Gainford Care Homes Limited

Lindisfarne Seaham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Lindisfarne Seaham is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home provides personal and nursing care for up to 62 people some of whom are living with dementia. The home is on three floors serviced by a lift and it separated into four separate areas. When we inspected there were 46 people living at the home.

This inspection took place on 19 and 21 September 2018 and the first day was unannounced.

At our last inspection on 21 and 24 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. The home was meeting the requirements of the fundamental standards.

People, relatives and staff felt the service was still a safe place. People were protected from the risk of abuse because staff understood how to identify and report it.

We received mixed comments about staffing levels. Management were monitoring and increasing staffing levels to meet the needs of people in the home.

People received their medicine safely and were supported to access the support of health care professionals when needed.

Where risks were identified to people who used the service or to the environment these were assessed and plans put in place to reduce them. Accidents and incidents were analysed to identify trends and reduce risks.

People's needs had been assessed both before and after their admission to identify their care needs.

Staff were well supported and received the training they needed. Training levels were closely monitored and there were high levels of completion. Training was also being developed to give staff more opportunities to reflect on their practice.

People received a varied and nutritional diet that met their preferences and dietary needs. The service provided a range of nutritional food and drink which were adapted for different diets.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People told us they thought the service was very caring and we observed compassionate and caring interactions between people and staff. People told us, and we observed, that care was delivered with dignity and respect and people were supported to be as independent as possible.

Care plans were very detailed and reflected people's needs and preferences. Care plans were evaluated regularly and included meaningful information about people's needs.

People were actively engaged in a range of activities and had regular opportunities to access the wider community.

Feedback on the service was encouraged in a range of ways and was positive. People told us they did not have any concerns about the service but knew how to raise a complaint if needed.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement. We saw on-going improvement plans being put into action.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lindisfarne Seaham

Detailed findings

Background to this inspection

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

This inspection was a comprehensive inspection. It took place on 19 and 21 September 2018 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector, a specialist advisor with a specialism in nursing and an expert by experience with a specialism in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales.

We contacted the local Healthwatch team and obtained information from the local authority commissioners for the service, the local authority safeguarding team, and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who lived at Lindisfarne Seaham. We spoke with the regional manager, registered manager, two nurses, eight care workers and the administrator. We also spoke with 10 relatives and two visiting professionals.

We looked around the home and made observations of people and staff interacting. 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 viewed a range of records about people's care and how the home was managed. These included the care records of five people in detail, medicine administration records for nine people, recruitment records of four staff, training and supervision records and records in

relation to the management of the service.

Good

Is the service safe?

Our findings

People told us they still felt safe. One person told us, "I've always felt safe because I am well looked after and I've got no grumbles at all." Another said, "I have always felt safe here. The staff are great and I do know the main door has a lock on it to keep us in and people out."

Staff had received training in safeguarding and whistleblowing and told us they were confident about following the provider's policies and procedures and referring to other agencies, such as the local authority safeguarding team. Where safeguarding issues were identified these were reported and investigated. The provider was looking to develop a whistleblowing 'App' for staff phones so that these concerns could be reported to senior management at any time without delay.

The provider continued to follow safe recruitment procedures, which were thorough and included necessary vetting checks before new staff could be employed.

Risks to the people's safety and the environment continued to be safely assessed and plans were in place to mitigate these. For example, fire risk assessments were in place with personal emergency evacuation plans (PEEPS) for each person Service and maintenance checks, such as for electrical testing and gas servicing. The home analysed accidents and incidents to identify trends and put measures in place to reduce the risk of these recurring. Flash meetings were used to address and share learning from previous errors and incidents.

We received mixed comments about staffing levels. Prior to our visit we had received information that staffing levels had reduced in the home and during the visit we received feedback from relatives and staff about this. One staff member told us, "When two staff are assisting someone it leaves the lounge with no staff." Another said, "If people need changing they have to wait for another staff to come over." Relatives also said, "There could be more in my opinion because sometimes there are only two or three carers and on break times there may only be one, so I think there should be more." People who used the service told us, "Yes, I don't think there are any problems because if you need help the staff deal with it quickly in my opinion." Another said, "Yes, I honestly think there are enough because I haven't had any problems and I think I'm looked after well all the time."

