identified through audits, namely a lack of double signatures on some medications. The provider gave assurances that this would be addressed.

- Medicine Administration Records (MAR) noted all medicines were administered correctly and stock counts were correct. Controlled drugs were stored safely.
- The rooms in which medicines were stored were clean and tidy although in one there was no recent evidence of temperature checks of the medicines fridge. This was addressed on the day of the inspection by the provider.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed some instances of auxiliary staff with masks under chins despite this practice being highlighted as an area of concern by recent infection prevention and control specialists. We did not observe these practices with care staff. The provider gave assurances they would remind all staff of the importance of PPE best practice and introduced additional walkaround checks. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager and regional manager demonstrated a clear understanding of the most recent changes to guidance and checked the vaccination status of visiting professionals.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- Accident and incident records were completed in line with the provider's procedures. When an accident was identified as not being appropriately documented by a staff member, the provider took appropriate investigatory action.
- Lessons learned following incidents were shared through staff meetings, for instance recently updated 'grab bags' with all required documentation in the event of a fall. One relative told us, "They have been good at dealing with incidents. [Person] has had one or two little falls and I have been informed. They have been properly looked after and assessed by health professionals afterwards."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed before they used the service to ensure their needs could be met and preferences respected. This information then went into care plans and risk assessments, which staff reviewed regularly.
- There were some examples of good practice in relation to care planning and documentation, such as oral care records and the involvement of external specialists. At times some entries in people's care recording were generic and could be more person-centred. The provider agreed to ensure this was reviewed as part of ongoing care plan audits.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were appropriately skilled and trained. Whilst the provider was reliant on agency staff support to a degree until they had recruited more permanent staff, experienced staff were deployed to ensure people's needs were met and agency staff were supported.
- Staff spoke positively about the training they received. Relatives were confident in staff knowledge and experience. One said, "Staff seem well trained and know what they're doing." Another said, "There is a good balance of experienced and newer staff."
- Staff received regular supervisions and staff meetings to update them regarding any key information.

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

- People were supported to keep up good levels of eating and drinking. People were offered a choice of food and it appeared appetising. Relatives made similar comments about the food and one said, "They've put weight on – there are always extra cakes and biscuits."
- People's care records detailed specialist dietary advice and their preferences.
- One person had suffered significant weight loss and we found it difficult to track if all appropriate steps had been taken to ensure their safety. The area manager reviewed this care plan immediately and was able to demonstrate appropriate steps had been taken to support the person. They acknowledged the relevant documents needed to be more accessible and assured us there was already a review of care plans in place.

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

- Staff monitored people's health care needs and informed relatives when there were changes. External professionals confirmed staff worked with them openly.
- Relatives confirmed people got to see a GP when they needed and there were good relationships established with local surgeries.

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 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training about the MCA. People were asked for consent before care and treatment.
- Staff involved relatives and those who knew people best.

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

- The premises were spacious and suitably adapted for the people who lived there. There were some aspects of dementia friendly design although the service would benefit from further work, for instance completion of memory boxes.
- People could choose where they spent their time and there was an accessible outdoor space. Two relatives felt more could be made of the outdoor space in summer.
- People's rooms were well kept and furnished to their tastes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

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

- Staff were kind and patient with people. We observed gentle interactions with people by staff at all levels, including non-care staff. It was evident some staff had built up strong bonds with people.
- People acted in a calm, relaxed manner around staff. Likewise, staff knew people's wants and habits and responded warmly to them. One relative told us, "When [person] has stumbled staff give her a cuddle and let me know they have reassured her. Carers are always proactive and show an interest in how she used to be. They will always ask if she wants the door open and respect her wishes. There is a memory book and staff go through it with her and keep reminding her. They are very respectful." Another said, "When [person] was talking about Christmas cards and who they wanted to send them to, they wanted nurses and staff members included."

