

Gainford Care Homes Limited

# Lindisfarne CLS Residential

## Inspection report

Whitehill Park  
Chester Le Street  
County Durham  
DH2 2EP

Tel: 01913895810  
Website: [www.gainfordcarehomes.com](http://www.gainfordcarehomes.com)

Date of inspection visit:  
29 January 2019

Date of publication:  
18 February 2019

### 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

The inspection took place on 29 January 2019 and was unannounced. At our last inspection in July 2016 we awarded an overall rating of Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Lindisfarne CLS Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 30 older people across two floors. At the time of the inspection 23 people were being supported in the home.

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The provider had a system in place to ensure the safe recruitment of new staff. Appropriate checks were made prior to commencement of employment.

The provider had policies and procedures in place to keep people safe. Staff were trained in safeguarding and knew how to report concerns. Staff felt the provider would act to ensure people's safety.

Accidents and incidents were recorded and monitored for themes and patterns to reduce reoccurrences.

Risks to people and the environment were assessed with control measures in place for staff support and guidance. Risk assessments were reviewed on a regular basis

Policies and procedures were in place to support staff in the safe management of medicines. Medicine administration records (MARs) were completed correctly.

The registered manager had a process in place to ensure staffing levels were sufficient to meet people's needs. Staff felt supported, were appropriately trained and received regular supervisions and appraisals.

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.

People enjoyed a varied diet and had their nutritional needs assessed regularly. When necessary staff

ensured people had access to health care professionals.

Staff treated people with dignity and respect. People's independence was promoted. People's privacy was maintained.

Care plans were personalised and reviewed on a regular basis. People were involved in planning their support. People were supported at the end of their lives with staff ensuring wishes and preferences were upheld.

People had access to a range of activities both in and outside the home.

The provider had a complaints procedure in place. People who used the service and their relatives were aware of how to make a complaint.

Health and safety checks were completed regularly and records maintained.

The registered manager worked with local commissioners and other stakeholders. Community links were maintained with people accessing local amenities on a regular basis. Members of the clergy made regular visits to the home.

The provider had an effective quality assurance process in place and maintained a development plan to drive improvements.

## 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 remains good.

### Is the service well-led?

Good ●

The service remains good.

# Lindisfarne CLS Residential

## 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.

The inspection took place on 29 January 2019 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG).

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

During the inspection we spoke with four people who lived in the home and four relatives. We spoke with the registered manager, area support manager, a registered manager from a sister home, four care staff and the chef. We spoke with one visiting health care professional.

We looked at two people's care records and records relating to the management of the service including the recruitment records of two staff.

# Is the service safe?

## Our findings

At our inspection in July 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and their relatives felt the service was safe. Comments included, "I'm happy here it is safe enough", "We are more than happy with the home, we know she is safe. The staff are lovely, plenty going on. We visited some homes and this one was high on our list" and "I am safe and happy".

The provider had systems in place to keep people safe, such as safeguarding policies and procedures. Staff were trained in safeguarding and understood how to report any concerns and were clear about what constituted abuse and how they could recognise if someone was being abused. Staff felt the registered manager would act on any concerns.

The provider had a recruitment and selection procedure in place and carried out relevant checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS).

Accidents and incident were recorded and analysed for patterns or themes. Lessons learnt from any incidents were discussed in staff supervisions or team meetings.

Risk assessments were in place for people and the environment, with control measures available for staff guidance to reduce the risk. Such as how to support people who were at risk of falls and how to support people in the event of an emergency. We found the registered manager had been proactive in supporting people with a high risk of falls. The registered manager told us, "By using more equipment such as sensor mats and chair sensors there has been a reduction in injuries sustained from falls".

We found the provider had policies and procedures in place to manage medicines. MARs were completed correctly with no gaps. Staff were trained in the safe handling of medicines and had their competency to administer medicines checked on a regular basis. We observed staff who were administering medicines wore a red tabard which alerted others not to disturb them.

Health and safety checks were carried out on a regular basis. These included, gas safety checks and portable appliance tests (PAT).

