Lindisfarne Care Home Limited

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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

We carried out an inspection of Lindisfarne Care Home Limited on 1 and 2 September 2016. The first day of the inspection was unannounced. We last inspected Lindisfarne Care Home in September 2013 and found the service was meeting the relevant regulations in force at that time.

Lindisfarne Care Home Limited provides accommodation and personal care for up to 35 people, including people living with dementia. There were 34 people accommodated there at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

People told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults from harm and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The building was generally safe and well maintained. A small number of hazards were addressed during or shortly after the inspection. The property was adapted, and steps had been taken to make the building suitable for the people living there. Additional signage and control measures were used to highlight and minimise potential hazards. Other risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. The home was clean throughout.

We observed staff acted in a courteous, professional and safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks. Medicines were safely managed.

As Lindisfarne Care Home Limited is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Where necessary, DoLS had been applied for. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned on a regular cycle to ensure their skills and knowledge were up to date. Staff told us they were well supported by the registered manager and other senior staff. Formal supervision meetings were not frequently conducted, although staff told us they could seek guidance and advice from the registered manager. Staff performance was assessed and targets set for their on-going development.

People's nutritional status was assessed and plans of care put in place. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Staff displayed an attentive, caring and supportive attitude. We observed staff interacted positively with people. We saw that staff treated people with respect and explained clearly to us how people's privacy, dignity and confidentiality were maintained.

Activities were offered within the home on a group and one to one basis. Visitors were able to come and go freely. The home had a variety of communal rooms and quiet spaces which enabled people to sit in company or enjoy a quiet atmosphere. Staff understood the needs of people and we saw care plans and associated documentation were clear, concise and person centred.

People using the service and staff spoke well of the registered manager and they felt the service had good leadership. All said they would recommend the home to family or friends. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and others.

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.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were supported by the registered manager and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. People using the service and staff made positive comments about them.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and their relatives. Action had been taken to address identified shortfalls and areas of development.

Lindisfarne Care Home Limited

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 checked whether the provider was 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 1 and 2 September 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector.

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

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We spoke with four people who used the service and two visitors and a health care professional who regularly worked into the service. We spoke with the registered manager and six members of staff, including two seniors, three care workers the chef and an ancillary worker.

We looked at a sample of records including four people's care plans and other associated documentation, medicine records, five staff files, which included staff training and supervision records, three staff member's recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Lindisfarne Care Home Limited. When asked if they felt safe one person said, "Safe? Yes, definitely. The carer comes quick." A visitor told us, "[Name] is safe. The size of the home is important."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that allegations and concerns would be handled appropriately by the registered manager. Staff confirmed they had attended relevant training on identifying and reporting abuse. The registered manager and other senior staff were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had assessed the risks and developed plans of care to address these. Risk assessments were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. Needs assessments, support plans and risk assessments were periodically reviewed and kept up to date to ensure they accurately reflected people's level of need, and the associated level of risk. Examples included risks associated with manual handling, falls and pressure area care. Accidents were logged and analysed. Where people were at particular risk of falls, or other accidents, appropriate referrals were made to other professionals and staff took steps to increase levels of monitoring.

Staff were available 24 hours a day to respond to calls for help and assistance. An alarm call system was fitted throughout the home to enable help to be summoned remotely. One person whose care records we looked at was unable to use their call bell. Staff therefore carried out routine room checks to monitor their well-being. We reviewed their risk assessment and advised the registered manager to include additional detail and guidance to staff about this. This was addressed at the time of the inspection.

Practical measures were in place to keep people safe. For example, bath hot water temperatures were maintained within a safe and comfortable range. A stair guard and magnetically secured doors were fitted in areas where there was a risk of people accessing stairwells. These were fitted to prevent people from inadvertently accessing these areas and to reduce the risk of unobserved falls in these areas.

Overall, the home was safe and clean. Individual rooms were clean and fresh-smelling. Some rooms had wardrobes that were not secured to the wall which we highlighted to the registered manager for attention. Two sash windows also required attention as the sash cords had snapped, meaning they were heavy to open, could not be held open without being wedged and due to their weight could entrap people's fingers. The registered manager confirmed action had been taken to resolve these issues and sent us photographic evidence of this shortly after the inspection.

Utility services were subject to safety checks and copies of service records including electricity, gas and water system checks carried out by external contractors were retained for inspection. Sharp or hard fixed furnishings, which could cause injury, were minimised and doors to service areas were secured. Bathroom and lounge areas were free from other obvious hazards and level access was provided throughout the home, with lift access between floors. Shared areas of the home were free from unpleasant odours and appeared clean.

The registered manager's view was that staffing levels were sufficient to ensure people remained safe. Staff appeared to be busy, but not rushed. We observed staff had time to chat with people and provided support at a pace that suited each person. One staff member said to us, "I think it's quite well staffed here; everyone fits in well. The one hour overlap is useful."

