Gainford Care Homes Limited

Lindisfarne Ouston

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

Lindisfarne Ouston is registered to provide accommodation for people who need nursing and personal care. No one in the home at the time of our inspection required nursing care. Nursing tasks were completed by the local district nursing service. The registered provider had decided the time was right to provide accommodation for people with nursing care needs. Preparations were underway to meet these needs. The home can accommodate up to 56 people. At the time of our inspection there were 31 people using the service.

At the last inspection on 15 and 16 December 2015 we rated the service as requires improvement. During this inspection we found improvements had been made.

This inspection took place on 2 and 3 February 2016 and was unannounced

The home had a registered manager in post. 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.

Staff and relatives told us they had confidence in the registered manager to run the service. Staff felt supported by the registered manager.

We found the registered manager had in place effective systems to monitor the quality of the service and ensure risks to people were reduced. They had put actions in place to improve the service and people's well-being. A regional manager monitored the service and carried out a visit each month to follow up on actions taken and note where further improvements were required.

A staff survey had recently been carried and a relative's survey was underway. These had been carried out to seek view's about the service. We looked at the feedback received by service immediately prior to our inspection and found this was largely positive. These findings were a reflection of the many positive comments we received from people during the inspection.

Staff were trained and supported by the service through training and supervision. All of the staff who responded in their survey reported feeling trained to carry out their role. We found staff had been trained in "Focus on Under-nutrition". This initiative trains staff to prevent people in care homes from losing weight and enduring associated health problems. We found the home had implemented the training and saw there was no one in the home who had experienced weight loss where actions had not been taken to address this.

People and their relatives described staff to us as, "Lovely" and went on to describe a kind and patient approach to people. We carried out observations of staff and found they understood people's backgrounds

about which they had meaningful conversations. We also found staff protected people's privacy, dignity and confidentiality.

There was clear working in the home with other health care professionals to promote people's well- being. Advice from healthcare professionals had been incorporated into people's health care planning documents.

People's medicines were administered to them in a safe manner. We found they were stored securely and there were systems in place which protected people from unsafe medicines practice.

We found people's care plans had improved since the last inspection. They included a person centre approach where the plans were centred on each individual. Specific and detailed guidance had been given to staff to about how to care for people. We found these were reviewed regularly and where necessary referrals were made to other agencies when people's needs changed.

Accidents and incidents were reviewed by the registered manager who had made the statutory notifications to CQC. We found the registered manager had thoroughly investigated the accidents and incidents and taken action to avoid any possible reoccurrence.

Safety checks were carried out in the home to make sure people were protected from living in an unsafe environment. These included regular fire checks and hot water temperatures to reduce the risk of scalding.

Checks were carried out on staff before they started working in the service. This meant the registered provider and the registered manager had ensured staff working in the service were suitable.

The registered manager quickly addressed concerns in the home and had conducted thorough enquiries into complaints made to them about the service. They had provided the complainants with a response and taken action where necessary to avoid a repetition of the complaint.

The registered manager kept staffing levels under review. Staff we spoke with during the inspection told us they was enough staff on duty to enable them to complete their tasks.

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.

Regular checks were carried out on the building to ensure it was a safe place for people to live.

Risk assessments were in place so that actions were identified to prevent people from experiencing adverse accidents or incidents.

The registered manager kept the staffing levels under review to monitor people's needs and check there were enough staff on duty to meet their needs.

Is the service effective?

Good

The service was effective.

The service engaged with different health care professionals to make sure people's health needs were addressed and advice from health care teams were incorporated into people's care plans.

Staff had been trained in "Focus on Under-nutrition" and were aware of people's dietary needs, and how to prevent people from losing weight.

Staff received support through training, supervision and appraisal to enable them to effectively carry out their duties.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect, and they had knowledge about their social histories to engage people in meaningful conversations.

The home had in place different sources of information to provide the people who used the service and their relatives information and advice about the home.

People had in place care plans and their wishes documented about their end of life. These were made readily available to staff so staff new what actions were required to support people and their relatives' wishes.

Is the service responsive?

Good

The service was responsive.

Pre-admission assessments were carried out by the registered manager to check if the home could meet people's needs.

We found detailed care plans in place which reflected people's needs and gave specific guidance to staff on how to care for people.

The registered manager had carried out a thorough investigation of complaints which had been made to the service and ensured complainants had received a response.

Is the service well-led?

Good

The service was well led.

