

# Gainford Care Homes Limited

## Lindisfarne House

### 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

### About the service

Lindisfarne House is a care home providing personal and nursing care to 55 people aged from 65 and over at the time of inspection, 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

People and their relatives were very positive about the support provided by staff. Relatives told us that the service included them and created a positive environment for people. A relative told us, "My mum has been very well cared for, they're (the staff) are just like family."

People's care needs were assessed and reviewed regularly to ensure all support needs were met. Staff worked with people, relatives and other healthcare professionals to provide an individual care package. Care records showed advice and guidance from other agencies had been used to plan people's care. Care plans were very detailed and easy for staff to follow.

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. People were asked for their choices and these were incorporated into care plans.

Medicines continued to be safely managed. Staff followed best practice guidance and worked in partnership with other agencies to make sure people had continuous care.

Staff received regular on-going training and competency assessments. New staff received an in-depth induction to prepare them for their role. The registered manager continued to support staff with regular supervisions and team meetings.

The registered manager and provider continued to monitor the effectiveness of the service through robust quality and assurance systems. These systems allowed the service to address issues, provide action plans and improve the quality of care provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in line with our inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Lindisfarne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. 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 spoke with three people who used the service, four relatives and six members of staff including the registered manager. We reviewed the care records for two people, medicine records for four people and the recruitment records for two members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

# 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

- The premises were safe, but we did find that staff were storing items on fire escapes. The registered manager immediately cleared these and removed the risk.
- Risks people may face were fully identified and steps were put in place to remove or mitigate the risk. For example, risks associated with choking and falls. One staff member said, "I feel all risks are identified. There's always going to be risk that crops up and they are addressed as and when."
- People and their relatives told us they felt safe living at the home. A relative told us, "I'm confident and comfortable with (person) being safe when I leave." One person commented, "Yes I'm safe."

### Using medicines safely

- Medicines continued to be managed safely. We found that not all information from care plans had been placed into some people's medicine records. The regional manager and registered manager took immediate action with this and updated all records.
- Nursing staff had their registration details verified with the Nursing and Midwifery Council.
- Medicines were audited frequently and were stored in locked treatment rooms.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training around safeguarding and could tell us what action they would take if they identified any form of abuse.
- The registered manager investigated all safeguarding concerns and raised these with the local authority and notified the CQC. There were systems and policies in place to help reduce the risk of abuse to people.
- There was easy-read information available for people, relatives and visitors to access if they wanted to raise a concern.

### Staffing and recruitment

- Staff recruitment continued to be safe. New staff had appropriate pre-employment checks in place to make sure they were suitable for the role.
- The service had enough staff on duty to safely support people
- Staff competency was checked regularly, and management worked with new agency staff to make sure they were competent to deliver care. The deputy manager said, "We use agency nurses sometimes, so we go in to support them and get them used to the service."
- The registered manager and deputy manager worked a mixture of day and night shifts to make sure all staff were competent and delivering care safely.

### Preventing and controlling infection

- There was an infection control policy in place and staff were following this.
- Staff had access to appropriate equipment when supporting people. A staff member told us, "I've completed infection control training and we have access to aprons and gloves."

### Learning lessons when things go wrong

- The registered manager investigated all incidents fully. Outcomes and trends from these were used to improve the quality of care provided.
- We saw lessons learned were documented, shared and then embedded into the day to day tasks carried out by staff.



# 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.

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

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.

- For people who did not always have capacity, best interest decisions and mental capacity assessments had been completed for any restrictions placed on them. Staff had training around MCA.
- Assessments in place were decision specific and included involvement from relatives and other healthcare professionals. One staff member told us, "I've done a couple of best interest decisions for bedrails and we make sure the family are part of it."
- People were provided with choice for all aspects of their care planning. One relative discussed the assessment process and how every aspect of a person's life and support needs were assessed. They said, "Initially it was quite intense with the assessments and planning and now we are involved in reviews or any significant changes."
- The registered manager promoted best practice to staff and shared important updates and changes with them. People's support was delivered in line with best practice guidance and standards, for example the National Institute for Health and Care Excellence (NICE).
- Staff asked people for consent before providing assistance to people.

Staff support: induction, training, skills and experience

- New staff received a thorough induction from the provider which included all relevant training. One staff member commented, "Training is appropriate, and I have been doing a three month induction."

- Staff continued to receive regular refresher training and supervisions.

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

- Staff supported people to maintain a healthy balanced diet. People were referred to other healthcare professionals if staff identified a risk of malnutrition or choking.
- The service worked with relatives to find strategies to encourage people to eat and drink. One relative told us that the registered manager had supported the family to attend the home and have Sunday lunch with their relative. They said, "We go in at a lunch time on a weekend to help with her Sunday lunch. (Registered Manager) has supported this and I really appreciated it."