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

Suitable arrangements were in place to support the safe administration of medicines. People expressed confidence in the way their medicines were handled and were also enabled to continue managing these themselves where appropriate. One person said, "I deal with medicines myself." During this inspection we observed medicines being offered to people safely, and with due regard to good hygiene. A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. The senior carer who we observed offered gentle encouragement to people and waited to check they had taken their medicine before signing the administration records.

We found medicines which were dispensed in the MDS and from loose stock were well accounted for, with clear records of administration kept, corresponding to stocks held. Those supplied in bottles or the manufacturer's original packaging was subject to regular checks and stocks held corresponded to records. Records and stocks were accurate for variable dose medicines, as were those where doses were regularly reviewed and changed.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their jobs effectively. One person said of the staff, "I can't fault the place. The carers are so good."

Staff made positive comments about the support they received and training attended. One staff member said of their training, "The training is useful and relevant." Staff we spoke with said they received occasional supervision with the registered manager and felt the supervision they received was helpful. A staff member told us, "Supervisions and appraisals are 6 monthly." Records confirmed staff attended occasional individual supervisions and group meetings. We discussed the frequency of the supervision meetings with the registered manager. They informed us they were aiming to carry out four supervision meetings each year and planned to work with senior carers to manage this task on a more regular basis. The records of supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare. Where specific problem areas were identified, these were discussed and recorded so that expected standards of work were clarified.

Records showed staff had received safety related training on topics such as first aid, moving and handling, and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered. Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at Lindisfarne Care Home Limited.

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 checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

People living at the home told us they were not subject to unnecessary restrictions. One person said, "They don't help with things they know I can do so I keep my independence." Another person commented to us, "This home is wonderful. I can go to my room and can go out." We discussed the requirements of the MCA and the associated DoLS with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. We also saw people's decision making capacity and consideration of 'best interests' was included within the care planning and risk assessment process. Those people living with dementia had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the

authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation. We saw one person had a specific condition attached to their DoLS authorisation regarding their medicines. We highlighted the need for the registered manager to retain evidence of the next medicines review with the person's General Practitioner (GP). The person had regular contact with the GP and the registered manager undertook to arrange and retain clearer evidence of the outcome of the next medicines review with the GP.

People expressed positive opinions on the food provided. One person said, "The food, yes I'm happy with that. I can always have something that's not on the menu." Another person commented to us, "The food is ok. I've had a word with the chef; she's really good. She'll cater for whatever your need is. The menu goes on the board. If you don't want it she'll make something else." A further comment made to us was, "I get plenty to drink."

Staff undertook nutritional risk assessments and if necessary drew up a plan of care for meeting dietary needs. People's weights were regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. We saw this support and advice had been arranged where people were at risk of malnutrition. The chef told us they would fortify meals with full fat milk and butter to help people build and maintain their weight. The chef informed us that communication between catering and care staff was "excellent" and that she would provide smaller meal portions for people who might be fazed by larger plates full of food and inadvertently discouraged from eating. We observed staff were kind and caring when offering support at meal times, being seated with those people who needed help to eat and drink.

We observed people living at the home being offered drinks and asked their preference at regular intervals. Drinks were available for people in their bedrooms. Where people were at risk of poor hydration, this was recorded and their fluid intake monitored.

People using the service confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person said, "We see the matron and she can refer us to the doctor." Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. A visiting healthcare professional described positive working arrangements with staff at the home and told us, "There is a good relationship." They continued by remarking, "They [the staff] are responsive to advice." Staff were similarly positive about the working arrangements they had with community healthcare professionals. One staff member informed us, "Work with the district nurse and matron is good. If there are any problems in between we can ring. They're definitely a good source of advice." We saw care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People using the service told us they were happy living at the home and their privacy and dignity were promoted. One person said, ""The staff are all very polite. I feel happy with the staff." Another person said, "The staff are lovely." A visiting professional remarked to us, "They get good care here. I'd recommend it. It's one of the better homes." One person had written a poem about the home. This included the lines: 'The carers are so nice and kind, they try to give us peace of mind. We all have problems some big, some small, but that does not worry us at all, for we know we will come to no harm in this lovely place called Lindisfarne.'

We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. We observed staff members interacted in a caring and respectful manner with people using the service. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat with, chatted to and interacted politely with the person. We observed appropriate humour and warmth from staff towards people using the service. The atmosphere in the home appeared calm, friendly, warm and welcoming. The care records written by staff were clear, factual and used appropriate language.

Staff acted appropriately to maintain people's privacy when discussing confidential issues or helping people with their medicines. Staff we spoke with were clear about the need to ensure people's privacy, making sure personal matters were not discussed openly and records were stored securely. People confirmed staff would knock on bedroom doors before entering and we saw this during the inspection. A staff member told us, "We all know what's expected of us. We knock on doors, close curtains. Use clothes and towels to preserve dignity." During the inspection we observed people were able to spend time in the privacy of their own rooms and in different areas of the home. We also saw practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

People and those important to them told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. A visitor also informed us that they were kept up to date and involved in important decisions about the person's care. Evidence that people using the service were involved in aspects of planning their care and treatment was also documented in care files. The registered manager was aware of local advocacy services available to support decision making for people should this be needed. Staff told us they were updated about people's needs at 'hand over' meetings to ensure such decisions were implemented in practice. One staff member said, "We have meetings and a communications book to report problems or issues. The communication is excellent." We observed people being asked for their opinions on various matters, such as meal choices, and that staff discussed and encouraged participation in day to day activities.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person told us, "Through the day the girls come in. I can use my buzzer or the phone." Another person said, "If unhappy you can speak to [name] straight away."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Lindisfarne Care Home Limited an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these reviews and assessments a number of areas of support had been identified by staff for which care plans were developed. These outlined the care needed from staff. Areas included care in relation to people's nutritional needs, mobility and medicines.