We discussed these concerns with the registered manager and the regional manager who explained that people's levels of dependency were assessed and the staffing levels set accordingly. Occupancy and dependency in the home had reduced and therefore the overall staffing had reduced to reflect this. The registered manager explained that contingencies were in place to ensure that staff never had to leave areas unattended, for example when on duty the registered manager could be called to provide cover, as could staff from other areas of the home. On the days of our visit people were attended to promptly and we did not observe anyone being left without timely care. Staffing levels were being monitored and reviewed as more people were admitted to the home.

Medicines were managed safely. We checked medicine administration records (MAR) and observed people

being given their medicines. Staff had received training and had regular checks to ensure they remained competent to administer medicines. We saw that medicines administration was tailored to the person's needs and preference, for example given with Horlicks or given with a drink that had been chilled for an hour to ensure it was the temperature the person preferred.

The home was clean, tidy and there were checks in place to reduce the risk of the spread of infections. For example, the cleanliness and safety of mattresses were regularly checked. Staff used personal protective equipment when required.

Good

Is the service effective?

Our findings

People told us they still felt that staff had the knowledge and skills to complete their roles effectively. One person told us, "Yes, I'm very pleased with the staff, they take good care of me and seem good at their jobs but I honestly don't know what training they do." Another said, "Yes, I would say they definitely know enough to do their jobs because I feel that I get looked after really well."

Staff had received a range of training covering core courses such as moving and handling, health and safety and equality and diversity, and also training tailored to meet the needs of people living in the home such as, epilepsy, dementia and conflict resolution. Training records demonstrated a high level of completion for the courses but staff told us they sometimes felt overwhelmed by the volume of training. We spoke with the management about this and they told us there was a new training system with a focus on assessing ongoing skills and competency, which would improve the training experience for staff.

People were still supported to have nutritious meals that were adapted for special diets such as diabetic, textured and for those people at risk of malnutrition. People were offered choices and given as much assistance as they required with their meals. One person told us, "I eat all my meals in the dining room and I fend for myself but others do get help from staff. I really enjoy all my meals as the food is good and there's always a choice." Relatives were complimentary about the meals saying, for example, "The staff take [family member] to the dining room in a wheelchair and he is encouraged to eat on his own. From what I have seen the food is nutritionally balanced and the portions good."

People's needs were assessed and support plans were created where needed. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted in line with legislative requirements and good practice. Individual choices and decisions were documented in the care plans and they were reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority and to monitor when these were granted. We saw people had the required MCA assessments and best interests decisions in place. Staff had a good understanding of people's capacity and how to support them to make daily choices. We observed staff asked for people's consent before engaging in care tasks.

Staff supported people to access health care services when required. Records showed people had input from a range of health professionals. These included GPs, specialist nurses, community nurses and speech and language therapists (SALT). Where specific recommendations had been made these were incorporated into people's care plans to help ensure they received the care they needed.

The home had been adapted to make it easier for people living with dementia to orientate themselves. For example, clear signage, areas of the home had been themed with murals on the walls, and contrasting

colours used for handrails and toilet seats.

Good

Is the service caring?

Our findings

People who use the service told us, "The staff are wonderful and very friendly towards us all. If my door is closed they always knock before coming into my room. They all respect my wishes and I can't say any more really." Another said, "They are friendly and caring towards everyone as far as I can see. I don't need any help to shower or bath and if I need privacy the staff respect that."

Relatives also told us they thought staff were very caring and considerate of their family member's privacy and dignity. For example, a relative told us, "The staff are exceptionally caring towards my [family member] and if she needs changing they always close the doors so it's done in private." Relatives also told us, "The staff ensure that my [family member] is always clean and tidy. They treat him with the utmost respect." A third said, "They treat my [family member] like a human being."

We observed staff to be very caring and to deliver care compassionately. One staff member told us, "My role is to support the residents to do as much as they can for themselves so that they can maintain their independence and have control over their lives." They went on to say, 'We are guests in the residents' home and we are here to make sure that they get the best care at all times."

