

Children's
And
Joint
Commissioning

**Quality
Standard
Framework**



Organisation

Gainford Care Homes Ltd

Home

Lindisfarne Care Home

Responsible Person

Joe Lzomor

Date of Report

01.03.2023

Contracts and Quality Officer

Siobhan Bookless

Overview of Home

Lindisfarne Care Home is registered for up to 53 people including people living with Dementia.

Due to the number of changes in Management of the home over the past year they have found it a challenge to maintain a robust review process for care and review documents. However they have put in place processes to improve and sustain this going forward.

Robust processes have been put in place to ensure all documentation is monitored and reviewed and effective going forward.

Summary of Outcomes

Lindisfarne has had a number of challenges thought the last year due to changes in Manager and staffing, however they are working to build on and sustain the new staffing arrangements.

The home is implementing changes to enhance residents' daily routines including person centre activities.

Summary of Outcomes

Name of Home-Lindisfarne Care Home

Date of Report - 01.03.2023

Person Centred Care

- 1 - Assessment & Review
- 2 - MCA & Consent
- 3 - DoLS
- 4 - Nutrition & Hydration
- 5 - Promoting Dignity, Autonomy & Choice

Determination

Substantially Met

Fully Met

Fully Met

Fully Met

Fully Met

Safe Care and Treatment

- 6 - Safeguarding/Understanding Safeguarding
- 7 - Medication
- 8 - Infection Control
- 9 - Premises & Equipment
- 10 - Health & Safety
- 11 - Moving & Handling

Fully Met

Partly Met

Substantially Met

Fully Met

Fully Met

Governance

- 12 - Leadership & Management
- 13 - Staffing, Recruitment, Support & Learning
- 14 - Quality Assurance
- 15 - Complaints

Substantially Met

Substantially Met

Substantially Met

Substantially Met

Person Centred Care

1 - Assessment & Review

Determination - Substantially Met

All people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded but some information is not always up to date or accurate.

People's physical, mental health and social needs are holistically assessed, and their care, treatment and support is delivered in line with legislation, standards and guidance, to achieve effective outcomes.

Some people's care records are not always accurate or up to date due to some omissions, but they are securely stored and available to relevant staff so that they support people to stay safe.

The use of technology and equipment is limited. It does enhance the delivery of care and support, and promote people's independence.

Staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

People's day-to-day health and wellbeing needs are met.

The service ensures that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes.

People are involved in regularly monitoring their health, where they are able to do so.

People can access care, support and treatment in a timely way but referrals are not always followed up quickly to appropriate health services when people's needs change.

People contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

Some people's care plans reflects their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible.

People, and their family, friends and other carers are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005 when it's possible to do so.

People are reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines.

The service supports people's families, other people using the service and staff when someone dies.

There are arrangements for ensuring that the body of a person who has died is cared for in a culturally sensitive and dignified way.

The Home has not demonstrated achievement of this outcome.

People may experience inappropriate care and treatment due to records not being complete or accurate.

The level of impact has been assessed as low – there is a moderate impact but no long-term effects on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

2 - MCA & Consent

Determination - Fully Met

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The Home has demonstrated achievement of this outcome.

3 - DoLS

Determination - Fully Met

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

There is a system of monitoring to ensure the person's representative maintains regular contact with the person and acts when contact is not maintained.

The service has a system to monitor DoLS authorisations and their review dates and this is maintained. Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

The level of impact has been assessed as low – there is no or minimal impact on residents.

Outcome 4 - Nutrition & Hydration

Determination - Fully Met

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required. There are sufficient quantities of food and drink at mealtimes in line with people's preferences.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

Where people require support such as feeding, encouragement and prompting, this is done in a compassionate way that maximises people's independence and maintains their dignity. People do not feel rushed at mealtimes.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

The Home has demonstrated achievement of this outcome.

