Restful Homes (Central) Ltd

Gainsborough Hall Care Home

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

About the service
Gainsborough Hall is a care home providing accommodation with personal and nursing care for up to 74 people. It is a new, 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. The home supported people living with dementia on both occupied floors. The home opened in August 2018 and at the time of our inspection visit there were 19 people living there.

People's experience of using this service and what we found
People told us they felt safe at Gainsborough Hall and were supported by staff who were caring and kind.
Staff respected people's rights to privacy and dignity.
Staff understood how to keep people safe and how to act on any concerns they may have.
Risks to people's health and well-being had been identified, assessed and monitored to ensure they received safe care and treatment.
Assistive technology was used to promote safety within the environment.
There were enough staff to meet people's clinical and emotional needs.
Staff were recruited safely, and processes checked the background of potential new staff.
People received their medicines as prescribed.
The home was exceptionally clean, tidy and well-maintained.
Accidents and incidents had been recorded and evaluated to prevent re-occurrence. Lessons had been learned when things went wrong.
People's capacity to make important decisions had been assessed where required.
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.
People's needs were assessed before being supported by the service. This meant the service could be sure they could meet people's needs.
Staff received an induction and had access to the training and guidance they needed to undertake their role well.
People received personalised care and records supported this practice.
Systems were in place to manage and respond to any complaints or concerns raised.
Robust systems and processes were in place to monitor the quality within the home.
The registered manager understood their regulatory responsibilities and had informed us of significant events at the service since taking on the management role.

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

Rating at last inspection
This service was registered with us on 17 August 2018 and this was the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

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.

Inspection team
The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authority and professionals who work with the service as

well as Healthwatch. This is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and six relatives about their experience of the care provided. At the time of our inspection visit the registered manager was unavailable and unable to talk to us so we spoke to a director of the provider company and the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We spoke with the clinical lead, a nurse, the compliance and quality manager, a senior care assistant, two members of care staff, a housekeeper, a laundry assistant, the chef and the activities co-ordinator. We also spoke to a healthcare professional who regularly visited the service.

We reviewed a range of records which included two people's care records in full and specific issues in two other people's care records. We reviewed three people's medicine records and looked at two staff files in relation to recruitment and staff learning and development. We also reviewed a variety of records relating to the overall management at the service .

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am quite safe here."
- A relative explained their family member was safe because the staff are, "Good at checking up on him."
- Staff had received safeguarding training. One staff member told us, "Abuse can be the way you speak to people or physical or mental abuse. Or if they have requested something and you ignore it."
- Staff told us they would not hesitate to report poor practice by another staff member. A staff member explained, "I would go to the nurse or the manager, but if I felt I couldn't do that, I would whistle blow my concerns."
- Records showed the registered manager understood their safeguarding responsibilities and had made referrals to the local authority and notified CQC where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk management plans informed staff how to manage identified risks. For example, a risk assessment and care plan was in place for a person's urinary catheter care which detailed all of the risks associated with using a catheter and how to mitigate these. We spoke to one person about their catheter care who told us it was well managed.
- Some people living at the service could become distressed due to their complex needs. Behaviour management plans informed staff where people were at risk but lacked detail which meant staff may not have always responded to people in a consistent way. Despite this, staff told us they knew how to respond to people and had received training in managing behaviour that challenges. We discussed this with the nominated individual who told us these would be updated to include more detailed information for staff to follow.
- Assistive technology was used to minimise risks to people. For example, with a person's consent, acoustic technology could be used to monitor a person when in their bedroom. The provider told us this can reduce the risk of falls whilst ensuring people were not unnecessarily disturbed during the night.
- One relative commented about the positive impact this technology had on their family member as they had not fallen since moving into the home whereas previously they had fallen frequently.
- Environmental risks had been identified, assessed and monitored. For example, personal emergency evacuation plans were in place to enable people to safely exit the building during an emergency. Records also showed regular safety checks of equipment such as hoists.

Staffing and recruitment

● There was a robust recruitment process which checked employees were suitable for working with people living at the service. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check.
● There were enough clinical and care staff to meet people's needs and provide safe care.
● Staff told us there were enough staff to support people safely and be responsive to their requests for assistance. They told us they could support people without rushing. One staff member told us, "We always have time to sit and talk to people."

