

Gainford Care Homes Limited

Lindisfarne Crawcrook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lindisfarne Crawcrook provides personal and nursing care for up to 60 older people and people living with dementia. At the time of this inspection 53 people were living at the service.

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

Relatives felt communication could be improved particularly around responding to questions. Interactions we saw between people and the staff team were very positive. The area manager was working with staff to improve their communication techniques.

People were treated with kindness, dignity and respect. People told us the care was safe and they were happy at Lindisfarne Crawcrook.

A review by the provider and visiting professionals identified improvements were needed. The provider had deployed a range of additional resources, such as two area managers and maintenance team to the home to support staff make the necessary improvements.

The provider and area manager were in the process of improving medicines management. Further action was needed to ensure all the identified improvements were made and then changes in practice embedded.

Care staff, in general, adhered to COVID-19 guidance on working in a care setting. Staff had undertaken training in putting on and taking off PPE, but this needed to be refreshed. The area manager immediately ensured staff received additional infection, prevention and control training.

Overall people were protected from harm as risks had been assessed and plans put in place to mitigate these. They provided staff with guidance on the actions to take to reduce the risk but at times this needed to be more detailed and cover all risks. Staff working with people on the residential unit needed clearer guidance around when to contact health professionals if people's needs changed.

People's care records were in the process of being reviewed to ensure they reflected people's current needs.

People were protected from abuse by staff who understood how to identify and report any concerns. The area manager was ensuring all appropriate referrals were made to the safeguarding team.

The provider's governance arrangements had identified improvements were needed in the home. The provider had employed external parties to undertake additional audits in the home. These had failed to pick up gaps in staff practices identified through the auditing process. The area manager was working with staff to change the culture at the home and equip staff with the confidence to take ownership for all aspects of the day-to-day management of the home.

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 10 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about managerial oversight, medicines management and record keeping. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions safe 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.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulation in relation to managing the risks to people's health and safety at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.

Details are in our safe 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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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

An inspector completed the inspection.

Service and service type

Lindisfarne Crawcrook 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 who was 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with the owner, regional director, two area managers, two nurses, three senior carers, nine care workers, a domestic staff member, the cook, the kitchen assistant and the administrator. We observed how staff interacted with people using the service. We contacted nine relatives following the visit.

We reviewed a range of records. This included six people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Using medicines safely; Preventing and controlling infection

- Medicines were not always managed in a safe manner. Audits had identified errors such as missed signatures or when people had declined their medicines these were not being discarded correctly. Staff were not following the providers procedures to date items when opened such as fluid thickener.
- Competency assessments for all staff who administered medicines were being reviewed and undertaken. The provider was providing additional resources to support staff improve the medicine management.
- The local medicine optimising team had recently reviewed the medicine systems and were supporting staff to make any necessary improvements.
- A local pharmacist completed an audit just prior to the issues being identified and they found no concerns. The provider was reviewing their contract with this company.
- Overall, all appropriate infection prevention and control guidance was being followed. Staff had received training around how to wear PPE correctly, despite this two night staff were observed to not being wearing face masks correctly. We discussed this with the area manager and they immediately ensured all staff had refresher training.
- The home was facilitating visits for people in accordance with the current guidance.

The provider failed to manage the risks to the health and safety for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Further guidance was required to direct staff providing residential care around when to seek further support from health professionals about changes in people's care needs. For example, the community health team had told staff to provide oral healthcare for one person as they were so unwell and having difficulty swallowing. This person had later improved but staff had not sought guidance as to whether the person could resume their usual food and drinks. We discussed this with the area manager who immediately contacted the local GP and requested a review for this person.
- Risk assessments were in place to reduce the risks to people's health. These included environmental and individual risk assessments which provided staff with guidance on actions they should take. The area manager was in the process of ensuring these were accurate and on the correct templates.

The provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service assessed people prior to them moving to the service to ensure the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained. The provider had recently reviewed the maintenance and décor within the home and made improvements to the environment. We noted the temperature in the upstairs area of the home was excessive, the owner immediately obtained a portable air conditioning unit to resolve this issue.
- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- The registered manager had not always followed the local authority safeguarding guidance about when to submit information about concerns such as unwitnessed falls where no injury was sustained. The area manager was ensuring all referrals were submitted.
- People we spoke with said they felt safe. Staff interacted with people in a kind and compassionate manner. One person told us, "They [staff] are a great bunch and I have no worries."
- Some relatives felt improvements could be made around communication as they were not always kept informed of any changes to people's needs. Overall, they told us staff cared for people's needs and were responsive, kind and kept everyone safe.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider regularly reviewed dependency levels and ensured staffing consistently reflected people's needs.
- Due to recent staff changes agency staff were being used, particularly at night. The manager and provider were working to recruit to vacant posts and ensured there was consistency in the care team.
- Our observations indicated that staff were prompt to respond to people's needs. One person said, "I have no concerns and there seems to always be enough staff."
- The provider operated systems that ensured suitable staff were recruited safely. We discussed with the area manager and administrator the need to current photographs of staff members were kept on file. The area manager confirmed the necessary changes would be made.

Is the service well-led?

Our findings

Well-Led – this means 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 now deteriorated to requires improvement. This meant over the last five months practices it was identified management, leadership and the culture of the service needed to be improved. The provider was taking action to address these issues and ensure they were embedded and sustained. .

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

- People and relatives were confident staff had the skills they needed to provide them with the right care. One relative said, "I always find staff helpful in caring for [my relative] and any issues I had were quickly addressed. I will also like to commend all staff, who under the difficult circumstances, remained dedicated, hardworking and as ever doing their caring duties."
- The area manager was currently overseeing the service. People commented they were approachable and acted swiftly to address any issues. One relative said, "We have had a few concerns over messages not being passed on or inadequate information given but this was dealt with by area manager rather than staff or the general manager."
- People had mixed views about how well the staff communicated with them. One relative said, "I feel that communication could be improved (especially when questions are asked or because of recent concerns and reduced visiting) - it would be nice to receive a response," and another relative said, "I have never had any concerns."
- Staff told us the area managers were approachable and had been making positive changes to the way the home operated. Staff told us, "Lots of things are going on at the moment but they are all to make the home better for the residents, so we are committed to putting them in place."

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

- The provider and area manager had reviewed their systems and processes used across the company. Audits had been strengthened, quality of care records had reviewed, and staff were supported to carry out their roles. Action plans were used to both identify and monitor when changes are made and if these improved the service.
- The area manager critically reviewed the service to determine how further improvements could be made.
- The provider had found practices within the home had led to staff being deskilled and becoming over-reliant on the registered manager. This had led to a culture whereby staff waited for approval prior to taking any actions. The area manager was in the process of ensuring staff had a clearer understanding of their roles and responsibilities.
- The provider made sure staff were held to account for their performance where required.
- Reports had been sent to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service worked in partnership with the local community and other agencies to improve people's opportunities and wellbeing.
- The service had openly engaged with various partners including the local authority and clinical commissioning group to review the service. They had taken on board all advice and were working closely with all partners to ensure the service deliver effective care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks.</p> <p>Regulation 12(1)</p>