5 - Promoting Dignity, Autonomy & Choice

Determination - Fully Met

People are treated with kindness, respectfulness and compassion in their day-to-day care and are supported by staff who act in their best interests.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are actively involved in developing the service including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

People are supported to follow their interests and take part in activities that are appropriate to them including in the wider community.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.

The service has a nominated Dementia lead(s) who oversees standards in dementia care on a service wide and individual basis.

The Home has demonstrated achievement of this outcome.

Safe Care & Treatment

Outcome 6 - Safeguarding/Understanding Safeguarding

Determination - Fully Met

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns. If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

Outcome 7 - Medication

Determination - Partly Met

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 01.12.2022 appended to this report.

The Home has not demonstrated achievement of this outcome.

The home must work to the action plan to demonstrate improvements and ensure this is sustained.

People may be at risk as medication documentation is not always kept up to date. Medicines are not always available and the home does not always ensure safe storage and stock checks and staff do not always follow procedures.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 8 - Cleanliness and infection control

Determination - Substantially Met

There are suitable arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections and a range of risk assessments are in place and updated regularly. However, following the infection control visit it was highlighted that procedures may not have been followed correctly by all staff as some concerns were raised.

Staff understand their roles and responsibilities in relation to infection control and hygiene.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors, and professionals) to concerns around infections that affect people's health and wellbeing.

Essential Steps are not always completed regularly.

There is a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Home has not demonstrated achievement of this outcome.

People who use the service may feel safe but the processes and procedures around infection control need to be more effective.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Outcome 9 - Premises & Equipment

Determination - Fully Met

Some technology is used to support people to receive timely care and support and is easy to use.

Regular health and safety checks of bedrooms and communal areas ensure that people are supported to stay safe. Any issues identified are resolved.

When things go wrong, lessons are learned, themes are usually identified, and action is taken as a result of reviews and investigations.

Learning from lessons is shared to make sure that action is taken to improve safety across relevant parts of the service. Staff learn from reviews and investigations by other services and organisations.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are generally involved in decisions about the environment.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. Changes to the environment are managed to avoid causing distress to people who live there.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

The service maintains and follows policies and procedures in line with current relevant national guidance.

The Home has demonstrated achievement of this outcome.

Outcome 10 - Health & Safety

Due to unforeseen circumstances it has not been possible to fully complete the Health & Safety Assessments for inclusion in this report. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

Outcome 11 - Moving & Handling

Determination - Fully Met

The service ensures that moving and handling of people is undertaken in a safe way including: (a) A Moving and Handling Policy is in place. (b) All people who use the service are assessed in relation to their mobility and there is detailed task guidance in the support plan. (c) Services using specialist equipment include an OT assessment. (d) Risk assessments are appropriate. (e) Staff have had moving and handling Training within the last 12 months. (f) Moving and handling training is provided by a competent trainer. (g) Trained staff monitor staff techniques on a periodic basis.

Moving and Handling risk assessments are reviewed regularly.

Professional instruction is outlined in people's support plans. It is detailed, accurate, reviewed and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

Staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturer's instructions.

There has been no near misses or accidents whilst hoisting in the last 12 months.

The Home has demonstrated achievement of this outcome.

Governance

Outcome 12 - Leadership & Management

Determination - Substantially Met

There are some arrangements, including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences, however this is an area the home is working to sustain good levels of appropriately qualified staff.

Managers are aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff. They are supporting staff to feel positive and proud to work in the organisation.

The service promotes and supports fairness, transparency and an open culture for staff.

The manager endeavours to ensure that staff are supported, respected and valued. Their rights and wellbeing are protected and they are motivated, and caring.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

Leaders have not always had the skills, knowledge, experience and integrity they need to lead effectively, both when they are appointed and on an ongoing basis. However the current manager has been in post for several months and is implementing positive changes.

The service has a clear vision and a set of values and leaders make sure these are promoted and understood by staff and embedded into practice.

The leadership is visible and capable and is working with staff to provide a quality service.

