

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 is a care home providing personal and nursing care to up to 60 people. The service provides support to older people including people who live with a dementia. At the time of our inspection there were 44 people using the service.

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

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people, including managing people's medicines safely.

At this inspection improvements had been made and the service was no longer in breach of the regulation safe care and treatment as systems were becoming more robust to minimise the risk of harm to people.

Whilst improvements had been made since our last inspection in relation to the assessment and management of risk; at this inspection, further action was required with regards to the provider's quality monitoring system. We identified shortfalls with the recording of medicines, staff deployment, the provision of person centred care and the environment. These shortfalls had not all been identified or actioned in a timely manner by the provider's governance system.

People were safe but there were insufficient staff to support people in a timely and person-centred way. We have made a recommendation about this.

An infection control system was in place. However, not all areas of the home were well-maintained or clean and there were signs of wear and tear. We have made a recommendation about continuing with the programme of refurbishment in a timely manner, ensuring the environment is appropriately designed to meet all people's needs and an appropriate standard of hygiene is maintained.

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. Improvements were needed to the running of the service to ensure people were the main focus of care delivery and they received person-centred care.

All people and relatives were complimentary about the direct care provided by staff. They trusted the staff who supported them. They said staff, although, "very busy", were kind and caring and supportive of people and their families.

Most records provided detailed guidance to assist staff to deliver care and support to meet people's needs. Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively.

The provider was monitoring the use of PPE for effectiveness and people's safely.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

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.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 August 2021) and there was a breach of regulation 12 (Safe care and treatment). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that action had been taken in relation to regulation 12 and the provider was no longer in breach of this regulation. However, further improvements were required. Please see the safe and well-led sections of the full report.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan since the last inspection and to confirm they now met legal requirements. The inspection was also prompted in part due to concerns received about the high incidence of falls to people and staffing. 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.

We have found evidence that the provider has taken action to mitigate risks to promote people's safety but still needs to make improvements. Please see the safe and well-led sections of this report.

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 will continue to monitor the service and will take further action if needed.

We have identified a breach in relation regulation 17 (Good Governance).

You can see what action we have asked the provider to take at the end of this report.

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](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector and one 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 Crawcrook is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindisfarne Crawcrook is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who was in the process of registering with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started remotely off-site on 13 July 2022 and ended on 2 August 2022. We visited the service on 2 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we communicated with eight people who used the service and 16 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with nine members of staff including the manager, two deputy managers, three senior support workers and three support workers. We received feedback from two health and social care 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 five people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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

At our last inspection the provider had failed to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, improvements were required to some aspects of medicines management relating to record keeping and the provider was in breach of regulation 17.

- Some improvements had been made to the safe management of medicines. However, robust records were not always kept.
- Person-specific information was not in place for the use of topical medicines, 'when required' medicines and medicines to treat some complex health conditions.
- Thickening agents used to thicken food or fluids were not always well managed. Records were not available showing the administration of food and fluid thickener and for one person we could not be assured they were receiving the correct amount.
- Patch rotation records did not assure that patches were being rotated in line with manufacturer's instructions.
- Allergy recording across records was not always consistent.

The failure to ensure medicines records were accurately maintained to ensure people's care and treatment needs were met was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- People were safe but not enough staff had been deployed to meet people's social and emotional needs and provide care in a timely and meaningful way.
- The manager told us a dependency tool was used. However, staff appeared busy and care was task-centred. Relatives told us, "They [staff] are so busy I don't think they have time to sit and chat with [Name], there are buzzers going all the time", and "When I look in the lounge, they [people] are all sat there asleep. There are no real activities" and "I feel [Name] has gone downhill. I know it's the disease, but I also think it is lack of stimulation, there is nothing much going on".

We recommend the provider continues to keep staffing levels under review to ensure people receive timely and person-centred care.

The manager responded immediately during the inspection and told us they would review their staffing levels.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

#### Preventing and controlling infection

- An infection control system was in place. However, not all areas were well maintained or clean and there were signs of wear and tear.
- Some carpets were marked and stained and some areas especially to the top floor were showing signs of wear and tear. A relative commented, "I feel the Home upstairs is shabby and [Name]'s bedroom tired and worn."

We recommend the provider continues with a timely programme of refurbishment to keep people engaged and to maintain the cleanliness of the home.

The provider responded after the inspection and provided an action plan and a programme of refurbishment which included replacing some carpets.

#### Visiting in care homes

The manager followed government guidance with regard to visiting during the pandemic or an outbreak of Covid-19.

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

At our last inspection the provider had 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 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Systems to manage risks to people's health, safety and well-being were becoming better managed. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- There had been a substantial reduction in the number of falls to people. Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Lessons had been learnt and some aspects of service provision had improved as a result of the learning.

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

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the manager would respond appropriately.

- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments and best interests decisions were appropriately made and documented.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had made some improvements to their systems for monitoring the safety of the service, however, they had failed to identify issues found during the inspection and ensure the quality of the care some people received.
- Audits failed to identify issues identified at inspection including medicines records, staffing levels, staff deployment, infection control and the quality of care.
- People's experience was secondary to the provider's focus on delivering safe care. People were supervised but staff did not have time to keep them occupied or engage with them.

The provider did not have effective systems in place to monitor and improve the quality of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- Improvements had been made to communication since the manager had started at the service.
- Staff told us communication was more effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home.
- The management team took on board people's opinions and views to make improvements.

Continuous learning and improving care; Working in partnership with others

- The provider, management team and staff were improving the service for the benefit of people using it.
- The manager was appointed to the service since the last inspection and was working to make improvements to the service so people received safe and person-centred care.

- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person failed to ensure effective systems were in place to monitor the quality of care people received.</p> <p>Regulation 17(1)(2)(a)(c)</p>