

# Gainford Care Homes Limited

## Lindisfarne Ouston

### Inspection report

Front Street  
Ouston  
Chester Le Street  
County Durham  
DH2 1QW

Tel: 01914922891  
Website: [www.gainfordcarehomes.com](http://www.gainfordcarehomes.com)

Date of inspection visit:  
13 February 2020

Date of publication:  
19 May 2020

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lindisfarne Ouston provides nursing and personal care for a maximum of 57 older people on two floors in one purpose built building. At the time of our inspection visit there were 43 people using the service, the majority of whom were living with a dementia.

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

Medicines were managed safely. Some practices were not always in line with best practice and the registered manager made the required improvements on the day of inspection.

Risk assessments were in place. Staff used good practice guidance and processes to record and manage these risks.

Staffing levels did not always allow staff sufficient time to provide people with the patient, person-centred and dignified care they needed. We have made a recommendation about this. People felt safe and well looked after. The premises were well maintained and clean.

Staff understood people's needs well and ensured people accessed primary healthcare, such as GPs and dentists.

The premises had elements of dementia-friendly design but some of the spaces on the first floor had not been sufficiently utilised to the benefit of people using the service. We have made a recommendation about this.

Relatives felt welcome and confirmed they were involved in the implementation of care plans and reviews.

Activities were regular and varied. The provider has employed another member of staff to support this as it was currently difficult for one member of staff to adequately plan and deliver a range of activities. We have made a recommendation around activities for people living with a dementia.

There were some positive and proactive community links in place.

The majority of relatives and external professionals had positive experiences of dealing with the management of the service. There were mixed views from external professionals about how welcome they felt when visiting the service.

Systems and processes were in place to ensure incidents, accidents, complaints and trends could be analysed for patterns.

Staff received appropriate training and knew their roles well. They felt they had the right support to do their

jobs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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 8 March 2017). There was also an inspection on 4 October 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### 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 Ouston

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, one specialist advisor with a nursing background and one Expert by Experience completed the 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 Ouston is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives. We observed interactions between staff and people who used the service. We spoke with ten members of staff including the manager, regional manager, and a range of nursing and care staff.

We looked at three people's care plans and risk assessments. We looked at five people's medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

#### Following the inspection

We contacted three further health and social care professionals and two relatives.

# Is the service safe?

## Our findings

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

At the inspection on 4 October 2019 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. Staff were trained in the administration of medicines and their competence assessed. Stock checks, ordering and disposal processes were safe.
- The provider had a good relationship with the local GP and pharmacy. The latter undertook regular audits.
- Where we identified the need for improvements in relation to the documentation of covert medicines and 'when required' medicines, the registered manager and staff acted promptly.
- Temperature checks of the medicines storage room and fridge had not been completed on several occasions. Some prescribed creams did not have opening dates noted on them after opening.
- The registered manager and nurse on duty took immediate action where we identified shortfalls in records relating to medicines. It is also acknowledged that the provider had acted on a recent audit by their pharmacist provider and corrected a number of areas of practice.

### Staffing and recruitment

- We observed people's call bells were answered promptly during the inspection. The majority of relatives and external professionals we spoke with felt there were sufficient staff, but some felt it was sometimes difficult to find a member of staff when needed.
- Staffing levels were calculated using a recognised dependency tool. Staff deployment did not always ensure people had their needs met in a timely way all of the time.
- Staff felt they could cope, although at peak times (often mid to late afternoon) acknowledged the first floor demanded more staff time. They acknowledged this meant other people's needs were not met in as timely a fashion as they would like.

We recommend the provider review how they deploy staff to ensure people's needs are met.

- Pre-employment checks were in place to ensure prospective staff were safe.

### Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe and a strong consensus of relatives agreed. One said, "They do as much as they can to keep him safe, I don't know what else they could do." Another said, "They are good – it's the third home he's been to but he feels settled and safe here."
- Staff kept people protected from risks and were aware of their safeguarding responsibilities.

### Learning lessons when things go wrong

- Incidents, accidents and safeguarding concerns were responded to on an individual basis. There were

systems in place to ensure these could be analysed to identify trends and patterns, either by the registered manager or regional management.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were regularly reviewed. Staff used recognised tools to help reduce risks. Where one person did not have a sufficiently detailed risk assessment the provider acted promptly.
- Emergency, utilities and other equipment were regularly serviced. The handyman kept detailed records of a range of daily checks, such as water temperatures and fire safety equipment.
- The service was clean throughout. Hand-washing posters were evident and staff worked in ways that reduced the chances of infection.

# 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 the inspection on 4 October 2019 this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were reviewed on a regular basis. Relatives agreed they had been involved in the assessment process. People felt they were asked about their needs regularly.
- The registered manager was aware of recent developments in best practice, such as 'Smiling Matters: Oral Health Care in Care Homes'.
- Records were in place to ensure other healthcare professionals could work well with staff and help people quickly.

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

- Staff supported people to maintain a balanced diet, using photographs and plated food to help people choose. There was ample dining space for people but the lunchtimes we observed were lacking in atmosphere and touches that would make the dining experience more pleasurable.
- Feedback about meals was generally positive. One person said, "The food is good, there's always a choice."
- The service had taken part in a nutrition and hydration week and introduced smoothie and hydration stations.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. The provider had introduced a new app-based training package meaning staff could access training through their phones. It also made reminders and auditing easier. Staff we spoke with found it accessible.
- Staff told us they were supported in their role. They had regular supervisions with an opportunity to discuss their development.

