Gainford Care Homes Limited

Lindisfarne CLS Residential

Inspection report

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Date of inspection visit:
07 July 2016
08 July 2016

Date of publication:
12 August 2016

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

This inspection took place on 7 and 8 July 2016 and was unannounced.

Lindisfarne Chester-le-Street Residential provides accommodation for up to 30 people who require personal care. It does not provide nursing care. The home is set in its own gardens in a residential area near to public transport routes, local shops and facilities.

At the last inspection in September 2013 we found there was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 – Premises. We asked the provider to take action to make improvements to the premises and this action had been completed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff who worked in the home had undergone the required checks to ensure they were fit to work with vulnerable adults.

We found staff had been appropriately trained to give people who used the service their medicines and staff had been checked to see if they were competent to do this.

There were regular checks including fire checks carried out in the building to ensure people who used the service were kept safe in the home.

Staff had been trained in safeguarding and any concerns about people were checked when the registered manager met staff for supervision meetings.

The home met the requirements of the Mental Capacity Act (MCA) and had made appropriate applications to the required body to deprive people of their liberty, where it was in their best interests to do so, and to keep them safe.

We checked people's weights and found that people who used the service had maintained their weight. This meant their food intake met their needs.

Relatives and people living in the home described the staff as very caring. We observed staff treating people with dignity and respect. Staff were able to support and calm people who were distressed.

We saw people's care plans were person centred and contained information specific to them. The care plans provided detailed information and guidance to staff to enable them to provide the right care for people.

The registered manager had put in place one page documents which detailed each person's like and dislikes as well as the sentences they would use to discuss issues. Staff were guided on how to work with people in a positive, encouraging fashion which avoid undermining their confidence and well-being.

Staff engaged with people who used the service during the inspection and provided activities throughout the day. We saw people respond positively to staff who spent time with individual people.

There had been no complaints since our last inspection. We found people knew how to make a complaint but they told us they had not felt the need to raise any concerns.

The manager used six values with the staff to drive the service. They were care, compassion, competence, communication, courage and commitment.

Compliments were given to us from relatives, people who used the service and staff about the manager.

We found the registered manager had carried out surveys to monitor the quality of the service. The surveys showed people were largely positive about the service.

We found the service worked with other professionals and family members to meet people's needs.

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.

Checks were regularly carried out on the building to ensure people who lived in the home were safe.

Staff who administered people's medicines had received appropriate training and had their competency to carry out the task assessed.

There were sufficient staff on duty to meet people's care needs.

Is the service effective?

Good

The service was effective.

Staff had the skills to defuse situations where people who used the service became distressed or agitated.

Staff were supported to carry out their roles through training, support and supervision.

The home had in place the appropriate safeguards to deprive people of the liberty, where it was in their best interests to do so, and to keep them safe.

Is the service caring?

Good

The service was caring.

Staff engaged people during our inspection in a meaningful way which encouraged and supported them.

We found staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and were aware of how to protect people's dignity.

Staff had been advised by the manager to protect people's confidentiality. We saw arrangements were in place to store people's information in a confidential manner.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained detail specific to them.

Staff engaged people throughout the day in activities or conversations which protected people from social isolation

Staff worked with other professionals and family members to ensure people received the care they needed.

Is the service well-led?

Good

We found records in the home had been well maintained and were up to date.

Staff and relatives were complimentary about the manager. The manager had instilled the 'six C' values into staff working practices. The six Cs were care, compassion, competence, communication, courage and commitment.

Surveys regarding the opinions of people who used the service, their relatives and staff had been carried out to measure the quality of the service. The responses were largely positive.

Lindisfarne CLS Residential

Detailed findings

Background to this 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 was planned to check 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.

The first day of the inspection was unannounced which meant that the staff and registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. No concerns about the service were raised with us by Durham County Council safeguarding or commissioning teams.

During the inspection we spoke with three people who used the service and carried out observations of people who were unable to speak for themselves. We spoke with five relatives and two professionals visiting the service.

