

Restful Homes (Central) Ltd

Gainsborough Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gainsborough Hall is a care home providing accommodation with personal and nursing care for up to 74 people. It is a purpose-built home in which care is provided across four floors. Residential care was being provided on the ground floor and nursing care was being provided on the first floor. The second and third floor were unoccupied at the time of our visit. The home supported people living with dementia on both occupied floors. At the time of our inspection visit there were 19 people living there.

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

Systems and processes were not used effectively to review and assess the quality of service provision which meant previously demonstrated good standards had not been maintained. Relatives told us changes in managers and a lack of communication meant their concerns and complaints when raised, were not acknowledged or addressed. People's experiences of care quality were inconsistent.

There were enough staff on the day of our visit to provide safe care. However, external pressures caused by the COVID-19 pandemic meant there had been a reliance on agency staff who did not always know people well.

More information was needed in care plans for people living in the home on a temporary basis to ensure staff were able to provide consistent care and manage known risks.

An 'infection prevention control' audit was carried out by CQC during the inspection. Overall, we found the provider was following government guidelines, but improvements were required to ensure staff followed good practice when wearing PPE and carrying out housekeeping responsibilities.

Effective processes were in place for the timely ordering, supply and safe disposal of medicines. Records demonstrated people received their medicines as prescribed.

The provider welcomed our inspection feedback. They assured us they were committed to providing high quality care and improving communication systems to support the new manager and improve the governance and leadership of the home.

Rating at last inspection

The last rating for this service was good. (Report published 24 July 2019).

Why we inspected

The inspection was prompted by concerns we had received about standards of care within the home, a failure to respond to concerns and complaints and the overall governance of the service. As a result, a decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only.

The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach of the regulations in relation to the management of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Gainsborough Hall Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection Team

The inspection was carried out by four inspectors and a specialist advisor. Two inspectors visited the home and two inspectors supported the inspection by making phone calls to staff and relatives.

Service and service type

Gainsborough Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed in January 2021 and was in the process of commencing their application to become registered with us. Registered managers 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

We gave the service one hours' notice of the inspection. The was because the service was inspected during

the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included reviewing recurrent themes of concern to plan our inspection. We sought feedback from the local authority, clinical commissioning group and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, a nurse, a unit lead, two care staff and a housekeeper. We also spoke with the provider's area manager, the head of care and a regional unit manager. We also completed visual observations to help us understand the experience of people who could not talk with us. This included an observation at lunch time.

We reviewed a range of records. This included two people's care records and examples of medication records. We also looked at three staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, environmental risks and infection control.

After the inspection

We spoke with ten relatives about their experience of the care of their family member by telephone and three care staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant 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.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. Staff had received training and guidance for effective hand-washing techniques and the correct use of personal protective equipment (PPE). However, we saw three examples where staff did not follow good practice when wearing PPE. This was highlighted to the manager to remind staff of good and safe infection control practice.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Premises were clean; however, we saw, and staff confirmed, cleaning of high-touch surfaces was not maintained in line with government guidance and the provider's own policies and procedures. Housekeeping practices to minimise infection risks were not always consistently followed. We shared our concerns with the manager who confirmed they would ensure staff would receive further training in this area.
- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were not allowed during the pandemic, however if a person was at end of life, safe visiting was allowed. Upon our arrival, a staff member took our temperatures and asked a series of health-related questions.
- We were assured the provider was accessing testing for people using the service and staff. Vaccinations had begun so people and staff had additional protection from COVID-19.
- We were assured the provider was meeting shielding and social distancing rules.
- Throughout periods of visitor restrictions and COVID-19 outbreaks, staff told us they worked in different team cohorts to minimise the risk of cross infection through the home.

Staffing and recruitment

- There were enough staff on the day of our visit to provide safe care. However, prior to our inspection we had received information about some people waiting a long time for their requests for assistance to be responded to.
- External pressures caused by the COVID-19 pandemic meant there had been a reliance on agency staff who did not always know people well. One relative told us, "Agency staff are used, but this has been a bit disruptive and the management has been poor."
- Agency profiles seen by us, questioned the quality of training completed by agency staff, and some qualifications of agency nursing staff had expired and gone unchecked.
- Staff were recruited safely. The provider had completed checks to ensure staff working at the service were of suitable character.

Assessing risk, safety monitoring and management

- Care plans for people who permanently resided at the home contained risk assessments and risk management plans to minimise identified risks associated with their care.
- However, one person who had recently moved into the home on a short-term basis, but whose stay had been extended, had not had their initial 'short form' care plan reviewed and updated in line with the provider's policies and procedures.
- For example, there was insufficient information to inform staff how to support the person when moving or transferring them or how to limit the risks of skin damage. Speaking with staff showed they were unclear and inconsistent in how to safely transfer the person. We discussed this with the manager who agreed additional details would benefit those living at the home for short periods of time, and that the care and risk management plans should have been reviewed. This additional information would help to ensure staff were able to provide consistent care and manage known risks.
- Environmental, health and safety and fire checks were completed. Regular checks ensured the home remained safe for people and visitors.