The provider had personal emergency evacuation plans (PEEPS) in place for staff support and guidance. A grab bag contained items which staff may need in an emergency evacuation was easily accessible for staff.

The home was clean and tidy. Ancillary staff were visible around the home. Staff had access to and used personal protective equipment (PPE) where necessary.

# Is the service effective?

## Our findings

At our inspection in July 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs were assessed before they started using the service. Assessments were used to develop support plans with involvement of people and their relatives. The provider used legislation and best practice to inform their assessments. For example, nutritional guidance from the National Health Service (NHS).

Staff felt supported through supervision and appraisal. Comments included, "It is a nice atmosphere here" and "We do have supervision, but I would speak to [registered manager] at any time really". We found staff were appropriately trained to meet the needs of the service. For example, moving and assisting, Mental Capacity Act, fire safety. New staff followed an induction process. Training was up to date and refreshed on a regular basis.

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 Act.

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.

People were supported with their nutritional needs. Where necessary (speech and language therapist) SALT guidance was included in the person's support plan for staff to follow. The provider had maintained their compliance with NHS's Focus on Under nutrition initiative (FoU). FoU is a course developed by NHS dietitians to enable staff to increase their knowledge and understanding of how to identify and treat under nutrition in adults.

Care files contained records to identify when professionals had been requested by the home as part of people's health care. These included, referrals to SALT, dietitians and GP's. We spoke with a visiting health care professional who told us, "I've seen an improvement (in the home). I always go in the office to feed back who I'm seeing. We write recommendations for carers, and they [carers] are following them." The nurse went on to explain, "I know if I ask a question or for information I'll get it. Some places they [staff] have to go away and check the records. Here they have it in their head, they know them (people)."

The premises were suited to people's needs, with dining and communal spaces for people to socialise. Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture brought from home. The registered manager had plans to make the home more dementia friendly. We found painted handrails which gave people support with mobility, signage had been purchased to aid

orientation around the home. Memory boxes were in place, these were to be filled by people and relatives as part of the activity provision in the home. Bathrooms were designed to incorporate needs of the people living at the home. The garden area was accessible to people and relatives.



# Is the service caring?

## Our findings

At our inspection in July 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives told us staff were caring. Comments included, "They are lovely, the staff got us all a Christmas present", "I chose to come in here, the girls are nice as well" and, "We have nothing but good things to say, [name] is really happy here this is where she wanted to come" and, "They (staff) are nice, like family." One health care professional told us, "Caring, yes, they know every patient [person]."

We observed many caring and respectful interactions between staff and people. Staff did not rush people to make decisions and were led by what the person wanted to do. It was clear staff knew people well and understood gestures, body language and facial expressions. One person became very upset and distressed. Staff approached them and crouched down next to them and listened to the person's worries. The staff member gave gentle responses and diverted the conversation away from wanting to go home to her family to what she used to do at work. The person soon became calmer and appeared to enjoy the conversation.

Staff knocked on people's doors and waited to be invited in. Staff spoke with people in a respectful manner. There was lots of laughter in the home and people reacted in a positive manner with staff smiling and chatting together. We observed welcoming interactions between staff and relatives who visited the home.

Care records described how staff were to respect people's privacy and promote their dignity. People were supported to be as independent as possible.

We joined people in the dining room at lunch. We observed staff treating people with dignity. People were asked if they wanted to wear protection for their clothes before being served their meals. We observed staff asked people what they preferred for lunch, offering choices and alternatives. Staff supported people to eat and drink in a safe manner and to be as independent as possible. Meals were not rushed, people were given time to eat their meal at a pace of their choosing.

People's preferences and choices were recorded in their care records. Communication support plans were in place if people required support with their communication needs. We found staff had access to a communication file containing colourful pictorial information for people to enable people to make decisions such as having a drink or visiting the bathroom.

We saw that records were kept securely and were only accessible by staff. This ensured the confidentiality of people's personal information.

We found the provider supported people with their rights. One person told us, "When I get a letter I go to [registered manager] she is very helpful. They would help me get a postal vote." Another said, "Two ladies from the church come in and take a small service."

