

## Gainford Care Homes Limited

# Lindisfarne Newton Aycliffe

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Lindisfarne Newton Aycliffe provides accommodation with personal and nursing care for up to 56 people. The home is split into 3 units across 3 floors. Residential and nursing care is provided to older people and people living with a dementia. At the time of this inspection 44 people were living at the service.

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

The provider did not have effective systems in place to monitor people's safety when eating and drinking. Fire drills had not been carried out in line with the provider's policy. Governance processes had not identified or remedied this issue. The provider was required to have a registered manager at the service,. There was a manager in post but they had not applied for registration when we inspected.

People received kind and caring support from staff who knew them well. We saw people were treated with dignity and respect when being supported. Staff helped people to express themselves and make decisions.

Medicines were managed safely. Staffing levels were monitored and staff safely recruited. People were safeguarded from abuse. The provider had effective infection prevention and control systems in place.

Staff received regular training, supervision and appraisal. The premises were adapted for the comfort and convenience of people living there. 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.

Care plans were in place, and staff said these helped them to provide responsive care. Staff could communicate with people effectively. People had access to a range of different activities at the service. The provider had a clear complaints process, which people and relatives were aware of.

Staff spoke positively about the leadership of the manager and the support they received. Feedback was sought from people, relatives and staff. The service worked successfully in partnership with other agencies and external professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 March 2019).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident was subject to further assessment by CQC as to whether any regulatory action should be taken.

As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of eating and drinking. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to eating and drinking support, record keeping and quality assurance audits at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Lindisfarne Newton Aycliffe

## 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 Health and Social Care Act 2008.

#### Inspection team

An inspector, a specialist advisor nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lindisfarne Newton Aycliffe is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindisfarne Newton Aycliffe is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post but they had not applied for registration when we inspected.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 8 people and 4 relatives about their experience of the care provided. We reviewed a range of records. This included 6 people's care records and 4 medicine administration records, with accompanying documentation. We spoke with 11 members of staff, including the manager, care, kitchen and domestic staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Plans were in place to support people in emergency situations. However, fire drills had not been carried out in line with the provider's policy. We spoke with the manager about this who said action would be taken.
- In most areas risks to people were assessed and plans put in place to reduce the chances of them occurring. However, eating and drinking risks were not always fully recorded.
- The premises and equipment were monitored to ensure they were safe to use. Required test and safety certificates were in place.

### Staffing and recruitment

- There were enough staff in place to meet people's needs. Staffing levels were monitored to ensure people received safe support. People spoke positively about staffing levels. One person said, "Do I feel safe here? Oh yes. I just wander up and down the corridor. They (staff) watch me."
- Systems were in place to ensure staffing levels were maintained during periods of annual leave or staff absence. Ongoing recruitment was taking place to ensure safe staffing levels were maintained. One member of staff said, "The new staff do seem really keen. At the moment we're doing okay [with staffing]."
- Staff were safely recruited. The provider's recruitment process reduced the risk of unsuitable staff being employed. This included reviewing employment histories and obtaining references.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and confirmed that would raise any concerns they had. One member of staff told us, "Safeguarding is always reinforced. It always comes in in supervisions."
- Accidents and incidents were monitored to see if improvements could be made to keep people safe.

### Using medicines safely

- Medicines were managed safely. Clear records were kept of the medicines people needed and when these were given.
- Medicines were appropriately and securely stored to ensure they were safe to use.
- Staff received training and competency checks to ensure they had the knowledge and skills needed to manage people's medicines.

### 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 was supporting safe visiting to the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Records did not consistently record the support people needed with eating and drinking. Where these needs changed, plans were not always updated in a timely way to ensure all staff were aware of the support needed.
- Risks to people arising out of their diets were not always fully recorded. The manager told us action would be taken to update records. We saw this was started during the inspection.

Systems were not in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about the meals they received at the service. One person told us, "Oh the meals are lovely. It's like a Christmas dinner today. I chose my dinner after breakfast. They bring a list round. There's usually something else if I've changed my mind."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and preferences were assessed before they moved into the service, to ensure appropriate support was available. These were regularly reviewed to ensure effective support was delivered, but improvement was needed in the ongoing assessment of people's eating and drinking support needs.

