

## Gainford Care Homes Limited

# Lindisfarne Crawcrook

### 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 Crawcrook provides accommodation with personal and nursing care for up to 60 older people and people living with dementia. At the time of this inspection 57 people were living at the service.

People's experience of using this service: Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles.

We found that staff were totally committed to delivering a service which improved people's lives in fulfilling and creative ways. Their drive and passion had created a dynamic and vibrant service.

Staff focused fully on the goals and aspirations of the people who used the service. People on the downstairs unit told us that the staff had enabled them to rebuild their relationships with family members and this meant a great deal to them.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were identified and external professionals involved if necessary.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

Staffing levels met people's needs. Staff had received a wide range of training including around working with people who may display behaviours that challenge. Checks were made on the ongoing competency of staff.

The cook and staff had received 'focus on under-nutrition' training. Staff were encouraging people who were under-weight to eat fortified foods. A range of menu choices were available.

People participated in a range of activities that met their individual choices and preferences. Staff provided the structured support people required.

The registered manager had acted on concerns and complaints and had taken steps to resolve these matters. All incidents were analysed and lessons were learnt and embedded into practice.

The service was well run. The senior managers and registered manager carried out lots of checks to make sure that the service was effective. The registered manager continually researched information about best practice and ensured staff practice remained at the forefront in introducing new guidance.

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

Rating at last inspection: Good (report published 20 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good.

Details are in our Well-led findings below.

# 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** An inspector and an Expert by Experience completed this inspection. 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. 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 was an unannounced inspection.

**What we did:** We reviewed information we had received about the service, which included details about incidents the provider must notify us about, such as abuse, feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and six relatives to ask about their experience of the care provided. We spoke with the registered manager, the two deputy managers, a nurse, a senior carer, six care staff, an activities coordinator, a cook, a domestic staff member and visiting

healthcare professionals. 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 six people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.



## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

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

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- A person commented, "Staff watch out for unwanted visitors and if there are any strangers about, staff are quick to notice that."

Assessing risk, safety monitoring and management.

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were well maintained.
- The provider used a Department of Health recommended risk assessment tool, which allowed staff to consider people's histories and current presentation to predict the current risk factors.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- A person said, "The staff do a fantastic job in keeping me safe and are worth their weight in gold."

Staffing and recruitment.

- There were always sufficient staff on duty to meet people's needs. At least two nurses and 12 care staff worked during the day and overnight two nurse plus at least six care staff were on duty. In addition to this, unit managers and the registered manager worked at the service.
- The provider operated systems that ensured staff were recruited safely.
- A person commented, "The carers and staff are fine with me and staff always tell me anything that's happened during the day on a regular basis and that in itself makes me feel safe."

Using medicines safely.

- People's medicines received the appropriate medications. Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required. Where people were prescribed medicines to take 'as and when required' very detailed guidance was available for staff to follow.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

- The registered manager and unit managers critically reviewed all incidents and ensured staff considered how lessons could be learnt. They made sure the service was at the forefront of introducing new practice and evaluating the effectiveness of this. For example, they researched falls prevention and found increased hydration reduced these accident and people's risk of developing pressure ulcers. Following this work they introduced hydration stations a few years ago and staff constantly ensure people are invited to enjoy drinks throughout the day and evening. The registered manager reported they had evaluated this practice and found it had achieved a reduction in falls and pressure ulcers.





## 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.

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.

- An in-depth assessment tool was used to monitor people's needs. The registered manager and staff ensured these informed the care plans.

Staff support: induction, training, skills and experience.

- Staff had the skills and experience to support people. They received a comprehensive programme of training.
- The registered manager encouraged staff to become lifelong learners and ensured the service was at the early takers of all training opportunities. This had led to staff completing various levels of national vocational training, including the deputy managers completing management courses. Also, five of the staff had recently been trained to become dementia champions.
- New recruits completed the Care Certificate, as a part of their induction and completed a week's worth of training plus shadowed experienced staff for their first few shifts.
- Staff had regular supervision and appraisals. Staff told us they felt supported.
- A person said, "I'm confident the staff have the right training to care for me and I've had no reservations or worries about staff making any mistakes with my care."

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

- Staff encouraged people who were under-weight to eat fortified foods. People had access to healthy diets and ample portions of food at mealtimes.
- The registered manager, cooks and staff had completed under-nutrition training and were able to purchase all the goods needed to provide fortified diets.
- A person commented, "Food is beautiful and it's very tasty too. You get lots of healthy meals on the menu that's good for your bones."