Information on advocacy services was made available to people who used the service.

# Is the service responsive?

## Our findings

At our inspection in July 2016 we rated this domain as Good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We found the staff continued to give responsive care, designed around the needs of people who used the service. One person told us, "When I came in, we talked about what I needed. Everything was covered, so now the lovely girls know what I want."

People had personalised care plans in place which were reviewed monthly. People using the service and those important to them were involved in setting up the plan of care. We found detailed information on how people wished to be cared for. For example, one person's mobility plan detailed how staff were to support them to walk on the sole of the foot rather than the side, another plan detailed how to support the person with their communication needs by taking time to explain information.

We found the service provided of end of life care when necessary. The registered manager and staff were committed to providing people with the best end of life care they could possibly give and provide support to families at this sad time. We found compliment cards to demonstrate acts of caring and empathy.

We had mixed comments about the activities in the home. People we spoke with were happy with the activities the home provided. One person told us they loved the music and dancing. We observed staff dancing with people in the lounge, those who were not dancing were tapping their feet and appeared to enjoy watching. Another told us about how they joined in the exercises now and again. One health care professional told us, "They [staff] do interact, they do activities on an afternoon, get them to interact with each other, arm chair exercises and singers come in."

Some relatives felt that there was a lack of engagement from staff. We discussed this with the registered manager who told us, "This is being addressed at supervision. I want the staff to be more engaged with the activity coordinator."

People in the home had links to the local community visiting local attraction such as Beamish, local faith groups came into the home to hold services. Notice boards contained information about up and coming social activities such as Burns night and a Valentines event. A comments box was available for people and relatives to make suggestions for activities.

Regular meetings were held with people and relatives. These were recorded and made available for those who could not attend.

The service was complying with the Accessible Information Standard (AIS). People's communication needs were clearly recorded. These described how the person communicated and included actions for staff to take to support the person in this area.

The provider had a policy and procedure in place to manage complaints which provided clear information for people. People we spoke with knew how to make a complaint if they needed to.

## Is the service well-led?

### Our findings

At our inspection in July 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The service had a registered manager in post. People and relatives told us they felt the registered manager was open and approachable. On the day of the inspection we found management were easily accessible to people and staff. Comments included, "Always has a smile and a word" and, "No worries at all, I would not hesitate in speaking with her." One health care professional told us, "It is good. Especially since [registered manager] arrived."

The registered manager was supportive of the staff team and took their responsibilities in supporting staff seriously. Processes were in place to ensure staff were supervised, training organised and rotas developed to meet the needs of the service.

Regular team meetings were held. The registered manager also held "flash meetings" with heads of departments to discuss any areas of concerns relating to specific areas. These were recorded and made available for those who could not attend so important information was disseminated to all staff. The minutes of meetings demonstrated these were open and encouraged discussion with the staff team. Ideas and suggestions were acknowledged and discussed during meetings.

Quality surveys were carried out so people, relatives, other stakeholders and staff could give their views and opinions. We saw the provider acknowledged any concerns raised and set an action plan to address the concerns.

We found the provider had a quality assurance system in place. The registered manager completed several audits on a regular basis to cover areas such as care plans, health and safety and infection control. These were then reviewed by the area supporting manager as part of the provider visits.

The registered manager had plans in place to develop the service. We found Champion roles had been introduced. Such as dementia champions, to promote the understanding of knowledge of a specific area to all staff members. Plans to set up a "dementia café" were also discussed. The registered manager told us they would like to introduce an "excellence in care award" to acknowledge the positive impact staff have on the quality of the service. This was being discussed with the area support manager.

The home had been chosen to take part in a pilot scheme for the "National Early Warning Score" (NEWS). NEWS was developed to improve the detection of clinical deterioration and response to people with acute illness. Staff will be able to take simple physical measurements such as blood pressure and temperatures readings then upload them to an electronic device which is monitored by community nurses. The registered manager told us, "A meeting is arranged for next week, we will then receive the training."

The service worked in partnership with many agencies, including the local authority, safeguarding teams

and multidisciplinary teams, to ensure people received joined up care and support.