The registered manager had put in place effective systems to monitor the quality of the service. These were then checked by a regional manager to ensure actions to improve the service were carried out.

The registered manager had a weekly report to complete about the service. These were completed and detailed what actions had been taken where risks to people had been identified.

There was strong leadership in the home and staff were given clear guidance on what actions to take to improve people's lives.

Lindisfarne Ouston

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.

This inspection took place on 2 and 3 February 2016 and was unannounced

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service and five of their relatives. We reviewed the care documents in detail for four people living in the home and looked at other documents used in the home to monitor people's well-being for example food and fluid charts.

We looked at four staff files and spoke to ten staff including the regional manager, the registered manager, senior carers and carers, activities coordinator, catering staff and maintenance person. We also spoke with

two visiting professionals.

Good

Is the service safe?

Our findings

The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We saw the registered provided carried out DBS checks. They also asked prospective staff members to complete an application form which detailed their past experience and learning, and staff were required to provide the names of two referees. We found the references had been obtained by the registered provider and the authors of the references had been contacted to verify they had written the references. This meant the registered provider had in place a robust recruitment process.

The registered provider had in place a whistle-blowing policy which gave staff guidance on what to do if they had any worries in the service. The registered manager told us there were no on-going investigations into any whistleblowing incidents.

We saw hot water temperature checks were regularly carried out for bedrooms and bathrooms and were within the 44 degrees maximum recommended by the Health and Safety Executive (HSE) to prevent scalding. The registered provider had a fire risk assessment in place and had arrangements in place to monitor fire alarms and fire extinguishers. Window checks were carried out monthly to ensure people were protected from falling out of the windows. This meant checks on risks were carried out to ensure that people who used the service lived in a safe environment. Personal emergency evacuation plans (PEEPs) were also in place and available for emergency services should an evacuation of the building be required.

We found the service had risk assessments in place and these were individualised for the people who used the service. For example where people were at risk of falls their risk assessments described what actions were required by staff to reduce their risk of falling. These demonstrated the registered provider understood the complexities of risk management and had put in place actions to mitigate the risks

We checked on the Medication Administration Record (MAR) and found these were up to date. Controlled drugs are drugs which are liable to misuse and have stricter guidelines for storage, administration and disposal. We found the stocks of controlled drugs matched the records in the home. There were no gaps or individual administration errors on the MARs. We looked at people's topical medicines; these are prescribed creams to be applied to people's skin. We found there were body maps in place to give guidance to staff to what and where to apply people's prescribed topical medicines. The topical medicines were stored in a locked cupboards or cabinets.
Care plans were in place for medicines which people required on an as and when basis; these are known as PRN medicines. We saw for example one person was prescribed an inhaler; staff were given guidance as to what to look out for as the person was unable to tell staff if they felt breathless. This meant people were given their medicines in a prescribed manner.

A daily medicines audit was carried out by nightshift staff which meant any issues could be picked up at the earliest point and rectified. Staff had received training in medicines management and had competency

checks in place to demonstrate they were able to give people their medicines in a safe manner.

The registered provider also had in place a staff disciplinary policy which described how they could address any inappropriate behaviour to people in the home. The registered manager told us they had no on-going disciplinary investigations.

Accidents and incidents were recorded electronically for the registered manager to review. We found the staff had recorded these on the electronic system and they were immediately transferred to the registered manager to review. The registered manager had submitted the required notifications to CQC where for example a person may have fallen and broken their hip bone. We spoke with the registered manager on these occasions and found they had carried out an extensive investigation into the possible causes. We found the registered manager had reviewed each incident and where necessary took action to reduce the likelihood of reoccurrence. Relatives confirmed the actions had been taken.

Staff had been trained in safeguarding and understood when they were required to report any safeguarding concerns. We saw the registered manager had made safeguarding alerts to the local authority. This meant safeguarding people was a theme embedded in the service.

We checked on staffing levels to ensure there were enough staff on duty. We saw the registered provider had visited one staff meeting and challenged staff perceptions about staffing levels. Relatives and staff alike felt whilst more staff on duty would be welcome the tasks required were carried out. The registered manager advised us they kept the staffing levels under review. This was particularly necessary as the service had decided to admit people with nursing care needs where additional staff time would be required.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met." We found staff had been trained in the MCA and DoLS. Staff had carried out mental capacity assessments and applications had been made to the appropriate supervisory authority. We found once the applications had been granted the registered manager had notified CQC. This meant the home was adhering to the principles of the legislative requirements.

