

Gainford Care Homes Limited

Lindisfarne Hartlepool

Inspection report

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Date of inspection visit:

23 December 2022

06 January 2023

10 January 2023

16 January 2023

Date of publication:

07 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lindisfarne Hartlepool is a care home providing accommodation and residential care for up to 54 older people and people living with a dementia. There were 53 people using the service when we visited.

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

Over the last year there has been an inconsistency in management of the service. There had been various changes to the manager of the service. The current manager came into post in November 2022 and was in the process of familiarising themselves with the service. People reported albeit approachable the manager was new, so they were still waiting to see how they worked out. They were concerned the pattern of managers leaving and being replaced in quick succession might still reoccur.

We had mixed responses from people as to whether there were enough staff to provide the support needed. Due to pressures caused by the pandemic and general recruitment difficulties the service had experienced staffing issues. The manager had increased staffing levels and was recruiting to vacancies to ensure there were enough staff on duty. Staff were recruited safely.

People told us staff were caring and they felt safe. We observed staff deliver care and support in a kind and compassionate manner. It was clear staff understood people's needs and how to manage any presenting risks. Risk assessments were clear and readily identified how to mitigate them. Staff were familiar with these documents and the actions they needed to take.

People were protected from abuse by staff who understood how to identify and report any concerns. Incident monitoring records were appropriately used to understand themes and reasons for the events. Medicine management was effective. Staff adhered to COVID regulations and procedures.

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.

The systems the manager had in place allowed them to critically review the service and proactively looked at how improvements could be made. There had been various changes in manager in the last year with the current one being in post for the last 2 months. Staff told us the service had been impacted on by frequent changes to management and at present could not be confident the service would stabilise.

Staff were passionate about providing good care outcomes and took ownership for their practice. They had established good working relationships with all visiting professionals, and this had supported them to deliver effective care and support.

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

Rating at last inspection

The last rating for this service was good (published 28 April 2020).

We completed a targeted inspection in November 2020 to look specifically at infection control and were assured.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

This report only covers our findings in relation to the Key Questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindisfarne Hartlepool on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lindisfarne Hartlepool

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 Act.

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

An inspector carried out the inspection.

Service and service type

Lindisfarne Hartlepool is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lindisfarne Hartlepool is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 no registered manager in post. A new manager had commenced working at the service.

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 commissioners 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

We spoke with 7 people who used the service about their experience of the care provided and contacted 16 relatives. 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 spoke with the manager, 2 senior carers and 4 other care staff members. We also received feedback from 14 more staff.

We reviewed a range of records, which included 6 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection in April 2020 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.

Staffing and recruitment

- Generally there were enough staff to meet people's needs. Due to pressures caused by the pandemic and general recruitment difficulties the service had experienced staffing issues. The provider had endeavoured to ensure there was always enough staff to support people through their bank and agency staff. It was reported at times staff had been extremely stretched and felt optimum care was not being provided.
- Since coming to post the manager had worked diligently to make sure staffing levels were increased, vacancies were filled, and stability restored. Some senior carers had only been in post a few weeks so were yet to be fully familiarised with the home and therefore relied heavily on the knowledge of existing staff to support them. They were adaptation nurses working toward obtaining their Nursing and Midwifery Council registration so felt confident they would quickly become adept at working at the home.
- People reported they found they were confident staff would be at hand when they needed them. One person said, "The staff are wonderful and there is always plenty."
- The provider operated safe recruitment systems that ensured suitable staff were employed.

Using medicines safely

- The manager had taken steps to ensure medicine management was effective and safe. The CCG optimization team had visited and highlighted areas for improvement and the manager had also noted deficits in practice. These were addressed.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person said, "Really the staff are kind and there is nothing they could do better."
- Relatives were kept informed of any changes to people's needs and found overall the care delivered met people's needs.

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

- Risk assessments were in place to reduce the risk of harm to people. These included environmental and individual risk assessments and provided staff with guidance on the actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure the service could safely meet the person's individual needs.
- The manager was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

- The environment and equipment were safe and well maintained.

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.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's visiting policies and procedures adhered to current guidance.

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 the inspection in April 2020 this key question was rated as good. At this inspection this key question has changed to 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 are clear about their roles, and understand quality performance, risks and regulatory requirements; 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; Working in partnership with others

- Over the last year there has been an inconsistency in management of the service. There had been various changes to the manager of the service. The current manager came into post in November 2022 and was in the process of familiarising themselves with the service.
- The manager oversaw the service. Since coming into post, they reviewed the service to determine where improvements could be made. For example, they had identified staffing levels needed to be improved, use of bank and agency staff reduced and duplicate documents alongside the out of date ones needed to be removed from care records.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager promoted a positive, person-centred culture. People told us the registered manager was approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals' care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.