

Lindisfarne Care Home Limited

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Inspection report

Bridgehouse Lane
Haworth
Keighley
West Yorkshire
BD22 8QE

Tel: 01535645206

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01 May 2019

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Care Home is a residential care home situated in Haworth. The home provides accommodation and personal care for older people and people living with dementia. At the time of this inspection there were 25 people living at the home.

People's experience of using this service:

People and their relatives praised the standard of care in the home. They said staff were exceptionally caring and responsive. They praised the warm and homely atmosphere of the home. They also complimented the quality of meals and the cleanliness of the home. A wide range of diverse activity and entertainment opportunities were available to people.

People's care needs were assessed, and they received good quality person-centred care from staff who understood their needs well. Some care plans would have benefitted from more detailed person-centred information. Medicines were managed safely, and people's health needs were met. Positive links were maintained with local health services.

Some improvements were needed to the provider's recruitment procedures of the home.

Staff were caring, compassionate and supportive of people who lived at the service. They were knowledgeable and received training and supervision to ensure they carried out their roles well. Staff communicated very well with people and each other to ensure continuity of support.

The registered manager provided people with leadership and promoted an open and supportive team culture. Systems were in place to assess, monitor and improve the service. People's views were welcomed on the running of the service. People told us there was an inclusive and relaxed atmosphere in the home. One staff member described Lindisfarne as, "homely, friendly, warm and welcoming. We have a lot of fun."

More information is in the full report.

Rating at last inspection:

At the last inspection on 1 September 2016 the service was rated good.

Why we inspected:

The inspection was part of our scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good 

Lindisfarne Care Home Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The service is a residential care home providing accommodation and personal care for up to 35 people. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 1 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams in Bradford.

We spoke with the registered manager, team leader, activity coordinator, chef and three care staff.

We spoke with six service users and two relatives.

We spoke with one health care professional.

We reviewed four people's care records and other records and audits relating to the management of the service.

We asked the registered manager to send us further documents after the inspection. They were received and were considered as part of our inspection.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines systems were organised, and people were receiving their medication when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We saw up to date protocols were in place for people who needed "as required" medicines. These would benefit from having more detailed information to ensure they were offered to people consistently.
- The service was in the process of changing how medicines were being supplied but the staff we spoke to were confident the preparations for this were in place. We saw there were good links with the local GP practice and pharmacy.
- Checks on staff's competence to manage medicines were not being completed in line with best practice guidelines. We spoke with the registered manager about this and they told us this would be introduced.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person said, "[staff] are always there if you need anything at any time even if it is two o'clock in the morning. I get everything I need."
- Staff said they had received safeguarding training. They had an understanding about how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- Where the service looked after people's spending money, this was stored securely, and appropriate records and checks maintained.

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risk to people's health and safety were assessed and a range of risk assessments were completed. Staff understood people's needs well and how to manage any risks they were exposed to.
- The premises were well maintained and suitable for its intended purpose. A range of building checks took place. However, window restrictors were not being checked regularly and not all wardrobes were attached to the wall to reduce the risk of injury. When we raised this the registered manager put systems in place to address this.
- Accidents and incidents were recorded, investigated and, where appropriate, lessons were learned. Analysis of incidents took place to help identify any themes or trends. The registered manager had developed a bespoke accident reporting system which had been shared with other providers as an example of best practice. Information about lessons learned were shared with staff.

Staffing and recruitment

- We identified safe recruitment procedures were not consistently followed. We saw one staff member had

started working unsupervised in the home before the registered manager had checked their Disclosure and Barring (DBS) check. Evidence of the staff member's identity was also not retained on file. We concluded this was an isolated incident and the registered manager told us they would put new systems in place to prevent it from occurring again.

- Safe staffing levels were maintained, and we observed people received consistent and timely support. The service employed a laundry assistant, housekeeper and a chef. Staff confirmed rotas were flexible and reviewed regularly to ensure people received appropriate support.
- People and relatives said there were enough staff. One person said, "there are always enough staff, even in the middle of the night."

