

# Gainford Care Homes Limited

## Lindisfarne Birtley

### 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 Birtley is a residential care home which provides older people with nursing and personal care. The home can accommodate up to 66 people. On the day of our inspection visit, 65 people were using the service.

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

People and their relatives told us the care was safe and they were happy at Lindisfarne Birtley. Medicines were managed safely, there were enough staff on duty and staff were recruited safely. People were protected from abuse by staff who understood how to identify and report any concerns. People were protected from harm as risks had been assessed and plans put in place to mitigate these.

Nurses and senior care staff carried out detailed assessments of need to ensure the home could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained and they were well supported and supervised by the management team. The service worked well with community healthcare partners to ensure people received healthcare support where needed.

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.

Interactions we saw between people and the staff team were very positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

People received personalised care that was responsive to their needs and preferences. People were supported to engage in activities to reduce their risk of social isolation. The home had its own choir and also supported people to access the community. People and their relatives knew how to make a complaint, although nobody we spoke with had any.

There was a clear management structure and staff were supported by the registered manager. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed. There were effective systems in place to monitor the quality of the care provided.

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 27 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindisfarne Birtley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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 Birtley

## 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 undertaken by one inspector and an Expert by Experience. 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 Birtley 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 11 people who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff including; the registered manager, deputy nurse manager, a nurse, two senior carers, two care workers, and the maintenance person. We also spoke with the providers' regional support manager who visited the home during the inspection. We observed with how staff interacted with people using the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 good. This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. One person told us, "The staff are very good. When my relative goes home at night, they know I am safe and with good people."
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- 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 and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative said, "They all work as a team and talk to each other and they know so much about [Name] and they observe if they are not well. They have the same staff and not different ones coming in, which is important for [Name] as they have Alzheimer's. I wouldn't like [Name] to be somewhere where the staff are changing all the time."
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Medicines administration records showed people received their medicines regularly. One person said, "They are very good with the medication."
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to

them.

- The home was clean and there were no unpleasant smells.

#### Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents.

Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.

- Following disruption caused by poor pharmacy support, the service promptly worked with a new provider to ensure the service could be supported to receive medicines quickly.



# 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 good. 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's needs were assessed prior to their admission by nurses or senior care staff. Their needs and choices were documented. One relative said, "I remember filling in quite detailed forms about my relative, including what they had done through life and even things like what they like for breakfast."
- People and their relatives told us staff provided them with choices and respected their wishes.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training.
- Staff confirmed they were supported using training and supervision. The registered manager kept a staff training matrix which showed staff training was up to date.
- One relative said, "I know the staff are very aware of each person and their needs. The manager sets the tone in here, as a good leader would, and there is a good atmosphere."
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One person told us, "They always make sure I have the right food to eat because I am diabetic. If my blood sugars are a bit low, I get a cup of tea with sugar. I get a couple of sandwiches to eat during the night in case my blood sugars go down during the night."
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets. One relative said, "There's always a good selection of nutritious food, more than they can eat, probably. [Name] gets plenty to drink and they measure their fluid intake regularly."

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

- The service worked with other professionals to provide good coordinated care.
- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns.

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.

- An assessment of capacity took place prior to a DoLS application being made. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- The service obtained copies of lasting power of attorney (LPA) when people moved to the service. Where relatives or others were already designated as attorneys, the service ensured they saw the legal document that recorded this. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- We observed staff supporting people with day to day decisions and respected their choices.

# 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 good. 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.

- Staff treated people with kindness and respect. One person told us, "They are always nice and pleasant to you. The staff all care for you well."
- The registered manager regularly worked as part of the team. One person told us, "The manager will pop her head in and say hello, when she is on this floor. The manager comes up here a lot, because a lot of people need help with their dinner. She likes to make sure it's all running well."
- The service ensured that people's religious and cultural needs were met and respected.
- We observed staff treating people with warmth, compassion and kindness. One person said, "The staff here are all great, they are very good. They know what I want before I do."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

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

- Staff supported people to be involved as much as possible with making decisions about their care. Relatives told us they took part in discussions about the person's care and support needs. One relative said, "The staff respond if I ask them things. I don't often have to ask them things, because they keep me in the picture."
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.

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

- People were supported to maintain their independence. We observed staff assisting people to manage their own care, as much as possible.
- We saw one person liked to complete simple household tasks, which the care staff encouraged them to do. The person said, "I like to help people."
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.

# 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 good.

This meant 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

- Care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Care plans were reviewed regularly and reflected people's current needs.

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

- Staff respected people's right to family life and avoid social isolation. Relatives were welcomed into the service. One relative said, "I am always greeted nicely by the staff and welcomed anytime."
- The service employed two activity co-ordinators. We saw they were looking at new opportunities to develop the activities at the home. One of them was attending an external training event the following day on the use of activities for those people who were bed-bound.
- Several people told us they enjoyed the choir that the service ran as well as visiting entertainers.

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.

- Staff understood people's communication needs. We saw staff members showing people the choices of lunchtime meals via two small plates.
- Information around the home provided people with knowledge about events.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. The provider had a robust complaints policy in place and this was made clear in the service user guide and in communal areas (along with other pertinent information, such as health and well-being advice).
- One relative said, "The manager has an open-door policy and you don't feel that you can't see senior staff. They will always come back to you if they are busy. We have never had to complain. We have made a few

observations, the staff usually react immediately. They listen to you."

#### End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life care. People's preferences were detailed in their care plans.
- At the time of our visit, someone was close to the end of their life. The nursing staff told us they had all medical interventions available to support the person to be comfortable. We witnessed staff caring for visiting relatives and ensuring their privacy and dignity was maintained.
- Staff carried out observations to ensure people were not suffering from pain and accessed healthcare services out of hours when required.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- One relative told us, "When I came to look around here, I was told that I mustn't feel that I was losing a member of my family, because you are becoming a member of our family."
- The service involved people and their families in day to day discussions about their care and support. Family members told us that they felt reassured and very comfortable with the management at team at the service. One person told us, "I have been to one residents meeting and it was quite interesting hearing other people's point of view."
- Staff told us they felt listened to and that the management team were approachable. Staff told us, "We are one team, one family. We look after each other."

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

- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.
- One person told us, "I see the manager every day. She always says hello to you and checks on the staff."
- A robust quality assurance system was in place to review the service and drive improvement. The registered manager had responsibility for ensuring quality monitoring standards within the service were continually developed and improved outcomes for people.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The service worked well with the local university to support student nurses on placement at the home. We saw feedback from students about the "welcoming and supportive" environment provided by the home.