Staff developed care plans with a focus on maintaining people's well-being and independence. Care plans were evaluated periodically to ensure there were meaningful and based on the progress made in achieving identified goals, such as helping people to gain weight or maintain good personal hygiene. We provided advice to the registered manager on areas where further detail would be beneficial to improve guidance for staff. This included where a person was unable to use their call bell and another person had difficulty swallowing. This was acknowledged and dealt with at the time of the inspection.

Care plans were sufficiently detailed to guide staffs' care practice and gave a clear summary about each person and their needs. Staff detailed the advice and input of other care professionals, such as the General Practitioner (GP), within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to the person and written with sufficient details to record their daily routine and note significant events. The records also helped monitor people's health and well-being. Additional monitoring records helped evidence the care and support provided, for example with weights, diet and fluid intake. Areas of concern were recorded and these were escalated appropriately, for example to the GP and other community healthcare professionals, such as the visiting community matron and district nurse.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to describe people's preferences, such as those relating to their health and social care needs, personal preferences and leisure pastimes.

The people living at Lindisfarne Care Home Limited accessed activities in the service. A person at the home informed us, "Every fortnight we have the music man and now we have a fitness man on a Wednesday. He's really good." Another person told us, "[Name] is our activities lady. She spends time with us to make things. She does things that are creative as well as bingo, quizzes and word searches." A person also explained to us, "We have trips out. We've been on a boat trip and we've got a meal out booked. We're going to the

pantomime in Keighley. In the first week in December we go to the banqueting hall. We have a right good do and a turn." During our inspection we saw a group of people playing dominoes. People were able to accept visitors throughout the day and could receive their guests in private or shared lounges. People's craft work was on display as were photographs of activities participated in.

People using the service expressed a good understanding of to whom and how to complain. Most said they would speak to a member of staff and the registered manager if they had any concerns. A visitor remarked to us, "I've no complaints, I'm kept well informed." There were four complaints recorded within the service since our last inspection. Records showed the complaints were acknowledged, investigated and an outcome communicated to the person concerned. Where appropriate staff practice was revised. Three complaints related to the cleanliness or care of clothing. We saw action had been taken to address these issues.

A record of compliments was also kept, as well as numerous thank you cards, where people expressed thanks and gratitude for the care given and approach of staff. Comments included; "Thank you for your dedication to my mum. The last few months were comfortable and for that I am truly grateful", "We couldn't have asked for more. I can't really put into words what I feel. You all seem to have just the right balance of care, professionalism and take into consideration each person's own needs" and from a group of people using the service, "Thank you most sincerely for the wonderful trip on the canal. It seemed to sooth everyone and they all enjoyed it."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been registered in respect of this service prior to 2010. People told us they were happy at the home and with the leadership there. One person told us, "[Name] I think she's very good." Another said, "[Name's] been very good to me and all the others too." All of the people, visitors and staff we spoke with said they would recommend the service. One person told us, "I've been to a couple of homes. I'd rate this one top by a long way."

Staff were complimentary about the leadership of the service. Their comments included, "[Registered manager] is very person centred. She gives good advice", "The leadership is fair and [name] is a hard worker. She mucks in herself" and "We're not perfect, but we're effective and efficient in getting things done."

The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well and had a visible presence within the home. Paper records we requested were produced for us promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so. The registered manager told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect. Care staff were also clear about expected standards of work and the registered manager's ethos.

The registered manager and senior carers attended on-going training to ensure they had a continued awareness of current good practice. They also sought the advice and input of relevant professionals, including in relation to people's general medical and mental health needs.

We saw the registered manager, senior staff and a handyman carried out a range of checks and audits at the home. These included audits of medicines, equipment and the safety and condition of the building. Annual questionnaire surveys were carried out and those received from people using the service, their relatives and care professionals contained positive feedback. Comments included; "This home has such a good record", "We have very good contact with the home" and "I've never had any cause to complain." Some improvements had been suggested including, "To offer a drink when visiting" and we observed staff offered drinks to visitors. A person using the service said, "Suggestions are acted upon. The veg was over cooked and now they do them harder."

Staff said they were well informed about matters affecting the home. The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case, and evidenced that there were discussions on what had gone well and what could be improved in the future. The team meetings included discussions about the home's values, learning from incidents and encouraging staff to continue to do their best for people living at the home. This gave the people using the service and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.