

Gainford Care Homes Limited

Lindisfarne CLS Residential

Inspection report

Whitehill Park
Chester Le Street
County Durham
DH2 2EP

Tel: 01913883717
Website: www.gainfordcarehomes.com

Date of inspection visit:
20 April 2023
25 April 2023
28 April 2023

Date of publication:
24 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lindisfarne CLS Residential is a care home which provides nursing and residential care for up to 30 people. The service provides support to older people, people living with dementia and physical disabilities. At the time of our inspection, 26 people were living at this service.

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

People were satisfied with the service and felt staff always went above and beyond in delivering the care. They described the little extras staff just did as a part of their job. Staff were passionate about providing good care outcomes and took ownership for their practice.

Risk assessments were clear and readily identified how to reduce the risks to people. Staff were familiar with these documents and the actions they needed to take. We discussed how to enhance and develop some aspects of these documents, which the registered manager and deputy manager immediately acted upon.

The management team ensured there was always enough staff to support people. The nature of the service meant the number of people living at the home could rapidly fluctuate. On reviewing the staffing levels, it was decided to increase the number of staff, on duty so these variations could be managed more effectively. Recruitment practices met legal requirements and the registered manager used a variety of effective strategies to encourage people to apply to work at the service.

Medicines management was effective and closely monitored. Staff who administered medicines had the appropriate training. Staff adhered to infection control and prevention guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice. Staff took steps to safeguard people and promote their human rights.

The systems the registered manager had in place allowed them to critically review the service and proactively looked at how improvements could be made. Staff told us the registered manager was approachable and listened to their views. All felt the registered manager was running a good 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 (published 16 February 2019).

In January 2021 we completed a focused inspection looking at infection control and prevention practice

and were assured staff followed guidance appropriately.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindisfarne CLS Residential on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lindisfarne CLS Residential

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 Act.

Inspection team

An inspector carried out the inspection.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the manager was not yet registered with the Care Quality Commission, but had made the relevant application.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 2 relatives. We spoke with the manager, the deputy manager and 8 staff members. We also contacted all the staff and relatives via email.

We reviewed a range of records, which included 4 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were enough staff to meet people's needs. The provider regularly reviewed dependency levels and had found the nature of the service meant the number of people living at the home could quickly change. They had increased the number of staff on duty so these variations could be managed more effectively.
- People told us the staff were available, extremely supportive, and very caring. One person said, "The staff are marvellous."
- The provider operated safe recruitment systems that ensured suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate and effective training in this subject.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person said, "Really the staff are great and there is nothing they could do better."
- Relatives were kept informed of any changes to people's needs and people's needs were met.
- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.

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

- Risk assessments were in place to reduce the risk of harm to people. These included environmental and individual risk assessments and provided staff with guidance on the actions to take to reduce the risk. We discussed how to enhance and develop some aspects of these, such as producing plans when people were noted to have lost weight. The manager alongside the deputy manager immediately put them in place.
- The service assessed people prior to them moving to the service to ensure the staff could safely meet the person's individual needs.
- The manager was committed to driving improvement and learning. They responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.
- The environment and equipment were safe and well maintained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's visiting policies and procedures followed current guidance.

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 2019 inspection this key question was rated as good. At this inspection this key question has remained good. 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 are clear about their roles, and understand quality performance, risks and regulatory requirements; 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; Working in partnership with others; Continuous learning and improving care

- The manager and deputy manager promoted a positive, person-centred culture. People told us the registered manager was approachable and acted swiftly to address any issues.
- Staff understood their roles, responsibilities, and their accountability. They were held to account for their performance where required.
- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. For example, they identified the availability of activities needed to be improved and employed dedicated staff to undertake this role. Action plans were used to identify and monitor where changes were required and how these could improve the service.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.

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 registered manager promoted a positive, person-centred culture. They, and staff, put people's needs and wishes at the heart of everything they did. One person said, "I love it here, everyone is spot on. They have made my life so much better and don't know what I would have done without them."
- The staff involved people and their families in discussions about individuals' care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The management team were ensuring the service maintained good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.