Preventing and controlling infection

- Staff completed training in infection control.
- Staff confirmed they had access to aprons and gloves when supporting people with personal care or serving food.
- The home was clean and tidy. One person showed us his bedroom which had just been cleaned. They praised the staff for the "daily attention to detail."

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home.
- People's care plans described the support required. We found some of the care plans could be improved by including more person-centred information. We discussed this with the registered manager and were confident this would be addressed.
- Staff said care plans were clear and updated if people's needs changed. We saw care plans were reviewed monthly.
- The building was appropriately adapted to meet people's individual needs. There was a range of communal space where people could spend time. This included several lounges where people could sit with others or have more private conversations.
- People's bedrooms were personalised and well maintained. One person said, "my room is my cottage."

Staff support: induction, training, skills and experience

- People received effective care and support from competent staff who had the skills to meet their needs. People and relatives said they were confident in the abilities of staff.
- Staff completed a range of regular training. They received training in subjects such as dementia, skin integrity, manual handling and first aid. Staff were given opportunities to undertake additional qualifications.
- New staff received a comprehensive induction which included the opportunity to shadow experienced staff. We spoke to a new staff member who said the induction and training was good and "everything was explained very well."

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

- People's nutritional needs were assessed and met by the service. People praised the food and said they were given plenty of it. One person said, "food is good, cook is very good."
- People's weights were regularly monitored, and appropriate action taken following weight loss, including fortifying food and referring to the GP.
- Kitchen staff were available from early in the morning until into the evening to ensure people could have food prepared outside mealtimes should they wish.
- We saw one person needed to have their daily food intake monitored. Detailed charts had been completed.
- We observed people having their lunch and saw it was a relaxed and sociable experience. The choice of food looked appetising.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about people's health needs. Staff had a good understanding about how and when to contact other agencies. District Nurses visited the home twice a week. We saw referrals had been made to the community matron when changes in people's needs were identified.
- We spoke with one health care professional who confirmed there were good relationships with the staff team and support was requested promptly and advice acted upon.
- We saw one person had been discharged from hospital on the previous evening and the registered manager had updated their care plan to reflect changes in their health needs. The staff we spoke with were aware of the changes.
- People and their relatives said communication and support with their health was good. One relative said, "As soon as [person] is not so good they send for the doctor. I cannot praise them enough."
- We observed the afternoon handover meeting. All the staff coming on duty were provided with a clear and detailed verbal handover about people living at the home. This meant they were clear about any current health issues.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLs)
- The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence that they had consented to their care and support where they had the capacity to do so.
- Appropriate DoLs applications had been made in a timely manner by the service.
- Information about people's capacity to make decisions needed better integrating into their care plans.
- Where people lacked capacity, we saw best interest decisions had been made. One person had a sensor mat in place and health professionals and staff had been involved in discussing this. However, this needed to be recorded in a clearer way to show the involvement of people and their representatives. We spoke with the registered manager and they told us this would be addressed.
- We observed staff asking for consent from people before they provided support or care.
- The registered manager understood the principles of MCA and how to protect people's rights.

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

Good: 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

- The staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to care for them in the way they wanted. Staff we spoke with expressed their pride about working at the home and the quality of care they provided.
- People spoke extremely positively about their care experience. One person said, "It's an absolutely amazing place. We all get along."
- We saw staff treat people with kindness and compassion. Staff used a mixture of verbal and non-verbal communication methods when interacting with people. There was a pleasant and inclusive atmosphere.
- Staff shared jokes with people and we saw staff and people laughing together. It was clear staff had developed strong, positive relationships with people and they knew each other well.
- We saw a person-centred approach to care. For example, people were able to get up at a time that suited them, and staff assisted people to have their breakfast throughout the morning
- The service had received many compliments and thank you cards about the care and support they provided. One said, "[Relative] could not have received better care anywhere. You always gave love and support during my many visits, often with a welcome cup of tea."