We found consent had been obtained from people and their relative's to provide people's care.

People and relatives we spoke with told us the staff were well trained. One relative told us, "The staff know what they are doing." Staff employed by the service had undergone an induction and had a training programme in place. New staff without a background in care services underwent the Care Certificate. This is a nationally recognised qualification designed to introduce staff to the standards required in the care industry. The registered manager told us staff then went on to complete relevant NVQ training. We saw the registered manager had in place a training matrix which demonstrated which staff had received training and when training required updating. The registered manager was able to keep a track of staff training and if it was up to date. Out of the 19 staff who responded to the staff survey 15 staff members felt they received enough training to do their job effectively "All of the time", and four responded with, "Most of the time." This meant the training which was in place supported staff to carry out their duties.

We looked at the support provided to staff and found that they received support through training, supervision meetings with their line manager and appraisals. A supervision meeting takes place between a staff member and their line manager to discuss any concerns they may have, review progress and identify any training needs. We saw the registered manager had held group supervision meetings whereby groups of staff came together to discuss and learn from specific issues.

There was evidence that other health professionals had been contacted appropriately for example Speech and Language Therapy team (SALT), dietitian, tissue viability nurse, respiratory nurse, challenging behaviour team and Community Psychiatric Nurses. We saw the community matron and district nurses visited the home on a daily basis. We found the recommendations of health care professionals were included in people's care plans for example where the SALT team had recommended people required a pureed diet this was incorporated into their care plan and the catering staff were informed. This meant the home was

addressing people's health needs with other professionals. We saw where people had developed additional health needs the service made referrals to the GP or utilised the services of visiting health practitioners to check out people's health needs. One professional told us they felt the home was, "Much improved."

Everyone who used the service was being weighed monthly or weekly. This was documented using the Malnutrition Universal Screening Tool (MUST). Since our last inspection staff in the service had been trained in "Focus on Under-nutrition"; this is an initiative designed to improve people's nutritional intake in care homes and prevent unnecessary loss of weight and associated health problems. We spoke with staff members who confirmed they had received the training and demonstrated they were aware of people's weight and dietary needs. Kitchen staff told us how they fortified people's foods to increase people's calorie intake. We found people's needs were appropriately managed and the nutrition charts used in the home were informative of people's nutrition and hydration intake. Staff and the registered manager were aware of people's daily hydration intake. No one in the home was gaining or losing excessive amounts of weight. One relative told us their family member "Was gaining weight."
Relatives told us they enjoyed the opportunity to eat in the home and have a social experience with their family member. We saw staff had referred some people to dieticians who had been prescribed food supplements for people. This meant action had been taken to avoid the risks associated with malnutrition.

We found Durham County Council had reduced the Food Hygiene rating of the home. The registered manager and catering staff told us this was because the seals on the fridges were not working effectively to keep people's food at the correct temperature. The registered provider had sourced a new fridge and the home had again achieved the highest Food Hygiene rating of five. In the documentation provided by the local authority in January 2017 they had commented, "Excellent record keeping and procedures in kitchen." This meant a local authority assessor was confident the systems in place in the kitchen protected people from unsafe food preparation.

Communication systems were in place to ensure staff were aware of people's needs. A diary documented people's medical appointments and handover sheets were completed so information could be passed from one shift to another. We observed staff communicating with each other about people's needs.

We saw the home had wide corridors and large lounges which were light and airy. Relatives commented to us about how they liked the feel of the home which gave space for people to move around. They also spoke about the views from the home and we saw people watching the activity out of the windows. We found the home had a sensory room with plans to redevelop the room to meet people's needs. The home had put in place themed corridors to give people some stimulus. Signage was in place to guide people to bathrooms and toilets.

Good

Is the service caring?

Our findings

Relatives spoke with us about the staff and described them as, "Lovely." One relative told us they worried about their family member going into a care home and told us they should not have worried. They said, "The care provided is excellent." Another relative told us, "The staff are really good and they come quickly." They were impressed with the social history information gathered by the service so staff could relate to people.

We found staff knew people well and assisted in our conversations with people who used the service by introducing conversation topics relevant to each person. We learned about people's backgrounds as staff engaged people in meaningful conversations. We carried out observations in the home and found people responded to staff with smiles and friendly gestures. This meant people's well-being was supported by staff.