Managers and staff have a shared understanding of the key challenges, achievements, concerns and risks.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

There is a manager in post but not yet registered with CQC.

The home manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications. Managers understand recommendations made by CQC, keep up-to-date with relevant changes and communicate them to staff.

Staff are actively involved in developing the service. They are encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice.

There are strong links with the local community which have a positive impact on the service.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has not demonstrated achievement of this outcome.

There have been a number of managers over the year and although there is a manager on post, they are not yet registered with CQC.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 13 - Staffing, Recruitment, Support & Learning

Determination - Substantially Met

Occasionally staff did not receive appropriate induction upon commencement of employment.

Staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels to promote the delivery of high-quality, person-centred care.

There are clear and transparent processes for staff to account for their decisions, actions, behaviours and performance.

The Manager is working with staff to ensure they are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

Most people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Some staff did not always know or understand what was expected of them. Supervision and appraisals has had some gaps.

Staff teams now work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative and supportive.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The Home has not demonstrated achievement of this outcome.

Support to staff is not always effective.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Outcome 14 - Quality Assurance

Determination - Substantially Met

The service maintains a log of concerns, safeguarding and accidents but the log is not always kept up to date and so it is not clear whether actions are always fully completed.

There is some evidence to confirm that incidents are analysed to look for common themes and trends to ensure lessons are learned, but these need further development.

Lessons learned from incidents are shared with staff to improve service delivery and prevent reoccurrence.

The service ensures that its approach to quality is integral and all staff are aware of potential risks that may compromise quality.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

People's views and experiences are gathered and acted on to shape and improve the services and culture.

Resources and support is available to develop staff and teams and drive improvements.

Some quality assurance systems enable the service to evaluate and learn from current performance, ensuring continuous improvement and to improve future performance, but these need further development.

Success and innovation is recognised, encouraged and implemented.

Information from incidents, investigations or compliments are not always evaluated fully therefore lessons may not be learned.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

Some Information technology systems are used to help effectively monitor and improve the quality of care.

The provider is accredited as standards are met or approaching standards in the DPST Toolkit.

The Home has not demonstrated achievement of this outcome.

The service monitors the quality of the service but due to some omissions may not always act on findings in a timely manner.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Outcome 15 - Complaints

Determination - Substantially Met

People who use the service are provided with information on how to make a complaint or raise concerns.

The complaints process is accessible and is easy for people to raise a concern or complaint.

There is a formal log of complaints but there are some gaps or omissions. Complaints may not be handled effectively due to this.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

There were some examples of concerns and complaints being used as an opportunity to learn and promote continuous improvement but these need further development.

The Home has not demonstrated achievement of this outcome

Robust recording of all complaints, investigations or outcomes are not always made.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Date	Home	Total Points	Outcome of assessment	No. of points achieved
01.03.2023	Lindisfarne Care Home			
Person Centred Care		270		242.0
	1 - Assessment & Review	70	Substantially Met	42.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoIS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Fully Met	70.0
	5 - Promoting Dignity, Autonomy & Choice	30	Fully Met	30.0
Safe Care and Treatment		260		199.0
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Partly Met	21.0
	8 - Infection Control	30	Substantially Met	18.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30	Fully Met	30.0
	11 - Moving & Handling	30	Fully Met	30.0
Governance		220		132.0
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Substantially Met	42.0
	14 - Quality Assurance	70	Substantially Met	42.0
	15 - Complaints	10	Substantially Met	6.0
Environmental Standards		250		250.0
Total of Overall Outcomes				
	Fully Met	8	53.3%	
	Substantially Met	6	40.0%	
	Partly Met	1	6.7%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	Total	15		
Total Points	Person Centred Care	270.0		242.0
	Safe Care and Treatment	260.0		199.0
	Governance	220.0		132.0
	Environmental Standards	250.0		250.0
		1000		823
	Banding :	Grade 2		