We looked at four people's care files in depth and read the daily accountabilities file for people using the service. We reviewed three staff records.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We used this information to plan our inspection.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative told us they had, "Peace of mind" when they went on holiday knowing their relative was well cared for. We carried out observations of people who were unable to speak for themselves and found they did not display any anxiety in the presence of staff.

We found the provider had carried out appropriate checks on job applicants before they were allowed to work in the service. Prospective staff members who had applied for a post had completed an application form detailing their past experience, qualifications and training. The service had sought information to check the staff member's identity. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We looked at the medicine administration records (MAR) and found these were up to date and medicines were administered at the right times. On the MAR charts we saw people's PRN medicines (as and when required medicines) had been recorded, however we found there were no clear plans in place about when they should be administered. Staff on duty were able to tell us about people's signs and symptoms and they showed us the blank PRN plans. One member of staff queried if the PRN plans had been removed when new MAR charts had been put in file. During our inspection the staff put new PRN plans in place. We observed one person being offered their PRN medicine; they at first thought did not need any pain relief but then changed their mind. We saw they were given their pain relief as requested. We saw people's medicines were given to them with patience and kindness. Staff explained to people what the medicines were for and waited until people had taken them at their own pace.

We saw the medicines fridge daily temperature record and saw that all temperatures recorded were within the advised limits. The registered manager explained to us that the clinic room was hot and air conditioning for the room was on order.

We looked at the staff records for staff who gave people their medicines. We found these staff had received appropriate training in medicines administration and they had been assessed as competent in the home by the registered manager. This meant people who used the service were given their medicines in a safe manner.

The registered manager told us there were no on-going investigations into disciplinary issues or whistle-blowing concerns raised by staff. In staff supervision we saw the registered manager asked staff if they had any concerns. This meant the registered manager was clear with staff about reporting any worries they may have had.

The registered manager had put in place arrangements to ensure risks of cross infection were reduced and carried out audits to check if the home was clean. We found people's bedrooms and the communal areas of the home to be clean and tidy.

We checked to see if the registered provider had in place arrangements to ensure the building was appropriately maintained to keep people safe. We saw the registered manager carried out checks on the maintenance records and ensured that maintenance issues were responded to more promptly. We found the service had in place a current fire risk assessment and fire checks including fire drills had been carried out. Gas and electrical installation certificates were available and in date. Regular checks were in place for specialist beds, bed rails and the nurse call system. This meant arrangements were in place to manage the building and ensure people were kept safe.

We reviewed the accidents people had whilst living in the building and found staff took appropriate actions if anyone had an injury. The registered manager showed us how they reviewed the accidents to check if they had been preventable and what actions were needed to prevent a reoccurrence.

Relatives told us that whilst staff were busy at times the communal areas were not left unsupervised. We saw that people were supported throughout the day in the communal areas and when required people received one to one attention. This meant there were sufficient staff on duty to provide meet care needs.

Staff had been trained in safeguarding. We found safeguarding was a feature of staff supervision and safeguarding issues had been addressed in staff meetings. We found safeguarding was a theme throughout the home. Staff members confirmed they had received training in safeguarding. The registered manager told us there were no on-going investigations into safeguarding issues.

Good

Is the service effective?

Our findings

We spoke with one professional who told us they thought the staff carried out any guidance and worked well with visiting professionals. They described the staff as, "Flexible". One relative told us they thought the food was good and their family member was doing well in the home.
One person told us, "The meals are alright, I will eat anything." Another person told us they enjoyed their food.