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

- Staff liaised with local health and social care professionals to ensure people's needs were met. The majority of these professionals we spoke with felt staff were able to give them accurate information regarding people's needs. The majority felt the service worked well with them.

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

- The premises were spacious, with large living rooms, dining areas and a secure garden space.
- There were elements of dementia-friendly environment planning in place, such as clear signage, lighting

and a sensory room. This was not used by anyone using the service at the time of inspection and staff acknowledged it was under-used.

- Corridors were long and people on the first floor did not appear to gain any benefit from the tactile items on the wall.

We recommend the provider reviews current best practice guidance on dementia-friendly environments to ensure the first floor is suitably decorated and/or adapted.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood MCA and DoLS considerations; appropriate notifications had been sent to the local authority.

# 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 the inspection on 4 October 2019 this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. We observed three instances of staff interacting with people in ways that did not uphold their dignity or treat them respectfully. We informed the registered manager and regional manager of these and they acted immediately. They agreed to review the means by which they undertook dignity and mealtime audits, and to involve the provider's dementia specialist in this.
- Staff otherwise conducted themselves in ways that demonstrated they genuinely cared for people. The instances we observed were linked to staff not having sufficient time to give people the patient, dignified support they required. This meant staff did not always have the time to sit with people and get to know them as well as they should.
- Most relatives confirmed the service felt welcoming when they arrived and that there were no restrictions on their visiting. The service had welcomed a range of visitors over the festive period and people we spoke with confirmed the atmosphere had been celebratory.
- Staff were respectful of people's independence.

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

- Staff demonstrated a sound knowledge of people's preferences and interests. They respected people's individualities and differences. Care records had regard to people's protected characteristics. Good links were in place with a nearby church for those people who practiced religion.

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

- Staff helped people express their views. One person who had moved to the service recently used a small number of abstract words and gestures for everyday items and needs. The registered manager agreed these prompts needed to be better recorded to enable all staff to communicate better with them. They assured us they would update this person's records.
- People and their relatives were involved in decision-making about their care. Staff consulted with people about individual decisions. Residents' meetings took place on a quarterly basis.
- Staff ensured people had access to advocates to ensure their voices could be heard. One advocate told us, "They are always very welcoming and give us the privacy we need."

# Is the service responsive?

## Our findings

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

At the inspection on 4 October 2019 this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 accessed a range of activities. The service took part in singing for the brain, used virtual reality tools to support reminiscence and had recently created a sensory room. Singing for the Brain is a stimulating group activity, for people in the early to moderate stages of dementia and their carers, which can help with general well-being and confidence. Some activities arranged in-house were less mindful of people's needs and stages of dementia.

We recommend the activities planning has regard to the provider's dementia lead and other dementia-specific methods as set out in best practice.

- Staff supported people to enjoy a range of activities, both group-based and one-to-one. The registered manager confirmed a second activities co-ordinator had been employed as the current member of staff worked 32 hours per week.
- There were some good community links in place, such as with the local church, nursery and allotment society. These increased the range of activities available throughout the year.
- The activities co-ordinator and staff raised money to purchase activities equipment, some of which we observed in use during the inspection.

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

- Care plans were detailed and contained good levels of information. Staff knew understood people's needs well.

End of life care and support

- The service was able to support people as they approached the end of their lives. One member of nursing staff had visited an external specialist in this area and intended to share that learning with staff.
- People had advanced care planning and end of life care plans in place. We saw thank-you cards from relatives who had lost loved ones and had been supported by staff.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the provider's policy. People and their relatives understood how to make a complaint.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained a good level of detail regarding how best to communicate with people. Policies and relevant information were available in a range of formats.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection on 4 October 2019 this key question was rated as good. At this inspection this key question has deteriorated 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; Continuous learning and improving care

- Audits were in place covering a range of areas, such as health and safety, care plans, infection control and medicines. Medicines audits had not always ensured medicines practices were in line with current best practice.
- The registered manager demonstrated a good understanding of the provider's systems and processes. The regional manager took an interest in the running of the home and helped facilitate the inspection. They also demonstrated a good understanding of the provider's policies and processes.
- Staff understood their roles well. Some had additional duties delegated to them and were competent in these roles.
- The registered manager had sent in appropriate notifications to CQC. They were aware of related guidance and requirements, as well as a range of areas of best practice.

Working in partnership with others

- The registered manager and staff worked well with some local professionals and groups. Feedback from external professionals was mixed, with some citing extremely positive working relationships, whilst others felt the service could be more proactive and approachable with them.
- The service had strong links in place with the local GP and embraced new technology to improve efficiencies, such as prescription ordering.
- People felt a part of their community as there were some good local links in place, such as the church and allotment society.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on the duty of candour, which is their legal duty

- Some external professionals had mixed experiences about how welcome they felt when visiting the service. We shared these concerns with the provider. The culture was not always as open as it could be.
- Staff helped ensure the culture was one in which people felt safe. Staff worked hard and looked after people to the best of their ability.
- The service had lost a member of nursing staff recently and we recognised the provider was putting in place a range of measures to ensure staffing changes did not negatively impact on people. This included recruiting peripatetic nursing and care staff, so that if there were a shortage, people would at least receive

care and support from a regular pool of staff rather than agency staff.

- The majority of people and their relatives felt the service was run competently.

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

- People were asked for their views about the service. Resident/relative meetings took place quarterly and people confirmed they were involved in regular reviews. Staff treated people equally, regardless of their individualities and protected characteristics, such as race or disability.
- Where people had particular religious beliefs, staff helped people access their faith. Staff had received equality and diversity training.