Using medicines safely
● Medicines were ordered, received, stored, administered and disposed of safely.
● An electronic medicines management system showed people received their medicines as per their individual prescriptions. The electronic system had built in checks to ensure medicines were managed safely. For example, if a person required pain relief, the system would not allow an additional dose to be given until the required timeframe had elapsed.
● Care records included information about how people liked to take their medicines and demonstrated people's medicines were reviewed regularly with other healthcare professionals to ensure they remained effective and appropriate for people's individual needs.
● Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.

Preventing and controlling infection
● The service was exceptionally clean, tidy and well maintained. A person who lived at the service described it as "spotless."
● The provider's policies and procedures protected people from the risks of infection. Housekeeping staff were able to describe the extra precautions they took to minimise the risks of any infections spreading through the home.
● We observed staff working in accordance with their infection control training and best practice guidance. For example, personal protective equipment such as gloves and aprons were used where necessary.

Learning lessons when things go wrong
● Staff recorded any accidents or adverse incidents that occurred in the home. Records were clear what immediate action had been taken to manage the situation and any further actions required to prevent the risk of re-occurrence.
● There was an open culture where learning was taken when things had gone wrong. Information about changes in practice because of lessons learned were shared with staff in staff meetings and in individual reflective practice. For example, a discharge pathway had been introduced which had to be signed off by two staff trained in safe medicines management after a medicines error when someone was discharged.

Good

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.

At this inspection this key question has been rated as good. This meant 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 and preferences had been thoroughly assessed before they moved into the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- People who wanted to move to the service permanently were encouraged to initially visit on a respite basis to ensure it met their needs and lifestyle choices.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments were used to develop individual care plans in line with current best practice guidelines. These had been regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- The provider's induction for staff new to care included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Records demonstrated a high level of compliance with staff training which kept staff up to date with best practice. Training was developed around people's individual needs and included specialist training such as pressure ulcer prevention and sepsis awareness.
- One relative told us, "The staff are extremely well trained. They know exactly how to deal with people with dementia and [person's] unique dementia."
- Some training was opened to people and their relatives. For example, a healthcare professional had recently delivered training in the Mental Capacity Act 2005 and relatives had been invited so they could understand how this legislation impacted on their family member.
- Staff told us they felt supported in their role and had regular opportunities to talk with senior staff if they needed to. At individual supervision meetings best practice topics were discussed such as good hand hygiene and application of topical creams.

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

- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet whilst minimising risks such as choking.

● The chef was informed about each person's nutritional needs and allergies when they moved to the home. The cook then also spoke to each person individually to make sure their likes, dislikes and preferences were known. A record was maintained in the kitchen to remind all the staff of people's individual requirements.
● Some people were at risk of losing weight. The chef was informed so they could add extra calories to people's food. People were also referred to health professionals for dietary advice when they were at risk of malnutrition through swallowing difficulties or a lack of appetite.
● People told us they had enough to eat and drink and spoke positively about the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Some people had complex health conditions. Records demonstrated a collaborative approach between staff and healthcare professionals to improve outcomes for people.
● A healthcare professional explained advice was always followed and they were confident people received timely care .
● The provider followed a 'red bag policy' which aimed to provide a better care experience for people by improving communication between care homes and hospitals. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.

Adapting service, design, decoration to meet people's needs
● The premises had been designed and decorated to provide people with an interesting and stimulating environment and encourage them to socialise with other people. People could move easily around the spacious communal areas of the home.
● People were provided with a television in their own bedrooms, so they could watch their preferred programmes at any time. They also had a small 'kitchenette', so they could maintain their independence and continue to make drinks and snacks for themselves and any visitors.
● Memory boxes outside bedroom doors contained items that were significant to the person, and enabled those people living with dementia to find their room more easily. The provider told us they would introduce more signage if people with more complex dementia care needs moved to the service to assist them to orientate in their new surroundings.
● The shared facilities on-site included a hairdressing salon, a small shop, a private dining room and a cinema, which supported people's social and wellbeing needs. There was also a secure garden and a roof garden, so an outdoor space was accessible to everyone.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● Staff gave people choices and sought their consent before delivering care or support. One staff member told us, "We prompt people and ask what they would prefer."