We looked at people's eating and drinking needs in the home. Most people who used the service were supported to a dining table to eat. The dining tables were set prior to each meal. Staff offered people a choice to wear an apron and gave people hand wipes at the table to clean their hands before they ate. The registered manager told us this had recently been introduced following a new dining audit introduced by the registered provider. Meals delivered to people from the kitchen in the adjacent nursing home owned by the same registered provider looked appetising. People were given a choice of meals. In people's files we noted their food preferences were recorded, one person liked a particular brand of biscuits. It was recorded another person, "Loves tomato soup." We looked at people's weight records and found the weight of the majority of people had remained stable. This meant people's food intake was sufficient to maintain their weight.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found training had been provided to staff on the MCA and DOLS. Applications had been made to the relevant supervisory body to deprive people of their liberty. The registered manager had notified CQC when the applications had been approved.

The service had obtained consent from people to provide their care. Where people were unable to give informed consent we found discussion had taken place with their relatives who had signed the required forms. This ensured people were appropriately receiving care with the involvement of those who knew them best.

We found the home had in place communication systems including a handover report which provided information to the next shift coming on duty. We heard staff communicate with each other throughout the inspection about people's needs and we saw in people's files descriptions of how best to communicate with people, for example staff were required to speak to one person face to face.

The registered manager spoke with us about the building and acknowledged the building was now old and difficult to adapt. At our last inspection we found the building did not meet our regulatory requirements. We found measures appeared not to have been taken to repair damaged paint and plasterwork, which would make sure they remained well maintained and able to be effectively and hygienically cleaned. Since the last inspection we saw the home had been redecorated. We also saw some attempts had been made to ensure the home was dementia friendly. For example the use of photographs on bedroom doors to help people orientate themselves to their rooms. Different coloured toilet seats had been introduced; this enabled people to access the toilets independently.

Staff new to the home were required to complete an induction to ensure they were familiar with the service. The registered manager had oversight of a training programme. Staff were signed up for NVQ qualifications and had undertaken in house training courses including moving and handling, food hygiene, and fire training. The registered provider had recently introduced a new e-learning training programme. The registered manager explained they were the last home to receive the training package and had yet to make full use of the new training. Staff confirmed to us they had completed training relevant to their role.

We saw that some staff had undertaken training to support people when they were distressed. Three relatives spoke to us about staff skills. Each commented on the staff having the skills to manage situations where people who used the serviced became agitated or distressed. They told us staff had the skills to defuse situations and engage people. One relative commented, "They just manage [person] calmly."

We found staff were supported through regular supervision and appraisal. The registered manager had in place a supervision matrix and was clear about who supervised which staff member. They maintained the matrix and monitored the supervision. The registered manager explained that although supervision meetings did not last long they felt it was important to have regular individual conversations with staff. Staff confirmed they received supervision.

Good

Is the service caring?

Our findings

Relatives spoke with us about the kindness of staff and their willingness to support people. One relative told us when they come to collect their family member they are always dressed and have their lipstick on. One staff member said, "We treat the residents as our own family and talk to them with respect." One relative described to us a scenario where staff maintained contact by letter with another relative on behalf of a person using the service. A staff member told us, "[Registered manager] does not like you talking down to people. We talk to people with respect," and, "We treat them as our own family."

We carried out observations and listened to the conversations between staff and people who used the service. We found staff treated people with kindness and respect. They gave them the time to respond in conversations.

Staff were able to engage people who used the service in a meaningful way. For example one person was gently woken up for their meal. The staff member knew them well and spoke to them about hearing the music and their preference for dancing. The person listened to the music, stood up and with support danced their way to the table for lunch.

The registered manager showed us their, "Resident involvement in interview form" and explained to us they used it to gather the thoughts of people using the service when a new member of staff was being shown around the building. They asked people who used the service, "Do you think [name] is a nice person?" and, "Would you like this person to assist you?" This meant the registered manager was developing ways to include people in the recruitment and selection of staff.

Confidentiality had been raised in the senior staff and general staff meetings. The registered manager had addressed the issue of confidentiality and the required staff behaviours to maintain confidentiality. For example in one of the staff meetings the registered manager had recorded, "Accountabilities [containing personal information] etc should be locked in cabinets in the lounges."

At the time of our inspection the registered manager told us there was no one receiving end of life care.