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

- Staff showed genuine concern for people and ensured people's rights were upheld. We saw staff supported people discreetly and people told us staff respected their privacy and dignity. One relative said, "[Person] has a tendency for mood changes and agitation and staff will watch that and attend, observe and distract to calm her." We observed this happening during our inspection.
- Staff respected people's need to take their time and to have space and privacy. They balanced this with the need to deal with a busy workload. One relative said, "They always show patience and dignity. They always knock before going into [person's] room and respect the fact that they might change their mind a lot."
- Staff supported people to maintain their independence and understood that everyone had differing levels of independence.
- People were supported to make day to day choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 and supported to take part in activities on a daily basis. The service employed two activities co-ordinators who, between them, were on site seven days a week. During our visit there was a well-attended quiz and evidence of recent and planned activities, festive and otherwise.
- Staff worked hard to provide a variety of activities, despite the reduction in the use of entertainers and visiting groups, due to the pandemic.
- People were encouraged to maintain relationships that were important to them. Numerous relatives visited during the inspection and there were systems in place to ensure people could see their relatives despite changing national guidance. All relatives we spoke with confirmed staff went out of their way to facilitate visits. One said, "During COVID, video calls have been arranged. The activities people have been superb to arrange them – that has been particularly positive."

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

- Care plans contained sufficient information about people's health needs, medical histories and preferences. Staff and other professionals could therefore understand the support they needed. Care plans were personalised and reviewed to ensure major changes were updated. One relative said, "The home is very proactive and I can't fault the care they give. Since [person] has been there she has thrived."
- Daily notes documented tasks performed to support people's health and wellbeing. At times these daily notes were difficult to follow due to the paperwork itself being unclear in terms of dates and times. The provider was already aware of this and assured us they would address them. Some Do Not Attempt Cardiopulmonary Resuscitation (DNAPCR) records were in need of review. The provider committed to raising this with relevant external clinicians.

Improving care quality in response to complaints or concerns

- People and relatives could raise concerns should they need to. Relatives and staff felt confident in how the registered manager would deal with any issues brought to them.
- Complaints received had been low in number and relatively minor. They had been investigated in line with the provider's procedures.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. We observed staff interacting with people in a way that demonstrated they understood their verbal and non-verbal individualities. Staff were able to support people when their needs changed by understanding how they preferred to communicate.
- Documentation could be produced in accessible formats when required.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care. The provider had procedures in place to discuss and plan for people's wishes at the end of their lives. Staff had received training and demonstrated an understanding of how to support people at this important time, and the use of anticipatory medicines.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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; Continuous learning and improving care

- Auditing systems and processes did not always identify areas where improvements were required. Whilst there was no immediate impact in terms of people's health and wellbeing, there were areas that should have been identified through regular auditing. This included Do Not Attempt Cardiopulmonary Resuscitation (DNAPCR) documentation that the provider needed to raise with external clinicians, some instances of medicines administration practice that needed improvement, and record keeping that in some cases was difficult to follow, or contained gaps.

We recommend that the provider review auditing practices and responsibilities to ensure systems enable better assessing, monitoring and improvement of care and associated records.

- The management team were committed to improving the service, for instance through implementing an ongoing refurbishment programme, and facilitating high numbers of relatives visits in a short space of time.
- The registered manager and area support manager were open and responsive to our feedback and, where they could make immediate improvements, they did.
- The registered manager and staff team understood their role and responsibilities. They worked together as a team to meet people's needs and to deal with unforeseen circumstances such as changes to national guidance and staff shortages. The registered manager stated they had hoped to introduce 'champions' but had only been able to do so for infection prevention and control on the nightshift, given other pressures. The provider hoped to be able to introduce champions in other areas, as there were experienced staff whose knowledge could be better shared.

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

- The management team promoted a positive culture within the home. People and their relatives felt included and updated. Staff were dedicated to contributing to good health and wellbeing outcomes for people. One relative said, 'I can and I do recommend the home because of the care given and general atmosphere. They are a caring home.' Another said, "No complaints with the care and contact with family."
- People had developed positive bonds with staff at all levels. The atmosphere during the inspection was calm and, during activities, vibrant.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ensure people's opinions and individualities were considered. Activities coordinators held meetings with people and there were regular newsletters.
- The service worked in partnership with health and social care professionals who were involved in people's care. Feedback was broadly positive from these partners. The registered manager had worked with a local university to analyse mealtime experiences – they were awaiting the results of this piece of joint working at the time of inspection.
- Staff we spoke with felt supported by the management team. They acknowledged the strain the pandemic had placed on all staff and gave praise to the registered manager for their hands-on support.

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 management team understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. Notifications had been provided to CQC. One notification lacked sufficient detail – this was fed back to the provider during the inspection.
- The registered manager was open and honest about the service. The area support manager was able to demonstrate that they were already aware of some of the areas for improvement we identified.