

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. Gainsborough Hall is a purpose-built home where 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 29 people living at the home.

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

Although the providers assessed staffing numbers had been maintained, people, staff and relatives told us there were not enough staff to meet people's needs. People reported long waits for care and staff told us current staffing numbers prevented them from providing high-quality care.

The provider used a large number of temporary staff, supplied through an agency. At the time of our inspection the provider did not have a system in place to check the COVID-19 vaccination status of temporary staff working in the home as required by law since 11 November 2021.

Despite this, we observed effective partnership working between temporary staff and the staff employed by the provider. People and relatives spoke positively about the caring nature of staff and staff understood their responsibility to keep people protected from abuse and avoidable harm.

Risks to people's health had been identified and assessed. However, these risks were not always managed safely.

People did not always receive their medicines as prescribed because the medication ordering procedures were ineffective. Further improvements were required with the management of some medicines.

The provider's systems and processes were not used effectively to review and maintain oversight of the quality of care being provided. Concerns and complaints were not always managed effectively.

Although systems and processes were in place to drive improvements within the service, these did not always assess and mitigate concerns related to diabetes management, catheter care and medicines management.

Staff and the management team were committed to the people living at the home and feedback from our inspection was welcomed. The provider told us action would be taken to address all of the areas which required improvement.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 16 March 2021) and we found a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to safe staffing numbers, safeguarding, wound care, medicines management and ineffective governance. As a result, we undertook a focussed inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led key question sections of this full report.

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

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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 12 safe care and treatment, regulation 16 receiving and acting on complaints and regulation 17 good governance at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 always 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 can 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

Three inspectors, a specialist nurse advisor and an Expert by Experience completed this inspection. Two inspectors and a specialist nurse visited the home. One inspector supported the inspection by making phone calls to staff and the Expert by Experience supported the inspection by making phone calls to relatives to gain their feedback. 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 inspection

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

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the regional trainer, a nurse, an agency nurse, the unit managers known as 'unit leads', the head of care, the activities co-ordinator, a senior care worker and five care workers. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment. We reviewed multiple agency staff profiles. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with the provider to discuss the feedback gained from people, relatives and staff during our inspection.

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 requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management, using medicines safely

- Risks to people's health had been identified and assessed. However, these risks were not always managed safely.
- One person had diabetes managed with medication. Diabetes is a lifelong condition which causes a person's blood sugar level to become too high. Although the person's blood sugar levels were recorded before each administration of medication, these were frequently recorded as very high which posed additional risks due to hyperglycaemia (high blood sugar level). There was no emergency plan to direct staff on what action to take if any symptoms of hyperglycaemia occurred, in order to prevent more serious complications.
- Another person had a urinary catheter. Records showed this person's catheter had not been replaced within the required 12-week timeframe to prevent infections occurring. Records did not sufficiently record the rationale for this. Another person's catheter records did not show when their catheter had been inserted and therefore it was unknown when it needed to be removed and replaced. This posed a risk as an infection may go unnoticed.
- Prior to our inspection we received some concerns about safe medicines practices. Although people were given their medicines by trained staff, people did not always receive their medicines as prescribed. This was because the ordering procedures were ineffective.
- A variety of prescribed medicines had been recorded as 'out of stock' by staff which meant they had not been given to people as prescribed. One person had not received two doses of their prescribed injection to prevent blood clots, and another person had not received four doses of their routine pain relief due to this being out of stock.
- Some medicine records had not been signed by staff, so it was unclear whether the medicine had been given. For example, one person was prescribed treatment for skin damage and their administration records had not been signed for six days. Another person was prescribed treatment for ulcerated legs and their records had not been signed for seven days.
- Some people received their medicines via a patch applied to the skin. These were not always managed as per the manufacturer's instructions. Two people had their patch applied daily. It was important this patch was not applied to the same area for 14 days. Records showed only two main application sites were being used which posed increased risk of skin irritation and a risk their medicines not being absorbed at a safe level.
- Daily checks were not completed to ensure patch medicines were still in situ and had not fallen off or been accidentally removed. Records showed patch medicines were frequently recorded 'not found' when staff were due to remove the patch which meant people were put at risk of not having their symptoms effectively managed.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Prior to our inspection we received some concerns about wound care where people had skin damage. We found no evidence to substantiate this concern. One person's wounds were responding well to treatment and were being effectively monitored for signs of deterioration and/or improvement.

Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider did not have a system in place to check the COVID-19 vaccination status of temporary staff working in the home from an agency as required since 11 November 2021.

We identified a breach of Regulation 12(3), but the Government has announced its intention to change the legal requirement for vaccination in care homes.

- Despite this, the home was clean and free from any unpleasant odours. The environment supported good infection control procedures. For example, specially designed anti-microbial wallpaper was used throughout the home and an air change facility supported good ventilation. Staff understood their responsibilities regarding good infection control procedures.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were written schedules for cleaning tasks and a member of housekeeping staff was able to describe best practice in relation to the use of cleaning equipment.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to the regulation and guidance to develop their approach.

Staffing and recruitment

- Prior to our inspection, we received concerns about insufficient numbers of staff. Records showed the provider's assessed numbers of staff, based on their dependency tool, had been maintained.
- Although there was a heavy reliance on temporary staff supplied to the home by an external agency, we observed effective partnership working between these staff and the staff employed by the provider.
- Despite assessed staffing numbers being maintained, almost all staff told us insufficient staffing levels prevented them from providing high quality care, particularly on the first floor. One staff member told us, "There is not enough staff at all. We try not to let this impact the residents, but it is an impossible task. When it comes to personal care, it takes time so we cannot answer call bells. It is difficult as we have so many people who are high risk of falls and we cannot staff the lounge." Another staff member told us, "It is a bit like a production line, you don't get much time with them [people]."
- People told us there were not enough staff and they experienced long waits for staff support. One person told us, "They are definitely short of staff here. I don't press my bell for silly things. But when I do it is your guess as to how long it takes staff to come to me."

- We discussed this with the registered manager who told us staffing levels were reviewed on a monthly basis and altered according to people's needs.
- The recruitment process continued to ensure contracted staff were suitable for their roles by conducting relevant pre-employment checks. These included COVID-19 vaccination as a condition of deployment checks and an enhanced Disclosure and Barring Service [DBS] check. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.

Learning lessons when things go wrong

- The provider and registered manager had missed opportunities to learn lesson when things went wrong. Our findings identified multiple shortfalls in the safety of care provided.

Systems and processes to safeguard people from the risk of abuse

- We received information that safeguarding concerns were not always listened to or acted upon by the management team. We found no evidence to substantiate this concern.
- Records showed when safeguarding concerns were reported, the management team had taken appropriate action to keep people safe.
- People and relatives spoke positively about the caring nature of staff. Comments included, "Safety wise, everything is okay. The staff are nice to me", "The staff are very kind" and, "The staff and nurses are very good and look after my relative very well."
- Staff understood their responsibility to keep people safe from abuse and raised concerns when necessary. However, staff told us they were concerned the current staffing numbers increased the likelihood of potential harm to people. One staff member told us incidents of physical aggression between people living at the home had occurred when no staff were present. This meant staff could not respond to these incidents appropriately.