At a general staff meeting in June 2016 the registered manager said, "If a resident is upset do not leave them, spend time reassuring and emphasising that you are there and you understand." We observed staff providing reassurance and support to people when they were distressed. Staff sat with people and stroked their hands and spoke gently to people. One person was provided with a doll to hold. Doll therapy is a method used to support people living with dementia to ease anxiety to engage people and give them a purposeful activity. We saw staff stayed with one person who had recently been discharged from hospital until they became calm and they could support them to eat.

Relatives felt they were involved in people's care and were listened to when they needed to talk to staff. We found relatives were able to act as natural advocates for their family members. The registered manager spoke with us about one person who had the capacity to self-advocate and stated that although their

relative had a different view about the circumstances they respected the person's decision and the fact they were entitled to make their own decisions and had capacity to do so. This meant the service was able to distinguish when a person was able to speak for themselves and work with relatives acting in their behalf.

We saw people were able to have familiar possessions with them in their rooms. People who wished carried keys to their bedrooms to keep their possessions safe.

Staff knocked on people's doors before they entered and respected people's privacy. Whilst in the home we found one person in a position that put their dignity at risk. We advised staff who knew who the person was and they immediately went to the person and protected their dignity. In one person's records we found they were a very private person and we saw staff knew how to protect the person's dignity by respecting their privacy.

People's care records showed their independence and well-being was promoted. People were supported to visit shops and choose their own purchases. Information given to staff about people included the kind of things they might say for example one person called the staff the names of their grandchildren. Staff were advised to accept the names rather than correct people and undermine their well-being.

Good

Is the service responsive?

Our findings

One relative told us they had never had, "A moment's worry" about the care of their family member in the home. They had observed a staff member supporting their relative to prepare for a medical examination and found they knew their relative well and could respond to their needs.

We reviewed four people's records in detail and found the care records were person centred. This meant they were specific to the person. Each person had in place detailed care plans for example about their mobility, their continence, their nutrition. We found people's preferences had been recorded for example one person preferred to stay in their room and did not like noise. This meant people's care needs had been assessed and plans had been put in place to meet their individual needs. We found people's plans were reviewed on a regular basis to check if they remained current.

The service responded to people's needs and worked with other professionals to ensure their needs were met. We found the staff had requested visits from GP's if they had detected changes in people and they were becoming unwell. One relative told us the staff had found ways around ensuring a person received the chiropody care they needed when they were at first resistant. This meant staff worked with other professionals to respond to people's needs.

We saw there was a daily accountabilities file which contained records about people's daily activities for example what they ate. At the front of the section for each person we found what a staff member described as a, "Mind map". The map had a photograph of the person at the centre and information about the person around the photo. The registered manager explained these were to support any new staff and provide reminders to others. We sampled the mind maps and found the information demonstrated the service knew people well and had in place information which showed people were in receipt of personalised care. For example we saw in one person's mind map, "[Person's name] prefers a bath to a shower." In another person's mind map staff were advised of comments a person was likely to make after they had their hair done. Guidance was given to staff on how to approach a person from their right side due to a loss of sight in their left eye. The map also told staff one person was likely to tell them that they were, "The boss" of the home. Staff were told to validate what the person said and not contradict them as this might upset them. We found staff had been given guidance based on good practice about how to work with people with dementia type conditions.

We saw the provider had in place a complaints policy. There had been no complaints since our last inspection. Relatives and people who used the service we spoke to told us they knew how to make a complaint but had never needed to. They told us they found staff were responsive to their involvement and worked with them to resolve the issues.

During our inspection we observed two people became agitated with each other. Staff calmly intervened and separated the people concerned before they offered to support them to the garden. The two people agreed to go to the garden and returned to the lounge in a settled frame of mind. We discussed this with the registered manager who told us staff would have taken the people into the garden for a cigarette. Both

people smoked and staff knew when to offer them a cigarette.

