

# Gainford Care Homes Limited

## Lindisfarne Birtley

### 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

This inspection took place on 24 May and 8 June 2017 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Lindisfarne Birtley is registered to provide care to 66 people, some of whom may have dementia. This includes a separate unit that provides care to younger people with mental health needs. The home is situated in a residential area in the centre of Birtley. All bedrooms are for single occupancy and the home is equipped for people with disabilities. At the time of the inspection there were 56 people using the service.

At the last inspection in June 2015 we found some improvements were needed. Staff were aware of people's care and support needs and most care plans reflected people's needs. However, the monthly review of care plans did not capture or accurately reflect people's needs if they had changed. We rated the service as 'Requires improvement' in one domain, namely 'responsive' and as being 'Good' overall.

At this inspection we found that the team had worked collaboratively to improve the care records.

The registered manager had been in post since April 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Care plans were personalised and had been regularly reviewed, to ensure they reflected people's current needs and preferences. However we noted a variation in the quality of these care records across the three floors. Some care records were very difficult to navigate and others we found quite hard to understand because of poor archiving practices so we struggled to know which piece of information was the most current. The registered manager and area manager had identified this gap in staff practice and by 8 June 2017 had ensured that staff had reviewed the care records.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. However we noted variations in staff practices during meal times. On some units the meals served during lunchtime were very well organised and an enjoyable experience. On other units people were either not encouraged to sit at tables so struggled to understand that they were having lunch, or they sat for a long time before the meal was served so lost interest and left the dining room. We checked whether staff had made sure one person had received their meal, which they did. We also noted that, at times, staff merely gave the meals out and did not speak to people as they did this or when assisting people to eat. We discussed this with the registered manager on 24 May 2017 and they took action to improve staff practices.

People and their relatives told us staff at the service provided personalised care. People were supported to access a wide range of activities that they enjoyed. The activities coordinator had formed close links with an organisation called Equal Arts. This organisation provided a wide range of equipment that could be used to

set up stimulating activities and which the activities coordinator routinely used. We saw that regular crafts, singing and memory sessions were run with and without Equal Arts. On 24 May 2017 we observed an extremely well run and stimulating session where people formed a choir and all appeared to thoroughly enjoy the session. We also heard that people from across the service were regularly engaged in activities outside of the service.

People and their relatives spoke positively about the staff, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and we saw the vast majority of staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People and staff spoke positively about the registered manager who was overseeing the service, saying they supported them and included them in the running of the service. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern.

### Is the service well-led?

Good ●

The service remains good.

# Lindisfarne Birtley

## **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.

This inspection took place on the 24 May and 8 June 2017. The inspection was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor, who was an occupational therapist, and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with 17 people who used the service and eight relatives. We spoke with the area manager, the registered manager, the deputy manager, two nurses, three senior carers, nine care staff, an activity coordinator, the administrator, the cook, a domestic staff member and a maintenance person. We looked at nine care plans, medication administration records (MARs) and handover sheets. We also looked at three staff files, which included recruitment records and the records related to the overall management of the service.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "I'm treated fairly by staff." Another person said, "I get on well with other people and staff with a great bond and this helps me to feel safer." Two people we spoke with told us that they felt very reassured that staff kept a close eye on them and quickly helped them if they became confused and disorientated. One relative told us, "I can't fault the care but if I am being honest, my only complaint would be that they could do with double the staff but I think that would be same wherever you went."

On 24 May 2017 we highlighted that the ambient temperature was in excess of 25°C but the service had no mechanism for monitoring the temperature of the service, which meant staff could be unaware of the excessive heat. Staff understood they needed to ensure people were encouraged to drink more fluids when it was very hot. We discussed the lack of system to monitor the temperature with the registered manager and they immediately bought ambient thermometers. When we returned on 8 June 2017 these thermometers were in place and we saw staff were actively referring to them and offering extra drinks when temperatures rose.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person's symptoms of their mental health condition fluctuated and this could lead to them becoming very distressed and agitated. The staff, external professionals from the falls team and the person had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Accidents and incidents were monitored for any trends and plans were in place to support people in emergency situations. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken at least once a year. This frequency was in line with that required in the fire regulations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016. The registered manager and staff could readily explain how safeguarding concerns would be investigated, including making referrals to relevant agencies. We established that any safeguarding alert was thoroughly investigated and the registered manager would involve external parties such as the police and local authority safeguarding team to ensure the investigations were robust.