Staff working with other agencies to provide consistent, effective, timely care.

- Staff made sure the service met people's needs.
- Staff worked closely with other care professionals and made referrals in a timely manner. Visiting

healthcare professionals told us that staff adhered to all their guidance and always called them appropriately.

- A person commented, "I'm lucky to be looked after like this. The staff are good at arranging appointments and always make sure I get to see a doctor when I need one."

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

- The service was decorated in line with best practice guidance for people living with dementia.
- There were reminiscence lounges, destination points along the corridors and an enclosed garden area, which people regularly used.

Supporting people to live healthier lives, access healthcare services and support.

- People were seen by GPs when concerns arose and attended regular appointments with other healthcare professionals.
- People could gain early access to new treatments and, if they wanted, participate in trials of new medication. The registered manager had formed close links with all of the professionals including research nurses. Some of the research people had joined in had led to NICE guidance to use medications that slowed down the dementia process.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff asked people for consent before providing assistance and asked them what their choices were for meals and drinks.



## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with were happy with the care provided. Comments included, "The staff do a smashing job in responding to my needs and I'm lucky there are such places like this. Everything here is just normal and that's the way I like it to be."
- The registered manager, deputy managers and staff told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- Staff used humour to engage people and demonstrated they had taken the time to get know people in their care.
- Staff showed genuine concern for people's wellbeing. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.
- A person said, "The staff and carers are helpful and are there all the time for your needs. The staff find it easy to make friends with everyone quickly and in a nutshell this home has people who can do the job well."

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

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. Staff recognised when people wanted help to decide and acted as sounding boards for individuals to work through an idea and the potential consequences.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence.

- We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role.
- Staff treated people with respect and valued them as individuals. For example, one person had moved to the service who had previously had a very active social life and staff had ensured this continued so they went

out most days with carers or their relatives and friends.

- We observed the staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations and we heard lots of laughter throughout the visits. We found there was a calm relaxed atmosphere within the home. A person commented, "The staff are very caring and sincere and try and get to know you like a family member."



## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.
- People told us that the staff were good at their job and really went the extra mile to ensure they led meaningful lives. One person told us how staff had helped them to maintain relationships with their family and this had a positive impact on their life.
- We found people were engaged in meaningful occupation and the staff had tailored activities to stimulate each person and entertain individuals. The activity coordinator organised a wide range of entertainment and different projects for people to join.
- People's needs were identified, including those related to equality, and care plans created which were detailed and individualised, which reflected their own personal choices for the support provided by staff, that were regularly reviewed. A person commented, "I think the staff really care for you like a family and have the required knowledge and training to carry out this care effectively. I'm so very lucky to take the full benefit from this."
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "Staff always let us know if there is a change or a concern."
- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.

Improving care quality in response to complaints or concerns.

- People had access to information on how to make a complaint and we read that where people had complained, these had been investigated and responded to.
- All concerns, as well as any complaints, had been acknowledged, investigated and responded to by the registered manager. People we spoke with told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction. A person said, "If I have any issues, staff are on my back straight away to resolve it."

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.



## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- We found that the director was very involved in the service and visited regularly. They also had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made.
- The registered manager constantly kept abreast of new developments within care and always ensured the latest best practice guidance was implemented. They were committed to creating an innovative service.
- The registered manager had formed strong links with the local university nursing department and Trust research nurses. Thus, students regularly completed their nurse placements at the service and the registered manager made the latest research information available for staff to review.
- The registered manager and deputy managers had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- A staff member commented, "We all work well as a team and this is the best place to work."
- Staff told us they felt listened to and that the registered manager and deputy managers were approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

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

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they created dementia champions who worked with people and staff to make the service an environment where everyone felt valued.

- A person commented, "The management have things well in control. The staff are very caring and sincere and try and get to know you like a family member."

#### Continuous learning and improving care

- The quality assurance system included lots of checks carried out by staff, the registered manager and the regional manager.
- The provider, registered manager and unit managers provided very strong leadership and their constant critical review of the service had led to year-on-year improvements. They, in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they remained at the forefront of best practice.
- Feedback from people confirmed that they felt listened to and integral to the service development.

#### Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people. One staff member said, "We work really well with the local GP who visits weekly. We also have a good relationship with community nurses and if we have any concerns, they are always available on the phone or will visit."