We spoke with two people during the inspection who expressed to us things they would like to do for example going to church. We told the registered manager about people's wishes. They immediately responded by speaking to people and offered to put arrangements in place to achieve what they wanted to do.

Throughout our visit we saw people who used the service were engaged in activities. We saw staff playing dominoes with people and using a book on the history of the north east to help people recall their memories of their earlier life. Relatives confirmed to us that activities took place with people who used the service. One relative told us about fish and chip evenings. A newly recruited activities coordinator spent a part of the afternoon doing people's nails upstairs. People chose if they wanted their nails done and the activities coordinator used the activity to engage people in conversation.

Staff told us most people liked to spend time in the lounges. We saw the activities prevented social isolation. We also observed staff engaging with people who were sitting on their own. Staff had individual conversations with people about their day. This meant people were protected from social isolation.

We found choice was a key theme in the home. People were able to choose what they wore and what they ate. We observed staff gave people options regarding their activities. We also heard staff respond to people and respond attentively when people appeared to need something. For example we heard one member of staff say to a person who appeared disorientated, "Would you like me to show you the toilet?" This meant staff gave choices to people throughout their day.

During our inspection we observed one person had been discharged from hospital. Staff were aware of their distress and knew what to do to assist the person and help them readjust to the home environment. We found staff managed the transition back to the home.

Good

Is the service well-led?

Our findings

When we asked a relative if they thought the home was well-led they told us it was, "Exceptional." One relative described the culture in the home as caring and felt this was driven by the registered manager. They related a conversation they had with the registered manager prior to their relative moving into the home which demonstrated to them the manager was a caring person. One person told us, "The care is good and [the manager] is very good."

There was a registered manager in post. At the time of the inspection they were planning to take some extended leave and had worked to ensure their work load was up to date. We found the registered provider had put in place cover arrangements to ensure the continuity of the running of the home.

The registered manager in staff meetings had reminded staff of the six C's - care, compassion, competence, communication, courage and commitment. We found during our inspection the manager demonstrated these values. One staff member told us the registered manager behaved in the ways they wanted staff to behave. A relative told us they thought the manager led by example. This meant the values of the home were demonstrated by the manager who had given direction to the staff about the type of service they wished to provide.

The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted required notifications.

The service had an up to date statement of purpose. This is a document which tells people and their relatives what they can expect from the service. This was readily available for us to read.

We saw the registered manager carried out daily walkabouts around the service and identified areas for improvement. These were followed up the registered manager to ensure the improvements had been made.

Surveys to assess the quality of care provided by the home had been carried out by the registered manager in 2016. For the most part staff responses to a survey carried out with them in February were positive. Nine relatives responded to their survey which was analysed in June 2016. Again most responses were positive, although more relatives responded to the question about the laundry as "Satisfactory." One relative told us they had to think about which clothes to buy for their family member to avoid for example woollen clothing coming back in a misshapen state. Ten out of 28 people who lived in the home had responded to their survey. We asked the registered manager how the survey was conducted with the people to ensure the responses were credible. They said people in the home were generally supported by relatives to complete the survey or by staff if they wished. We saw people were complimentary about the service.

There were monthly audits in place. For example auditing took place of people's medicines. We saw the registered manager had audits in place to ensure people who returned from hospital were given the correct care and if people had any bruises that these were fully checked and explained. The registered manager had

also carried out an audit of notifications they had made to CQC to identify any trends or patterns they could address in the home. Notifications to CQC are a legal requirement to report events in the home.

There were clear partnership working arrangements in the home with other professionals who worked in the community. Staff had worked in partnership with GP's, district nurses, community psychiatric nurses and chiropodists to meet people's needs.

We saw the registered manager had completed weekly reports and was accountable to their regional manager for the running of the home. The weekly reports included accidents and if people had lost weight. The registered manager was required to state what actions they had taken. We found the registered manager was able to state they had responded to concerns in the home.

We found the records in the home were up to date, accurate and contained a level of detail and guidance which ensured staff once read were able to meet the needs of people using the service.