● Where people had capacity, they had given their consent to the way in which their care was delivered.
● Where people lacked capacity, applications had been made through the DoLS procedure to ensure any restrictions were made lawfully. During this process mental capacity assessments had been completed by the local authority. However, internal capacity assessments lacked detail and it wasn't always clear how the service had come to a decision a person lacked capacity to make specific decisions or what support they had given a person to enable them to make a specific decision. This had already been identified by the registered manager and plans were in place to review all MCAs.
● The compliance and quality manager also told us they had been undertaking some additional training about the latest changes in legislation regarding new Liberty Protection Safeguards (LPS) procedures and would be taking a lead role in this within the home.

Good

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.

At this inspection this key question has been rated as good. This meant 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

- People and relatives told us staff treated them in a kind and caring way. Comments included, "They are all so lovely", "The staff speak gently. They are genuinely kind," and "You can't fault the carers."
- A healthcare professional told us, "Everyone I have met here are lovely. I always see them offering choices and treating people in a kind and compassionate way."
- We observed some kind and caring interactions. For example, one person had become upset and staff acted quickly to identify what had upset the person and offered them reassurance by holding their hand.
- People and staff had built positive relationships and enjoyed each other's company. During our visit clinical, care, maintenance and housekeeping staff joined people when some musical entertainers visited the home. From people's smiles and laughter, it was clear people benefited from this positive engagement with staff in a social setting.
- Staff were aware of people's wellbeing. When one person became tired during an activity, a staff member immediately recognised this and supported the person to return to their bedroom.
- The director led by example and encouraged staff to think about the small gestures that could make someone's day. For example, the provider regularly went to the butchers to buy one person a pork pie because they knew they liked them.
- Staff had received training in equality and diversity. Further work was planned to ensure people felt comfortable to share their lifestyle choices.
- People were encouraged to celebrate important events in the calendar. On the day of our visit, people were celebrating America's Independence Day by sampling American foods and wearing special clothing.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. A relative told us, "[Person] makes the choices about their day."
- Where people needed support to make importance decisions, family members were involved where appropriate and there was information about advocacy services within the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff knocking on people's doors and people looked well cared for and were well dressed. A relative told us, "They keep [person] clean and tidy, and treat them with the dignity they deserve."
- In communal areas, chairs were arranged into small groups, so people could spend time together to develop their friendships or to provide more privacy with their visitors.

● The service respected people's privacy and ensured all personal information was kept secure. The provider welcomed external checks to ensure General Data Protection Regulation (GDPR) requirements were being met, which they were.

● Staff encouraged people to keep their independence. For example, we saw one person struggling to eat at lunch time. A staff member offered the person an alternative piece of cutlery, so they could continue to eat independently.

Good

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. The views of people, their relatives and other health and social care professionals had been considered when plans for people's care had been put in place and reviewed. One relative told us, "They invited [person] in on Tuesday to go over everything with them."
- Staff told us they talked to people and read their care plans to understood what was important to them. One staff member explained it was important to have this information because, "Sometimes people can react in a certain way because of their background."
- Staff were responsive to people's needs because they shared information at daily heads of department meetings. One staff member told us, "Because it is all shared you know what is going on in the building." Another said, "The intricacies of what is passed down, I think it is excellent."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's preferred methods of communication and described how staff should engage with people to ensure they provided responsive care.
- Some information had been provided in a format to make it more accessible to people. For example, the activities planner was accompanied by pictures to help people's understanding of the words. The clinical lead told us they had identified further improvements were required in this area and they planned to introduce pictures to support people in making their menu choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity co-ordinator explained activities were planned in line with people's preferences and met people's individual interests and abilities . For example, motivation to music promoted exercise and improved balance, and meditation supported people's emotional wellbeing. They explained, "We want to engage interest, participation and fun and promote as much independence by encouraging people to make choices about the activities they want to take part in." One relative told us, "[Activities co-ordinator] does something with them every single day."
- On the day of our visit some people participated in a baking activity and others joined an exercise session with a ball. People were encouraged to engage whatever their ability.
- Staff told us when people did not want to take part in group activities, they had time to spend with people

to avoid social isolation.
● One person spoke positively about the different entertainment events organised within home and told us the Elvis impersonator was "Absolutely marvellous".
● Some activities were linked to fundraising events for the local community. For example, an event had been held to raise funds for a defibrillator for the local first responders. Other activities were specifically aimed at encouraging people to use their skills, for example, building wooden boxes for the garden to grow vegetables in.
● Links were being forged with other organisations in the local community to facilitate more opportunities for people, particularly in respect of people's faith needs. Local newspapers were available in communal areas, so people could keep up to date with the news in the local area.