Staff support: induction, training, skills and experience

- Staff were effectively inducted into their roles. The provider carried out an induction for new staff to introduce them to the service and their role. This included learning the provider's policies and procedures and meeting people and other staff.
- Staff were supported with regular training, and said this gave them the knowledge and skills needed. One member of staff told us, "I think [training] is brilliant."
- Regular supervisions took place, which gave staff an opportunity to raise any support needs they had. The manager was also organising appraisals for staff. Staff told us they found supervisions useful.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with a range of external professionals to ensure people received the care they needed. Records showed that referrals for support to external agencies were made in a timely manner.

Adapting service, design, decoration to meet people's needs

- The premises were adapted and decorated for the comfort and convenience of people. Work was ongoing to further improve communal areas, for example through the creation of a sensory room for people to enjoy.
- People's rooms were decorated to their personal tastes. Relatives were encouraged to bring in items of importance to people to help customise their rooms.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to their care was obtained and recorded. Where people were unable to make decisions for themselves, best interests decisions were appropriately made for them.
- Effective systems were in place to apply for and monitor DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received. Comments included, "It's lovely here" and, "[Staff are] very kind."
- Relatives told us people were well treated and supported. One relative told us, "I'm very happy with her care here."
- Throughout the inspection we saw lots of kind and caring interactions. Staff were attentive to people's needs, and regularly checked to see if there was anything they needed.
- People were supported to maintain their sense of identity and do things of importance to them. One person told us how staff had made them feel special by helping them trying something new.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and make decisions about the support they wanted. One person had made a decision about how they wanted to manage risks to themselves, and this was clearly recorded in their care plan.
- Relatives were kept well informed about decisions on people's care, and were involved in these where appropriate. One relative said, "I feel supported too."
- Advocacy services were available to people should these be needed. Advocates help ensure people's voices are heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff putting people at ease when delivering support. One relative told us how staff talked to people when delivering care, which helped them to feel comfortable.
- Staff encouraged people to do as much as possible for themselves to maintain their independence. One person told us, "I get myself ready. I don't need help with that, and I shower myself. I'd just ask any of them [staff] if I did need help."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and were regularly reviewed. However, reviews did not always lead to plans being updated where people's needs had changed. We told the manager, who said the review process would be looked at to see how improvements could be made.
- People said they received the care and support they wanted. We asked one relative if people had choice and control over their support, and they responded, "I'm perfectly satisfied."
- Staff knew people well, and said the manager had been trying to improve care plans to ensure they contained this person-centred information. One member of staff told us, "Care plans wise, the manager has tried to organise them more efficiently."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were able to communicate with people effectively and help them make their voices heard. One relative told us, "The staff I've seen talk to her all the time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships of importance to them. Relatives confirmed they were able to visit people when they wanted, and that they were supported to be involved as much as they and the person wanted.
- A range of activities were available at the service. People were invited to meetings where they could discuss and plan further activities. One person told us how the activities co-ordinator helped them to do things they enjoy. They told us, "Our activities co-ordinator does things for me. She sits with me and we chat about things."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. Where issues were raised records showed that they had been looked into and outcomes shared with those raising them. People told us they know how to raise any issues they had.

#### End of life care and support

- End of life care was provided in a way that met people's needs and wishes. Staff acted sensitively when discussing this with people and relatives.

# 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 our last inspection we rated this key question good. At this inspection the rating 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not always effective at monitoring the quality of the service. The manager and provider carried out a range of audits to monitor and improve standards at the service. However, these had not identified or rectified issues with eating and drinking support.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service has a condition of registration that it has a registered manager. The manager had taken over as manager in November 2021 but had not applied for registration when we inspected. This is being dealt with outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff spoke positively about the leadership of the manager, who they said was making positive changes at the service. One member of staff told us, "[The manager] genuinely cares about the residents and staff, she is trying her hardest."
- People and relatives were familiar with the manager and said they could approach her to discuss anything they needed. One relative said, "The manager always has a word for me."
- The provider understood and acted on the duty of candour when things went wrong at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback from people, relatives and staff and this was acted on. A relative told us how they had requested something specific, and this was arranged for them.
- Meetings took place to share information with people, relatives and staff and to involve them in how the service was run. For example, at one meeting for people and relatives a discussion took place on resuming church services as COVID-19 restrictions were lifted.

Continuous learning and improving care; Working in partnership with others

- Staff worked effectively with a wide range of external professionals. Advice and guidance from this partnership working was used to improve the support people received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Regulation 17(2)(a) and (b)