Systems and processes to safeguard people from the risk of abuse

- Overall staff had an understanding of abuse and how to keep people safe. They knew what action they needed to take if they had any suspicions or concerns people were at risk of harm or discrimination.
- However, when staff and relatives had raised concerns, they had not always been fully investigated by managers to identify whether the concerns amounted to a safeguarding issue that should be referred to the local authority.
- Where issues had been escalated, the provider had worked with the local authority to identify any actions required to minimise future risks. For example, in respect of falls management.
- We were assured the new manager understood their obligation to report any safeguarding concerns to the relevant authorities.

Using medicines safely

- Effective processes were in place for the timely ordering, supply and safe disposal of medicines.
- Some people were prescribed medicines 'as and when required'. Protocols were in place to inform staff how and when those medicines should be given.
- Medicines Administration Records (MARs) showed people had been given their medicines as prescribed.
- Records were not available during our inspection to evidence all staff who gave people their medicines, had their competency to do so assessed in accordance with good practice and the provider's own policies and procedures. Following our inspection we received assurance from the provider that all medication competencies were in place and the new manager had refreshed each member of staff's competencies.

Learning lessons when things go wrong

- Prior to our inspection visit, we received information from relatives that concerns were not always managed appropriately within the service so action could be taken, and lessons learned. Some relatives had escalated their concerns to external agencies and the CQC because they had not felt listened to.
- The new manager knew what to do to investigate any issues and was committed to learning from them. Immediate action was taken to address some of the issues raised within our inspection visit.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the rating has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not used effectively to review and maintain oversight of the service being provided. Audits to assess the quality of service provision had not always been completed accurately.
- The provider had failed to maintain sufficient and accurate oversight of the service which meant previously demonstrated good standards had not been maintained.
- There was a lack of order in record keeping and some examples of audits, checks and action plans we asked for could not, or were not, made readily available to us. Some files contained gaps in documentation and we could not be assured whether those records existed.
- Some governance systems and processes to cascade and share information were not effective. For example, the records relating to training and the induction of new staff were inconsistent with what staff told us. The staff training matrix which provides the manager with an overview of what training staff had completed and what training was in need of completion, did not accurately reflect staff competencies or the level of training staff had received.
- Where we identified concerns around the completion of risk assessments and care plan accuracy, the provider's audit systems had failed to identify this. Staff responsible for care plans knew more details were needed but had failed to act. The management having delegated this task had failed to follow up on it.
- Whilst there was a new manager and new staff had been recruited, more time was needed for them to become established in the home and ensure consistency in people's experiences of the quality of care provided. One relative told us, "There have been four managers during the time [Name] has been there, they just change all the time. One promises to make improvement and then next thing they have gone. [Name] has complained that managers are not there when needed." Another told us, "They really struggle with the management and leadership. There has been a lack of leadership and they would benefit from consistency. A whole leadership team is needed, not just one manager."
- Relatives told us the lack of leadership meant concerns and complaints raised were not acknowledged or addressed. Due to a lack of response, some relatives had escalated their concerns directly to us, the Care Quality Commission and/or the local authority.
- Relatives spoke of issues with communication which meant they did not feel involved in planning their family member's care. Comments included: "Their communication with me is totally poor. They never contact me; I have to try to contact them. I requested they always phone me if [Name] is poorly or wants to talk to me, but they never do" and, "They never phone me to update me about [Name]. During the

lockdowns and no calls to tell me how [name] is. So, the onus is on me and that is totally awful as it is very hard for me to get in touch with them – they just don't pick up the phone."

- Plans to support families with visiting in line with government guidelines during the COVID-19 pandemic were in place. However, some relatives gave negative feedback about how they were supported by staff to keep in touch with loved ones during the lockdown restrictions.
- Registered persons have a legal obligation to inform us of significant incidents that occur in the home. During our inspection visit we identified one significant incident that had not been notified to us as required. The new manager submitted the notification immediately and assured us they understood their legal obligation in this regard.

The above issues demonstrate a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was open and transparent throughout our inspection visit. They told us they were committed to improving standards of care and communication with people and their relatives and implementing a service improvement plan
- Staff told us they enjoyed working at the home whilst acknowledging it had been a difficult time managing through the COVID-19 pandemic.
- Staff felt recent managerial changes were positive. Comments included: "I am confident to go to her as my manager" and, "I had a problem last week and within half an hour it was sorted out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider will need to demonstrate an environment of continuous learning through their own audits once they have been improved.
- The provider assured us they were committed to being candid with people when they had not experienced the standards of care they expected. The operations director told us communication systems would be improved to ensure people felt their concerns had been heard and responded to.

Working in partnership with others; Continuous learning and improving care

- The provider welcomed the feedback from our inspection and assured us action would be taken to address the areas of shortfall we found.
- The new manager told us some of the issues relating to care delivery had been because of too many discharges from hospital into the home over a very short period. Whilst this had alleviated pressures on the acute sector, this had caused stresses and challenges within the service when significant numbers of permanent staff had to self-isolate because of the impact of the pandemic.
- The new manager assured us lessons had been learned and they were working with relevant health and social care services and commissioners so people received positive outcomes in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.