Improving care quality in response to complaints or concerns
● A complaints policy was in place and was displayed in the home. This was also included in the 'service user guide' which was given to everyone when they moved into the home. The policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
● The provider had received four formal written complaints in the six months prior to our inspection visit. These had all be fully investigated and action taken to resolve any issues identified.

End of life care and support
● At the time of the inspection there was no end of life care being delivered. However, staff received end of life and bereavement training and had recently supported a person at this stage of their life. One relative commented "Myself and my family will always be grateful for the care [person] was given in the last few weeks of their life."
● The provider explained when a person reached the end of their life, the service liaised with other healthcare professionals to ensure people received the right care and support.
● Further work was planned to improve care records to ensure enough information was provided on how people wished to live their final days.

Good

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 this inspection this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was committed to providing high-quality person-centred care within the service and therefore wanted to ensure all policies and procedures were embedded within staff practice before opening the two empty floors. The director explained, "We want it to be slow because we want it to work".
- There was a focus on valuing people's unique characteristics. The director told us, "It is about being open and valuing each person as an individual." Whilst they acknowledged the benefits the state of the art environment brought to people's care, they told us, "The environment is a help to the delivery of care, but it is not a substitute."
- People and relatives spoke positively about the leadership at the home. One relative told us, "The manager is really friendly and approachable but also runs a tight ship."
- Staff felt supported by the registered manager who valued the work they did. Comments included, "[Registered Manager] is really good. She has given us about three thank you cards since we have been here," and "[Registered Manager] listens to you and will try and find a way round things."
- The provider told us it was important to value staff and each month people, relatives and staff were asked to vote for an 'employee of the month' who had gone the extra mile. The 'winner' received a gift voucher.

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 registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities. They had provided us (CQC) with notifications about important events and incidents that occurred in the service.
- The registered manager completed regular and robust checks to ensure the service was working in line with the regulations. These checks included a daily walk around where they walked around the home and checked staff were delivering high quality compassionate care. For example, whether staff had completed a person's personal care to a high standard. One staff member commented, "She will tell us if something isn't up to standard, but in a nice way."
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and their internal clinical governance group, as well as being members of Skills for Care.

● The director's visited the home regularly and were well known by staff and people. This included checks during the night. One staff member told us, "They [directors] come in on a regular basis. They get to know the residents by name and are really involved." Another said, "They [directors] are approachable. I can ring them at any time. They are very responsive."
● A relative told us, "The owner always comes to speak to me. He goes and talks to everybody." People had been given a mobile phone number for the provider, so they could be assured of contacting them at any time.
● Although the registered manager was not available on the day of our inspection, we observed their systems and processes were embedded and followed to ensure the safe running of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives were encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held, and people were encouraged to participate. Some people preferred not to attend the meetings, so the activities coordinator visited them in their rooms to ensure they could contribute to the discussions.
● The provider listened to these views and acted on issues raised. For example, some people said they would benefit from more outdoor garden space. The provider had therefore purchased an adjoining garage with a view to turning this into an additional garden.
● People, relatives and visitors to the home were asked to complete questionnaires and where a need was identified, changes had been made. For example, some people were unhappy with the weight of the duvets and the provision of new duvets had been actioned.
● The chef regularly asked people whether they enjoyed the menu and a 'weekly dining experience audit' was complete to ensure people were satisfied with the meal times experience. Any suggestions were incorporated into the menus. One person told us, "I suggested bread and butter pudding and we had it yesterday."
● A dementia café was held weekly at the home and provided people within the local community an opportunity to socialise in a relaxed and supportive environment.
● When we asked one member of staff what they felt most proud of, they replied, "It is a happy home, everybody talks to everybody. There are no seniors, nurses or carers, it is a team."