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

- People's care records showed involvement from other healthcare professionals, for example the GP and dietician.
- Care plans included advice and guidance provided from other agencies, for example the Speech and Language Therapy (SALT) team, to provide people with a consistent level of support. One relative told us about the SALT assessment a person had and how the service was following the advice provided. They told us, "They have thickeners in her juice and give her support when she's eating food."

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

- The service was appropriately adapted for people to access without difficulty. There was clear signage around the home to help people find their way around.
- The premises were nicely decorated and were dementia friendly, for example there were memorabilia items around the home so people could reminisce and start conversations. One staff member said, "It's a positive environment and it makes for positive outcomes." Relatives told us the service felt homely and welcoming.

# 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 partners in their care.

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

- People and their relatives told us that staff were friendly, caring and kind. One person said, "They look after me ". Relatives told us, "They treat her with respect and kindness."
- Observations between staff and people were positive. One staff member commented, "The care is really good, we are all caring. The staff are really good hard workers."
- Equality and diversity policies were in place at the service to ensure that everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief.
- Staff told us they supported people to attend religious meetings if they wanted and to continue to follow their cultural rituals.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were detailed and person-centred. People's needs were reviewed regularly or when people's needs changed. People's preferences and choices were documented in care records.
- Care records showed people, relatives and staff worked together to plan people's care. A relative said, "(Person) gets involved in his planning himself. We're included in reviews with him with the nurse and the manager."
- The service promoted advocacy and there was information available for people and relatives to access these services. Advocacy services are used to support people to express their views and choices when they may not be able to fully do this themselves.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity whilst supporting them. A person commented, "When they wash me they cover me up so I'm not on view."
- Staff encouraged people to be as independent as possible. One relative told us, "They do try to let her do as much as she can for as long as they can. (Person) can still brush her hair but she drops the brush so they hold it for her."
- Staff were respectful of people. We observed staff knocking on people's bedroom door before entering and asking permission to enter.

# 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.

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

- Care plans reflected people's individual choices and showed involvement from relatives and advocates. A staff member said, "We involve families with care planning and we provide updates. We get on really well with the families."
- People and their relatives told us they were involved in care planning. One relative commented, "They (the staff) are very responsive and have good communication with us which is really good."

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.

- People's communication needs were assessed and detailed in their care records.
- Staff were aware of AIS and provided us with specific examples of how they communicated with people. For example, a staff member told us about one person who no longer had their full vision. They told us that when talking to them they would go to their level, face to face, and explain information and take their hand wrap it round the cup, so they didn't drop it.

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 take part in activities that were meaningful to them. During our inspection we saw staff spending time with people on a one to one basis. A member of staff said, "We have time to talk and have cuppas with people. We have the time to do nice things with them."
- People told us about activities they enjoyed at the service. One person told us, "We talk, sing and dance." During the inspection people went on a trip to the local shopping centre.
- People told us they were encouraged to have social relationships within the home and in the local community. One person commented, "I sit with the other lads and we have a good chat. Dominos is good fun."

Improving care quality in response to complaints or concerns

- The registered manager investigated all concerns or complaints fully in line with the provider's complaints policy. Lessons learned from these were shared with staff via team meetings and supervision sessions.
- People and their relatives were aware of the complaints policy and this was available in easy-read format within the home. A relative said, "I'm familiar with the complaints process and would speak to the manager."

#### End of life care and support

- At the time of inspection no one was receiving end of life support from staff. People had their end of life wishes assessed and care plans were created from these.
- Staff had training around delivering end of life care and had previously delivered this at 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us the registered manager had created a positive staff culture. One staff member said, "All staff are lovely, we are all like a little family get on really well."
- Staff told us that they were happy and fully supported in their roles, which meant they could deliver a high level of care to people. A staff member commented, "We get regular supervisions and appraisals, that's one thing I like. If you need the manager she's there even for a chat. She always has time for you."
- People and their relatives told us that all staff were approachable, and the service was always welcoming. One relative told us that staff went the extra mile to help them visit their relative. They had a wheelchair kept at the service so that they could use this to independently visit their relative.

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 and staff apologised to people if things did go wrong. Investigations into incidents were fully recorded and used as a learning tool to improve the overall quality of care provided.

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

- The registered manager was fully aware of their legal responsibilities and was working to improve the service as much as possible.
- During the inspection the registered manager, regional manager and deputy manager all engaged with people positively. Staff told us that the management team were very hands on and could advise on anything. A staff member said, "(Registered manager) is very supportive and very approachable."
- There was an effective governance framework in place and the registered manager carried out audits of the service regularly to monitor the quality of care provided.
- Lessons learned from investigations and audits were used to improve the quality of the service.

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

- People and relatives told us they were asked to attend resident meetings and completed surveys. One relative commented, "They always ask for feedback and input."
- Staff were engaged by the management team and asked for their feedback about the service and ways to improve. One staff member told us, "We have regular staff meetings and we have flash meetings."

- Feedback from people, relatives and staff was used to improve the service and was added into the overall improvement plan for the service.

#### Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.
- We saw involvement from other health care professionals in people's records.