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 requires improvement. At this inspection this key question has remained the same. 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

- At our last inspection we found the provider's systems and processes were not used effectively to review and maintain oversight of the quality of care being provided. The provider had failed to maintain sufficient and accurate oversight of the service which meant previously demonstrated good standards had not been maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with an action plan.
- Some improvements had been made. For example, records related to staff training were now accurate, risk assessments related to people's health were now completed and the detail contained in care plans had improved. The registered manager was able to show the provider's programme of audits and checks were now completed monthly and these were easily accessible during our inspection.
- However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.
- Although systems and processes were now in place to drive improvements, these failed to assess and mitigate the concerns we found during our inspection. These included concerns related to diabetes management, catheter care and medicines management.
- Since our first inspection in July 2019, the home has had three different managers. The new registered manager had previously worked at the home as the deputy manager and returned in June 2021 as the new registered manager. More time was needed for them to drive the necessary improvements to the overall quality of care provided.
- Staff spoke very positively about the new registered manager who had taken the time to understand the challenges faced by the staff during the COVID-19 pandemic. Comments included: "Since [manager] arrived I feel very supported and things are getting better. We are working better as a team" and, "Our managers here are brilliant, they work very hard."
- However, staff spoke about the pressures of working throughout the COVID-19 pandemic which they felt had not always been recognised by the provider. One member of staff told us, "The manager, she says thank you all the time and so does [clinical lead]. I have never had a thank you from the [senior] management."
- Staff told us communication between themselves and senior managers within the provider group needed to be improved. Staff felt there were missed opportunities by senior managers to gain feedback from frontline staff members about their well-being and the difficulties they had in providing high quality care.

One staff member commented, "The essence of listening to people, relatives and staff has been lost. They are too focussed on inspections."

- Most relatives told us they had not been asked for feedback about the quality of service being delivered at the home. Where issues or concerns had been identified, it was not always clear what action the provider had taken in response to that feedback to improve the quality of care provision.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, we contacted the provider to discuss the feedback we had received. They told us they were committed to supporting the staff at Gainsborough Hall who had all gone above and beyond with their social carer duties. The nominated individual confirmed a meeting had been arranged to ensure all staff heard this message and to gain further feedback about the difficulties staff faced in their role.
- The provider was saddened to hear staff did not feel recognised and had already introduced many incentives to show their appreciation for their efforts during the COVID-19 pandemic. For example, an employee of the month system had been introduced, pizzas were often bought to say thank you, and a consultant psychiatrist was available for external support.
- At our last inspection, concerns and complaints were not acknowledged or addressed. At this inspection, we continued to find concerns and complaints were not always managed effectively. For example, where formal complaints had been received, these had not always been responded to and there was limited evidence about what investigation had been undertaken. Where complainants had indicated they were unhappy with how their complaint had been resolved, there was no further response to the complainant or evidence to show they had been signposted to external agencies where they could pursue their complaint further.
- Although most relatives told us they would complain when required, some felt the lack of stable and effective leadership meant these were not acknowledged or addressed, and communication about the progress of their complaints was poor. Because of this, some relatives had continued to escalate their concerns directly to us, the Care Quality Commission and/or the local authority. One relative explained, "I won't ever complain again unless I have to as I found their attitude unhelpful."

The provider did not ensure there was an effective system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements were still required to ensure an environment was created where there was an open culture at all levels. However, we found no evidence to suggest duty of candour had not been followed for significant incidents in the home.

Working in partnership with others; continuous learning and improving care

- The registered manager and nominated individual told us some issues related to care delivery had been because insufficient information about people's needs was provided before admission. Despite already having a thorough pre-assessment process, some pressures of the COVID-19 pandemic meant these had not been completed as usual. Action had already been taken to ensure a more robust screening assessment took place prior to people moving into the home.
- The provider had recognised the high demands on staff due to the high use of temporary staff and had recently increased the rate of pay to attract new permanent staff into the home.

- The registered manager, the providers representatives and the provider were committed to making improvements at Gainsborough Hall. Feedback from our inspection was welcomed and assurance was provided that action would be taken to address all of the areas which required improvement.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12 (2) (b) The provider did not do all that was reasonably practicable to mitigate risks to the health and safety of people using the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	16 (2) The provider did not ensure the system was operated effectively for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activities.

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	17 (1) The provider did not ensure systems and processes were established and operated effectively to ensure compliance with this regulation. 17 (2) (a) The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity 17 (2) (b) The provider did not assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