We saw that people were actively involved in choices about their care and had opportunities to express their views. People and relatives told us that the plan of care was discussed with them and they were invited to reviews about the care. We saw that people's views and preferences were recorded in their care files, including any communication needs, religious and cultural preferences.

People and relatives told us staff prompted independence. For example, one relative told us, "The staff encourage my husband to be as independent as possible but they do know his limitations which is great." The registered manager gave an example of how someone who had a PEG (short for percutaneous endoscopic gastrostomy) feeding tube was encouraged to eat and drink small amounts orally, with agreement from the professionals involved in their care. Ultimately their needs reduced until the PEG was no longer required, the person could eat independently and they no longer needed nursing care.

We saw that records were securely stored and that staff understood the importance of confidentiality.

People were supported to access advocacy services when needed. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

People and relatives told us they were involved in planning care so it was person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Care plans were detailed and reflected people's needs and preferences. They covered a range of areas including: skin integrity, nutrition, mobility, mental health, personal care, continence, medication and mental capacity, and were reviewed with people regularly to ensure these were current and accurate. People and relatives told us care was delivered in the way they wanted and needed it. Comments we received from relatives included, "I often speak to the staff about [family member's] care plan and they give me all the answers to my questions, as an example about their weight", and "I am involved in all aspects of my [family member's] care, I usually speak to one of the nurses and there have been no problems, the staff are brilliant."

The home continued to provide a range of meaningful activities. The activities co-ordinator was not present in the home on the days of our visit but we saw that there was a programme of activities and people told us these met their needs and preferences. Improvements had recently been made to the home to provide a bar and pool room and a large activities room. The gardens had also been improved to feature raised beds and rabbits to make the outside area more interactive and useable. People told us, "I get really involved in the activities, I like to play pool, darts, bingo and I enjoy the singing. There's plenty going on every day and I get out into the garden when I can." Another said, "I like to play cards and dominoes but I'm not into bingo and that. I go out in the mini bus and we went to the Tall Ships in Sunderland the last time."

People and relatives we spoke with were confident about the way their concerns and complaints would be addressed. People told us if they did have concerns they would report them straight away. One person told us, "I know who I would go to, the manager, but I have no reason to complain, I'm very happy living here." A relative said, "We have had no complaints whatsoever whilst my [family member] has been here but if I had a reason to complain I would speak directly to the manager." We saw very few complaints had been received and there were policies and procedures to ensure that these were responded to in set timescales.

At the time of our visit no one in the home was receiving end of life care, however we saw that staff had training in this area. Plans were in place reflecting people's wishes in relation to care at the end of their lives.

Good

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People and relatives told us they felt the home had a caring and open culture. One person told us, "[Registered Manager] is very friendly and easy to speak to." Another told us, "I've spoken to her [Registered Manager] on lots of occasions and she is very pleasant." Relatives told us, "I know [Registered Manager] well, she knows my name and always speaks and I believe she cares about people's opinions" and "[Registered Manager], who I would describe as very friendly and seems to have plenty of time listening to any issues in relation to my [family member's] care needs."

Staff told us the management were generally approachable and responsive. One staff member told us the registered manager was, "Visible in the care home and that she makes sure that she walks about the care home every day." Another member of staff said, "The manager has a lovely way with the residents." However, there were some mixed views in response to how concerns about staffing levels had been managed, one staff member commented, "Some of our concerns fall on deaf ears." When we raised these concerns, the registered manager stated that staff had opportunities to raise their concerns, but agreed to improve avenues for staff to discuss staffing issues and to have a comments box available to everyone so that views could be shared anonymously if needed.

Views from people, relatives and staff continue to be gathered through a range of methods including regular meetings and satisfaction surveys, comments from which were responded to and displayed so that people and staff had access to these.

There was a robust programme of audits in place with regular checks being made on areas such as medicines, health and safety and infection control. Audit results were monitored closely by the regional manager and action plans were put in place to address any shortfalls. Actions from external audits were recorded and met as part of this system. The process identified lessons learnt and practice improvement points which were then implemented.

Health and social care professionals we spoke with were complimentary about the way the home communicated, worked in partnership with them and managed people's complex care needs. The home had made links with local community groups such as schools, local colleges and religious groups.

The registered manager had notified the CQC of all significant events which have occurred in line with their legal responsibilities.