People's medicines were managed safely. Staff received training to handle medicines safely, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines

were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them.

There were enough staff deployed to keep people safe. There was always a minimum of a nurse, two senior and nine care staff at the service during the day and a nurse, a senior and four care staff were on duty overnight. In addition to this, the registered manager was at the service five days a week from 7am, a deputy manager and activity coordinator worked during the week and ancillary staff, such as catering and domestic staff, worked seven days a week.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with vulnerable children and adults.

# Is the service effective?

## Our findings

People and relatives told us they were happy with the service and found staff to be very knowledgeable. One person said, "My son is very happy I'm here and getting the right care." Another person said, "They have been as good as gold all the time I've been here." Another person said, "Staff have the right skills, but they are very busy looking after all of us so at times have little time to chat." Another person said, "Staff are always helpful and caring." A relative said, "I would have preferred that mom could have stayed at home but sadly that was just not possible. But I know she gets to interact more with other people here and I am happy that she is getting the right care."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 to 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 found that the registered manager and staff had attended several MCA and DoLS training courses, including advanced training around the application of the MCA in recent months. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. We saw that the staff were reviewing mental capacity assessment forms they had completed prior to this recent training and where appropriate were updating them and ensuring the forms adhered to the requirements of the MCA. Staff had used these forms to make decision specific assessments. Best interest decisions were clearly recorded. At the time of our inspection 26 people were subject to a DoLS authorisation and everyone else had capacity to make their own decisions.

At this inspection all the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, health and safety, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate access to more courses.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is the courses and updates the provider thinks are necessary for staff to complete in order to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as conflict resolution and pressure ulcer prevention. Training was regularly refreshed to ensure it reflected current best practice. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments.



Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Appraisals are usually carried out annually and are a review of staff's performance over the previous year. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People told us that they were happy with the menus, as they got choices about the food they had. They told us that if something was not on the menu then they could ask for it and it would be put on for people to try it out. People told us they were able to access food outside mealtimes (soup and sandwiches) and they said that juices and other drinks were available all day.

People could eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. However we noted there were variations in practice across the units and some people experienced an enjoyable meal-time experience whereas others sat through a disorganised meal. Some people were not encouraged to take a seat at the beautifully laid tables, which due to their difficulties with their memory meant having a meal on their knee did not assist individuals to understand this was their main meal. Other people had to sit for long periods whilst waiting for the meal and many lost interest so left the table. One person had their meal put out of reach so struggled to eat, which we pointed out to the staff who immediately made sure they had the meal. A small minority of staff failed to speak with people throughout the meal, even when assisting people to eat which is not in line with best practice. We discussed this with the registered manager who confirmed action would be taken to improve the meal-time experience. They proposed accessing some experiential learning for staff so they could find out for themselves how off-putting it can be to have food served in this manner.

The cook told us that the provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They told us that they worked with the people who used the service and local healthcare professionals to ensure the menus provided healthy choices.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care. For example, one person's communication care plan was developed with the SALT team.

People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One relative said, "The staff always let me know what is going on."

## Is the service caring?

### Our findings

People and their relatives were complimentary about the support provided by staff at the service; describing them as kind and caring. One person said, "My door is always open day and night but I find staff still always knock on the door before entering." Another person said, "Staff love me here, but I have a way of my own and like to find a quiet area and staff respect that." Another person said, "The staff are just simply there for me all the time."

A relative said, "The staff are top class and it makes me gets emotional when I think about how kind they are." Another relative said, "My relative seemed happy. Before they used to get agitated with people around them but they seem much happier." A staff member said "We try to be as discreet as possible and attend to people's personal care behind closed doors."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, or took them to quieter areas of the service to discuss private matters.

All of the staff talked about how the ethos of the service was to make sure the needs of people who used the service were always put at the centre. One staff member said, "This is people's home and we keep that to the front of our minds as we are here to assist them not take over the place."

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. We found the staff we very familiar with people's life history and the vast majority of staff routinely engaged people in conversation about their family members. The registered manager and staff showed genuine concern for people's wellbeing. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished. One staff member said, "We try to give people space to talk about the future and what their wishes would be."