People's care plans gave staff guidance on how to promote each person's independence. For example they described the kind of assistance people needed for dressing so they could do as much as possible for themselves. We saw staff seek permission to support people when they thought they needed additional help and they chatted to people about what they were doing. For example one person was looking at a magazine and it slipped off the table in front of them, the staff member promptly picked up the magazine and chatted to the person about its contents.

We observed kind and patient interactions between staff and people who used the service. One relative told us they were happy with the care given by the staff and had visited at different times but continued to see all staff members delivering good care to people.

During our inspection we observed staff giving explanations to people about what was going to happen next. For example when it was mealtimes or when people needed a change of clothing. We saw people were clean and well dressed in coordinated clothing. We did not observe any actions by staff which compromised people's privacy. All personal care was carried out behind closed doors.

The registered manager demonstrated an understanding of the need for advocacy. We saw the service had access to an advocacy service. This was displayed on the wall in the reception area and people were given information about an advocacy service in the service user guide given to each person in the home. Relatives commented to us they felt they had been included in their relatives care and were able to tell staff about their needs.

Staff understood confidentiality and were aware of the security requirements of documentation. During our inspection they ensured offices containing people's personal records were locked. We saw the registered manager following one of their daily walk arounds the home had commented, "Staff are reminded to put MAR charts in the trolley when moving away from it and not left open on view." This meant the registered manager had an overview of confidentiality in the home.

Although there was no one receiving end of life care in the home during our inspection we saw the home had worked with the local community matron to devise people's care plans. They had prepared in

conjunction with people who used the service and their relatives Emergency Health Care Plans (EHCP) and instructions such as, "Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)" This means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).These documents were readily available at the front of each person's file to give staff guidance on the care people wished for at the end of their lives.

The registered manager held relatives meetings and although they expressed disappointment at the number of relatives who attended the meetings we found they continued to make an effort to involve relatives in the service. A newsletter had been devised to give people information about the service. The latest newsletter for January to March 2017 provided pictures and notice of events. This included a "Digni-Tea"; this is a national opportunity for care homes to raise the profile of people's dignity. The newsletter said, "Promoting dignity is very important to us and we have decided to take part in DIGNI-TEA". We saw the home had in place a dignity champion whose notice board in the care home supported staff on how to promote people's dignity. One relative told us they had not seen anything in the home which had not been dignified.

Information was also provided to people and their relatives through a notice board in the reception area, a service user's guide. Relatives told us they felt able to approach staff with any issues regarding their relative's care.

Good

Is the service responsive?

Our findings

We saw that before people moved into the home their needs had been assessed to ensure the service could meet their needs. At the time of inspection the registered manager was due to carry out an assessment of a person in hospital to see if they were able to meet their care needs in the home. Following a pre-admission assessment care plans had then been designed to give guidance to staff on how to care for each individual person when people had made the transition into the service. We found the care plans we looked at demonstrated the service delivered person centred care. This meant they focused on people's personal needs.

We reviewed four people's care records and found since the last inspection staff had worked on the records and made improvements. We found there were detailed care plans in place which reflected people's needs. Specific and detailed guidance had been given to staff where people were at risk because they were unable to recognise consequences. For example staff were given guidance on how to use a pillow to protect a person's feet when they were in a wheelchair. Another person was prone to refusing the medicines, staff were told to try again later or see if they would take their medicines from another staff member. This meant care plans reflected people's needs and choices.

The care plans were evaluated each month and changes noted. We saw if people's needs changed the service gave consideration as to what actions were required. For example if a person was at a potential risk of falling out of bed then the use of bed rails were discussed. One person had said they did not want bed rails in place. We found the service had made referrals to a wheelchair clinic when people's mobility needs had increased, sensor mats had been put in place if people were at risk of falling

We saw staff maintained individual progress reports and observed staff maintaining the records through our inspection. This meant people's records were continually being updated and staff were accountable for their work.

We looked at the activities carried out in the home and spoke to the activities coordinator. There was a programme of daily activities taking place in the home. We observed people participating in ball games and hoopla. Staff gave people and opportunity and supported and encouraged them to participate. A residents fund was set up to provide people with the opportunity to go on outings and provide additional equipment in the home. People had been taken on trips and attended events at the local chapel. The registered manager and the activities coordinator recognised the benefits of having a pet in the home and the enjoyment derived by people about having a rabbit. However the home's rabbit had escaped and despite reports of it being spotted in allotments adjacent to the home it had not been caught. The registered manager spoke of replacing the pet later in the spring.

