

Gainford Care Homes Limited

Lindisfarne Newton Aycliffe

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 Newton Aycliffe provides accommodation with personal and nursing care for up to 56 older people. The home is split into three units across three floors. Residential and nursing care is provided to older people and people living with dementia. At the time of this inspection 52 people were living at the service.

People's experience of using this service: Improvements had been made to the service following our last inspection in March 2018. The provider and registered manager had improved the way people's topical medicines were managed, the cleanliness of equipment used in the home, the maintenance of the wheelchairs and the audits.

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.

Staff reported any safeguarding matters and the registered manager ensured these were investigated appropriately. 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.

People told us that the registered manager and staff listened to their views and that people's needs were met. Staff were not consistently recording capacity assessments and 'best interests' decisions. The registered manager had identified that further improvements could be made to the care records.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 15 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved and was rated Good overall.

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 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 Newton Aycliffe

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: Two inspectors, an inspection manager 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 Newton Aycliffe 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 10 people who used the service and eight relatives to ask about their experience of the care provided. We spoke with the registered manager, the deputy manager, a nurse, six care staff, an activities coordinator, a cook and a domestic staff member. 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, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Is the service safe?

Our findings

In January 2018 we rated this key question as requires improvement. At this inspection we found the service had improved.

Safe – this means we looked for evidence that 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 and training in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- A staff member commented, "I've done all the training on that. Issues can be anything to another resident being physical with another resident. It depends on what the situation is."

Assessing risk, safety monitoring and management.

- Care plans contained explanations of the control measures for staff where people required support to reduce the risk of avoidable harm.
- The environment and equipment were safe and well maintained. Plans were in place to ensure people were supported in an emergency. A relative said, "I do feel my relative is safe and secure. They rang me to ask if they could raise the sides of the bed."

Staffing and recruitment.

- Sufficient staff were on duty to meet people's needs.
- The provider operated systems that ensured staff were recruited safely.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.

Preventing and controlling infection.

- Staff had received infection control training and used aprons and gloves to prevent the spread of infection.

Learning lessons when things go wrong.

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed.

Is the service effective?

Our findings

In January 2018 we rated this key question as requires improvement. At this inspection we found the service had improved.

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.
- Staff had recently completed challenging behaviour training, which they had found very useful.
- New recruits completed the Care Certificate, as a part of their induction and completed a week's worth of training plus shadowed staff for their first few shifts.
- Staff had regular supervision and appraisals.
- The registered manager had a system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.

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 cooks had completed under-nutrition training and were able to purchase all the goods needed to provide fortified diets.
- People commented, "Food is beautiful. You get a choice most of the time, it's all very nice. Portions are okay and yes, it's hot. You get veg and different things. I like a tot of whisky at night. Cups of tea? Too many sometimes."

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

- Staff made sure the service met their needs.
- Staff worked closely with other care professionals and made referrals in a timely manner.
- A relative said, "The GP and the optician recently came to the home and staff made sure they were contacted quickly. The podiatrist has just come now. It all just happens which is nice. They are good at arranging appointments."

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, as well as destination points along the corridors, such as internal gardens and attractions.
- There was an enclosed garden area, which people regularly used and this provided meaningful occupation for individuals, as they worked in the garden.

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.

Ensuring consent to care and treatment in line with law and guidance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager 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.

Is the service caring?

Our findings

In January 2018 we rated this key question as requires improvement. At this inspection we found the service had improved.

Caring – this means we looked for evidence 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 were happy with the care provided. Comments included: "They reassure me and sit and talk to me" and "I love it here. The staff are like an extended family."
- Staff were constantly interacting with people and engaged people in meaningful conversations about their lives and experiences.
- The registered manager and staff supported people's human rights and promoted equality and diversity. People's care records contained information about their religious and cultural beliefs.
- Staff knew people very well, including their personal history and preferences and worked in a variety of ways to ensure people received care and support that suited their needs.
- A relative said, "The clergy comes in to residents – they try and make it weekly – the vicar or assistant comes in." The deputy manager discussed how they had previously supported people with different faiths and from different ethnic backgrounds.

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

- Staff supported people to make decisions about their care. A person said, "The Deputy showed me my care plan and asked if I wanted to be involved. I elected for monthly."
- 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.
- The staff worked well with the people who used the service and engaged people in conversations. We heard lots of laughter throughout the visits and found there was a calm and relaxed atmosphere within the home.

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

- Staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- Staff treated people with respect and valued them as individuals. A person commented, "They ask my permission, what my needs are and always knock before coming into my room."

Is the service responsive?

Our findings

In January 2018 we rated this key question as requires improvement. At this inspection we found the service had improved.

Responsive – this means we looked for evidence that the service 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.

- 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. Comments included, "Due to a health condition she needs dietary supplements to build her up. They manage her condition well. They seem to have got it stable through diet and regular food."
- People on the units were engaged in meaningful occupation and the staff had tailored activities to stimulate each person and entertain individuals.
- People commented, "Very good activities and entertainment. There are trips out but I don't like doing that now" and "Entertainment is lovely, there was a singer the other day doing a jukebox set."
- Care plans contained good personalised information, such as how to determine why a person was experiencing distress and how to support them with the negative impact of these experiences.
- People's needs were identified, including those related to equality, their choices and preferences were regularly reviewed. The service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People had access to information on how to make a complaint and where people had complained, these had been thoroughly investigated and resolved. People were responded to and overall people said that things were actioned immediately.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- 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 supported people's relatives and friends as well as staff, before and after a person passed away. A relative told us, "They never left my husband's mother – someone sat with her all the time. Staff even had dinner breaks with her when she was dying. The staff are definitely kind and compassionate. To do the job they do, they need a medal."

Is the service well-led?

Our findings

In January 2018 we rated this key question as requires improvement. At this inspection we found the service had improved.

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.

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; and how the provider understands and acts on duty of candour responsibility.

- The provider understood their responsibilities and the legal requirements.
- The provider was involved in the service and visited regularly. They had a senior management team who critically reviewed the service and determined what improvements could be made.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. A staff member commented, "We are a team and all work well together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and deputy manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- Staff told us they felt listened to and that the registered manager was approachable.
- People felt the registered managers closely listened to their views, took their comments on board and then, if appropriate implemented their suggested changes.
- The service was well-run. People at all levels understood their roles, responsibilities and their accountability.

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

- The provider and registered manager encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they created the sensory garden.

Continuous learning and improving care.

- The quality assurance system included a variety of checks carried out by staff, the registered manager and the regional manager.
- The registered manager constantly reviewed the service and in consultation with staff, people who used the service and relatives identified how they could enhance the service.

Working in partnership with others.

- People, relatives and visiting professionals had completed a survey of their views and the feedback had

been used to continuously improve the service.