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs.

## Is the service responsive?

### Our findings

At our last inspection in 2015 we saw staff were aware of people's care and support needs and most care plans reflected people's needs. However, the monthly review of care plans did not capture or accurately reflect people's needs if they had changed. For example, for some people we saw where people's needs had changed the care plan was not always reviewed more regularly and changes reflected in the care plan, although the information was available in the daily records.

At this inspection we reviewed the care records of eight people. The care records were well-written and clearly detailed each person's needs. We found that the staff had worked diligently to ensure each individual's care records contained all the relevant information and were reviewed regularly. Some care records were very difficult to navigate and others we found quite hard to understand because of poor archiving practices so we struggled to know which piece of information is the most current. For example we saw that one person's DoLS authorisation stated that they required assistance with food but somewhere else within the file it said that the person was able to eat independently. Another care plan entitled 'Dysphagia Care Plan' gave slightly different instructions on what to do in relation to food. We discussed these differences with the area manager and registered manager. They told us this gap in staff practice had been highlighted in a recent audit and an action plan was in place to rectify the issues. We reviewed the audit and plan to confirm this and found by 8 June 2017 they had ensured that staff had reviewed and amended the relevant care records.

People and their relatives told us staff at the service provided personalised care. A relative we spoke with praised the care provided at the service and said, "We have no complaints at all, this is the best place my relative could be." People told us they made choices around all aspects of their care and treatment and staff respected their opinion.

People were supported to access activities they enjoyed. We found the activities coordinator was dedicated to providing a wide range of stimulating activities across the service. They had sourced local resources and organisations that could be accessed. One such organisation, namely Equal Arts regularly visited the service and had provided a range of equipment. They also ran craft sessions and a choir at the service. On 24 May 2017 we observed staff from this organisation and the activity coordinator host the choir where people who used the service enthusiastically sang along to; 'K Sara', 'You are my sunshine', 'Doris Day – What Ever Will Be Will Be' and 'Beyoncé – 'Put a ring on it' amongst others. Staff really encouraged the people to get involved in the singing and they also took a special birthday request and sang a song of their choice. Several people later joined in the singing and the atmosphere became very electrifying indeed. We found the sessions were very vibrant, dynamic and entertaining.

Procedures were in place to investigate and respond to complaints. We found that complaints had been thoroughly investigated by the registered manager and action was taken to rectify concerns. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints. People and their relatives told us they knew how to complain and raise issues. One person told us, "I would speak to whoever is responsible for sorting things out" then went on to

say, "but I've never had to make a complaint in the two years I've been here because I'm confident staff have everything under control."

## Is the service well-led?

### Our findings

People and staff spoke positively about the service. A relative said, "Staff have the right skills when it comes to working with people and the senior staff do a good job." One person said, "If I wasn't happy with the care I would tell staff, but never needed to." A staff member said, "Staff support each other as a team and we are learning from each other in the process."

There was a registered manager who had been in post since 2014. We found the registered manager and staff ensured all aspects of care were delivered safely. The registered manager was constantly looking at improvements that could be made. We noted on the first day of the inspection that there were variations in practice between the floors with some units providing a poorer quality of service. However, the registered manager rectified this issue by the second day of the visit. They ensured staff reviewed the meal time experience, monitored ambient air temperatures and updated care records. We found that these simple changes made a clear difference to the operation of the service.

We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, and care records. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, a care plan audit identified that there was a variation in practice between the three floors. The registered manager had followed this up by ensuring the staff revisited the care records to make sure they were accurate. At the time of the inspection this process of updating had just commenced and was virtually complete.

The provider carried out regular 'quality checks' to monitor these audits and support the registered manager with any actions needed.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. Daily meetings were held with staff, which they told us were very useful. Staff felt the registered manager was supportive and approachable. A staff member said, "The registered manager is interested in what we have to say and always looking at ways to make the service better."

Feedback was sought from people through resident and relatives' meetings, via newsletters and surveys. Staff feedback was sought in the same way. The results of the most recent survey in 2016 showed that all of those who responded were happy with the service. The registered manager had used the survey information to produce a poster highlighting what people said could have been improved and what they had done to put the suggestions into practice.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

