

# Gainford Care Homes Limited

# Lindisfarne Seaham

## Inspection report

King Edward Road,  
Seaham,  
County Durham,  
SR7 7TY

Tel: 0191 3895810

Website: [www.gainfordcarehomes.com](http://www.gainfordcarehomes.com)

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Good



Is the service well-led?

Good



## Overall summary

We carried out this focused 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.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindisfarne Seaham on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We carried out an unannounced focused inspection of this service on 7 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Three breaches of legal requirements were found following the previous comprehensive inspection on 17 December 2014. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. At the last inspection on 17 December 2014 we asked the provider to take action to make improvements. We asked the provider to:

# Summary of findings

- Complete the review and update of all of the records at the home;
- Complete staff training in how to support people at the home who had behaviour which they found challenging and ensure there was a policy and procedure in place to guide staff practice in these circumstances;
- Continue to carry out quality checks and audits to ensure they were robust and sustained improvements at the home.

The inspection was led by an adult social care inspector.

The service had a registered manager in place. 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.

We found that records such as care files had all been regularly reviewed and these provided accurate information and were very informative.

We found that staff had received appropriate training to help support people who had behaviour which challenged them, there was a policy available and procedures were in place to support staffs practice. The number of incidents had significantly reduced since the last inspection.

We saw that quality checks and audits were consistently carried out and used to improve services at the home and the provider and senior managers visited the home to ensure the quality of services was maintained.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

Staff were able to assess situations and take action to reduce potential risks. The provider had trained staff to ensure they understood how and when to use physical interventions and had policies and procedures in place to guide their practice.

Good



### Is the service well-led?

We found that action had been taken to improve how the service was led.

A series of checks and audits was now routinely in use at the home. These were robust, well established and used to monitor and improve the quality of the service provided.

There was oversight of the service by the provider and senior managers and peoples care planning documents had been reviewed and updated.

Good



# Lindisfarne Seaham

## Detailed findings

### Background to this inspection

We carried out this focused 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.

We undertook an unannounced focused inspection of Lindisfarne Seaham on 7 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 17 December 2014 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe, is the service well led. This is because the service was not meeting some legal requirements.'

We reviewed the action plan the provider sent to us following our comprehensive inspection on 17 December 2014. We found the assurances the provider had given in the action plan in order to become compliant with the regulations had been met.

The inspection was undertaken by one adult social care inspector.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. No concerns had been raised since their last inspection on 17 December 2014.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service. We also reviewed information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had concerns about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council.

During this inspection, we checked to see what improvements had been made since our last inspection.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also undertook general observations of practices within the home and reviewed relevant records. We looked at five people's care records, staff training records, as well as records relating to the management of the service. During our inspection we spoke with the manager and four staff.

# Is the service safe?

## Our findings

At our last inspection on 17 December 2014 we found that the provider was in breach of Regulation 11 (Safeguarding service users from abuse) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had developed a physical intervention policy but this stated that staff were not to use any form of physical intervention. We found that across the home staff needed to either physically intervene, use sedative medication or mechanical restraints in the form of locking doors. However staff did not consider that their actions would be considered as physical interventions. In addition no staff training was provided and staff did not have access to appropriate care planning recording templates. No staff had been enrolled on courses to teach them de-escalation, breakaway and other physical intervention techniques, which staff could use to deal with physical aggression in the least restrictive manner.

At this inspection we found the provider had developed a physical intervention policy and procedures which stated

in sufficient detail how and when staff were to use interventions to support people whose behaviours were challenging to staff or other people living at the home. We found that there was now guidance in place which supported staff should they need to consider physical intervention, use of sedative medication or mechanical restraints in the form of locking doors.

In addition all staff had received training in how to reduce the likelihood of people challenging staff or others and the appropriate actions to take if this did occur. This included de-escalation, breakaway and other physical intervention techniques, which staff can use to deal with physical aggression in the least restrictive manner. Records showed a reduction in the number of incidents where people displayed behaviour which challenged staff and others.

Specific information was recorded in care plans which provided staff with information to make judgements about using physical intervention techniques and how this was to be done. We saw that appropriate recording templates were used to update and monitor people's condition in their care records and these were appropriately completed.

# Is the service well-led?

## Our findings

At our last inspection on 17 December 2014 we found that the provider was in breach of Regulations 10 (Assessing and monitoring the quality of the service provision) and 20 (1) (Records) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the providers system for monitoring the quality of the service was under development and did not yet assist staff and management to critically review the service. We also reviewed the audits that had been developed at that time and found that whilst in principle these were fit for purpose, they needed to be tested to confirm this was the case.

At our last inspection we found the regional manager and registered manager had carried out their first audits of areas of practice such as care planning and they had developed action plans to improve records. However these had only been completed for a third of the care records and until the work was complete we could not determine if the action plans would ensure improvements were made.

Also, at our last inspection we found the provider had developed a template for regular reviews of the service called a regulation 10 visit and report. However these had not yet been completed regularly and so could not show that they were used to improve the service at the home.

At this inspection looked again at the systems in place for monitoring the quality of the service. The registered manager told us that this was an area that the provider had developed, put in place and was now successfully used to assist staff, managers and the provider to critically review the service. We reviewed the audits that had been developed and found that these had now been used and tested to make sure they were fit for purpose. We saw that audits were in place for areas such as administration of

medication, infection control and maintenance. These had been carried out by staff and management at the home as well as senior staff from the provider. A cycle of audits action planning and reviewing of progress was taking place at the home which had led to many improvements at the home such as the improvements to the fabric of the building (repairs).

The regional manager and registered manager had carried out audits of care planning and risk assessments in order to check the quality of peoples' care records. They had developed action plans for each person's care planning information and these had all been completed and reviewed. There was oversight by senior staff and monitoring by managers and the provider to help ensure these key documents were kept up to date and continued to guide staff practices.

The provider and regional manager had completed regular visits to ensure the home was performing well and check progress against agreed targets. They had developed and were using a template for the completion and recording of these visits which showed how progress had been made at the home.

The home had a registered manager in place who was appointed to this post in February 2012. 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. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service and make improvements where required.