People were protected from social isolation as relatives were welcomed into the service. We found some relatives visited every day and were encouraged to be involved. They told us staff made them feel welcome in the home. Staff gave people the option to be in the communal lounges where there were other people around them and we observed staff chatting to people throughout our inspection. Relatives told us they

appreciated the opportunity to sit and eat with their family members at mealtimes.

We spoke with some relatives who had concerns about their family member and we relayed these to the registered manager. They were able to respond immediately and tell us about the person's preferences and habits. We saw in the person's care plans guidance had been given to staff on how to care for the person and alleviate the concerns raised by the relatives. This meant whilst the concerns had been addressed through care planning the person continued to have the opportunity to make their own choices.

We saw in the service user guide and on the wall people and their visitors had access to a complaints policy. The relatives we spoke with told us they had not needed to make a complaint. One relative asked to speak to us and told us, "There are no complaints here." We found where people had made a complaint the registered manager had carried out a full investigation and had informed the complainant of their findings. The registered manager had also put in place actions to support people and prevent one complaint from re-occurring. We found the registered manager was accountable for events in their home and took complaints seriously.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications. As a part of the home's auditing processes the registered manager was required to sign off that all notifications had been sent to CQC. We also saw the home had displayed the last CQC inspection rating. This meant the service was meeting the registration requirements.

We found there was strong leadership in the home and staff were given clear direction on how to improve the standards of the home. Staff told us they felt supported by the registered manager and relatives were able to identify the manager and had confidence in the registered manager's style of working. One relative said, "She is a good manager."

We saw the registered manager carried out daily walk around of the service. We accompanied the registered manager on their daily walkabout and they showed us how they looked at the environment in the home. We noted the registered manager recorded their daily walk about on a 10 point checklist form. They had questioned staff practices and made changes to the home to improve the service.

The daily walk around the home had resulted in some flash meetings being held by the registered manager to make urgent improvements to people's care or to improve the systems in the home. These were recorded and passed from one shift to the next so all staff on duty were aware of the registered manager's expectations. The registered manager told us the notes of the flash meetings were normally passed from one shift to the next over a period of approximately three days. Staff were expected to sign the notes so they were aware of the improvements to be made and could be accountable for their actions.

Audits were also undertaken by the registered manager to monitor the quality of the service. The audits included medicines, health and safety checks, dining experience, kitchen checks, bed rails and file checks. The registered manager then devised a remedial action plan to improve the service with expected completion dates. We read monthly remedial actions plans and found these included tasks such as the replacement of light bulbs, more detail required in care plans and the replacement of household items such as a new fridge.

The registered manager completed a weekly report on the home which documented if anyone had a fall or had lost weight. This meant the registered manager had a structure in place to identify and report on actions taken if there were risks to people using the service.

The regional manager visited the home every month to carry out their own inspection and prepare a report on their findings. They reviewed if actions had been completed from their previous visit and checked to see if quality audits had been carried out by the registered manager

The service had an up to date statement of purpose, this is a document which tells people and their relatives

what they can expect from the service.

We saw the service had community links in place. These were with other professionals. We found GP's, community nurses, chiropodists and opticians frequently visited the home. Partnership working was in place with the Speech and Language Team and local care managers. The registered manager had forged links with the local chapel and the community association. People using the service attended events at the chapel located next door to the home. We found the home was making relationships with local people to become part of a community.

At the last inspection we found people's records were not up to date or accurate. We found the service had made improvements to people's records and they were now accurate and in date.

At the time of our inspection the registered manager was preparing to accept people with nursing needs. We found arrangements were in place with nurses waiting to start in the service when the first person with nursing care needs was to be admitted.

The registered manager together with the provider had carried out night checks on the home to ensure people were safe during the night and staff were carrying out their duties. We saw one of these night checks had found deficits in the service and the registered manager had taken action to make improvements.

The results of a staff survey carried out in the home in November 2016 had been collated by the registered manager. Nineteen staff had responded to the survey. The survey covered issues such as levels of satisfaction with working in the home, levels of care provided, and levels of support provided by the registered manager. Most staff had responded to the questions by ticking "Excellent" or "Good" or "All of the time" and "Most of the time". The survey showed staff felt the registered manager was available and supportive.

The registered manager had recently sent out surveys to relatives about the home. At the time of our inspection three relatives had returned their questionnaire; the results were largely positive. One relative had written, "Home has improved a lot since the new manager took over."