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

- Staff had formed good relationships with people who used the service and engaged positively with people. People's choices and independence were promoted.
- People said they felt listened to and staff acted on their wishes. Throughout the day we heard staff asking people if they needed anything and listening patiently to their responses.
- People and their relatives were involved in care decisions daily and through reviews and surveys.
- Some people needed aids to help them communicate effectively. Care plans recorded if people needed glasses or hearing aids.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of maintaining people's dignity and gave a range of person-centred examples of how they respected this.
- Staff promoted people's independence. We saw one staff member offering someone adapted cutlery for their meal. This meant the person was able to eat their meal independently. The staff member sat with the person and offered gentle encouragement and support.
- People and relatives gave examples about how they had been supported in a respectful and dignified manner.
- We saw activities helped people to maintain their independence. These included interactive music sessions, a variety of crafts and games and outings in the community.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were assessed, and a range of care plans put in place. We identified some care plans would benefit from additional information. For example, one person had lost weight and had a new plan of care in place, but this was not reflected in their care records. However, staff had a good understanding of people and their individual needs
- The service identified people's communication needs by assessing them. Care documentation explained what communication aids people required.
- We saw people received personalised care from staff who knew them well.
- Activities were provided and reflected what people enjoyed doing. We saw there was a comprehensive activity programme available to people including in house entertainment and community activities. There were one to one and group opportunities offered. We observed a "therapy dog" visiting the home. We saw people who lived in the home were enthusiastic about this and enjoyed interacting with the dog. This provided both social and tactile experiences for people.
- Activities were planned around people's diverse needs. We saw one person who was living with dementia enjoyed having an activity box on her knee. This contained a range of sensory items and the person appeared to find touching the items relaxing and soothing.
- Staff told us they regularly took photographs of people being involved in activities. This promoted people to have discussions with each other and their relatives about their experiences. One relative showed us a card she had received including photographs of a day out. They said, "It's little things like that which makes this place great."

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. Concerns and complaints had been clearly recorded and appropriate action taken.
- People told us they knew how to complain and would feel comfortable talking to the staff or the manager if they had any concerns.
- A suggestions box was in the foyer of the home, so people and their relatives could leave feedback or suggestions at any time.

End of life care and support

- Staff had a good understanding of compassionate end of life care and we were given several examples of how adjustments had been made to ensure people received a positive and caring end of life experience.
- The service was working with local organisations to further improve the quality of end of life care provision. This included enhanced training for staff and more work on advanced care planning.
- The service had received a range of thank you cards complimenting staff on the support their relatives had received at the end of their life. One card said, "It was a great comfort to us to know that she was looked

after so well."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well run and organised. The manager was committed to providing high quality, person-centred care. One staff member described the home as "very well managed."
- The service had a clear Statement of Purpose.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- We saw regular audits and checks were in completed to monitor the quality and safety of the service. These included checks on accidents and incidents, medication, infection control and the environment. Where we identified checks were not in place we were confident the registered manager would address this.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- One person said, "staff are comfortable and organised, they know what they are doing, very kind to people." People and their relatives knew the registered manager by name and said they were helpful and responsive.
- Staff praised the home and the way it was run. They said they enjoyed coming to work and would recommend it to others. Staff worked well together and demonstrated teamwork and flexibility. One staff member said, "Love it, it's like a family. I call these people my second family. Everyone is enthusiastic and we all get on well together."
- Staff praised the manager and said they were supportive. One staff member said, "[Manager] is brilliant, always approachable."

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

- People and relative's views were about the running of the home.
- Relatives felt welcomed when they visited the home. One relative said, "I visit every day and I am always made to feel welcome. Staff have been absolutely amazing." Relatives had the opportunity to be involved in activities and outings with people, which was welcomed.
- The registered manager had recently carried out an annual survey and the feedback was generally positive.
- Staff meetings, one to one supervisions and management meetings were periodically held. These were an

opportunity for any quality issues to be discussed and for staff to share ideas.

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood their legal responsibilities and was committed to learning and improving care.
- We saw evidence the service worked with other organisations to help improve care practice. This included a local hospice and other care home providers. Positive links had been created with the local village community.
- The service valued people's views and sought these through one to one discussions, meetings and surveys. We saw evidence people's views about activities and food had been used to improve future provision.