

Gainford Care Homes Limited

Lindisfarne Hartlepool

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

About the service

Lindisfarne Hartlepool is registered to provide personal care and accommodation for up to 54 people. At the time of the inspection, 53 people were living at the service.

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

People and relatives were complimentary about the service. One relative said, "Just fab, I can't praise them highly enough. [The registered manager] is fantastic, she leads from the top."

There were enough staff deployed to meet the needs of people. The service recruited staff safely. Staff were suitably trained and received regular supervisions and appraisals. Health and safety checks were regularly completed, and infection control measures were in place. The service had systems in place to reduce the risk of abuse and harm. Information from accidents and incidents was used to reduce future risks. Arrangements were in place for the safe administration of medicines.

People were supported with their dietary needs. Staff treated people with dignity and respect. People were promoted to maintain their independence by encouraging them to care for themselves where possible. People received person-centred care and were supported by staff who knew them well. Care plans outlined how best to support people and as they preferred. Communication needs were not always addressed effectively.

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.

Staff supported people to take part in a range of activities and access the community. The service recognised the benefits of intergenerational interaction and worked in partnership with local educational establishments. The service was committed to supporting the wider community. The registered manager supported people prior to them moving to the service. The service was involved in a number of initiatives, supporting people in the local community.

Healthcare professionals felt the service was responsive to people's needs and were open to the guidance given. People and relatives gave positive feedback about the registered manager and their style of management. The provider had a range of audits in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (24/8/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lindisfarne Hartlepool

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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Lindisfarne Hartlepool 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams to gather their feedback. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, a regional manager, three seniors, cook, and four care staff. We also spoke with three healthcare professionals. We looked at the care records of four people, a sample of medicines records and other records related to the management of the service.

After the inspection

We contacted healthcare professionals and organisations who had worked on projects with the service. We also continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection 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.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to reduce the risk of abuse and harm.
- Staff had completed safeguarding training.
- The registered manager had recognised safeguarding matters and investigated and notified the appropriate authorities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived in a safe environment. Regular checks were carried out of the premises and equipment.
- Environmental and individual risks had been identified and managed.
- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- A safe recruitment procedure was in place. The service conducted relevant checks prior to new staff joining the service. New starters completed an induction and were supported by experienced staff.
- There were enough staff on duty to meet the needs of people. The registered manager regularly reviewed staffing levels to ensure people's changing needs were met.

Using medicines safely

- Medicines were managed safely. The service followed safe protocols for the receipt, storage, administration and disposal of medicines. The service was proactive in working in partnership with the local specialist medicines optimisation team.
- Staff responsible for the administration of medicines had completed the appropriate training.
- The service had developed innovative ideas to improve people's access to medicines. Including the introduction of a system for people to have access to creams immediately following a telephone consultation with a healthcare professional as opposed to waiting 48hrs.
- Following consultation with staff, the service created a flower coding which highlighted people living with a dementia, so staff could offer the appropriate level of support

Preventing and controlling infection

- People were protected from the risk of infection. The service was clean and tidy.
- Regular infection control audits were carried out. The service worked in partnership with the local NHS infection prevention nurse.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The design and décor of the service met people's needs. People were supported to personalise their own rooms.
- Signage was available to support people living with a dementia to navigate around the service independently.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.
- People's care and support needs were discussed with them and, where appropriate, their relatives before admission and then at regular intervals.

Staff support: induction, training, skills and experience

- People were supported by well trained and experienced staff. Staff received regular support through supervisions and an annual appraisal.
- New staff received induction training and shadowed experienced staff to ensure they had the skills and confidence to undertake their role.

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

- People's nutritional and hydration needs were met by the service. People told us they enjoyed the food available.
- People had access to equipment to support them to remain independent at mealtimes.
- Care records described people's individual needs and preferences. Guidance from healthcare specialists, such as speech and language therapists and dietitians was included.

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

- People were supported with their healthcare needs, including assessments and reviews of their oral health.
- Healthcare professionals felt the service made appropriate referrals in a timely manner.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives were complimentary about the caring nature of staff. Comments included, "The staff are lovely. Mum is settled, so content, happy," and "Staff are really hard working and are caring."
- The registered manager demonstrated a strong empathy with people, their relatives and the wider community. One relative expressed their thanks for the support received from staff prior to their relative moving to the service. Another relative told us how the service was supportive of them and often enquired about their wellbeing and even recognised their birthday.
- Staff treated people with dignity and respect. We observed staff interacted with people in a positive manner. Staff clearly knew people well. One relative told us, "[Staff] have humour with people and relatives and know people well."

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

- People and relatives were involved in the care planning process. People's preferences and choices were clearly documented in their care records.
- When required the service supported people to access a local advocacy service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on bedroom doors before entering and offered assistance in a sensitive manner.
- Staff supported people to remain as independent as possible. Staff gave gentle encouragement and were aware of people's needs and when to offer assistance.
- People were treated as individuals. The service had supported two couples to adapt their rooms into a private sitting room and a joint bedroom.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had a range of activities to support their emotional, physical and social needs. The service supported people to access the community. People enjoyed attending pubs, restaurants and local attractions. Two people had expressed a wish to go swimming and the service had arranged a booking at the local pool.
- People were supported with their spiritual needs. Representatives from local churches conducted regular visits. The service also encouraged understanding of other faiths, working in partnership with a local mosque.
- The service had recognised the benefits of inter-generational contact. The registered manager had worked with a local college and supported young adults with autism to engage in meaningful employment at the service. People told us they looked forward to the students visiting.

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

- People and relatives told us the service was responsive. One relative told us, "The slightest change, not quite herself they get the right people involved."
- People's communication needs were not always recognised. Whilst care plans reported the difficulty language posed for two people, the support in place to address this was limited. The registered manager addressed this matter immediately.
- Majority of care plans were personalised and clearly outlined people's care and support needs. However, care plans around the support and actions required to maintain the safety of people with diabetes was not present. The registered manager immediately addressed this matter.

End of life care and support

- Staff gave people sensitive end of life care. When people wished to discuss their end of life care and support needs, care plans were created which outlined their wishes and preferences regarding end of life care.

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.

- The service had systems to identify people's communication needs and offered information in different

formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and relatives told us they did not have any complaints but were aware of how to make a complaint.
- Complaints were acknowledged, investigated and responded to.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example. People and relatives were complimentary about the registered manager and their style of management. Comments included, "[Registered manager] has a magic approach, bespoke for everyone," and "It is the manager's influence that staff are so good."
- Staff were knowledgeable and enthusiastic about their working roles. All staff expressed the closeness of the teamwork and how they worked well together and supported each other.
- The provider and management team carried out audits to monitor the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive atmosphere. Staff morale and teamwork were good.
- People and relatives had opportunities to share views and get involved in the service, including a 'residents committee.'
- Staff meetings were regularly held which discussed the running of the service. Staff were regularly consulted to obtain their ideas on how to improve the service and these were put into action.

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

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- The service was open and transparent. The registered manager reacted to feedback and displayed their response for all to see.

Continuous learning and improving care

- The management team were committed to continuous improvement. Information was reviewed from a range of sources to learn and drive improvement.
- The registered manager was open and responsive to our inspection feedback.

Working in partnership with others

- The service worked in partnership with health and social care professionals.
- People were supported to remain part of the local community. The service had established good links with

the local community including churches, schools and a college.

- The service was involved in a project with Cleveland Police called 'Safe Harbour.' The project supported people living with a dementia who became lost in the community. People were taken to the service to be cared for whilst the Police worked to identify them.