Gainsborough Care Home Limited

Gainsborough Care Home

Inspection report

53 Ulwell Road
Swanage
Dorset
BH19 1LQ

Tel: 01929253106
Website: www.agincare.com/care-homes/dorset/gainsborough-care-home-swanage

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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 Care Home is a residential care home providing personal care and accommodation for 35 people aged 65 and over at the time of the inspection. The home can accommodate up to 48 people in one building, which is adapted for the needs of people with mobility difficulties.

People's experience of using this service and what we found
Although improvements had been made to safety at the home since the previous inspection and people told us they felt safe and well cared for, people were still at risk of avoidable harm. The provider's quality assurance system and leadership had not identified the shortfall we found; 31 of 35 occupied rooms had unsecured wardrobes. None of the occupied rooms had risk assessments for the wardrobes.

There had been a period of management instability at the home since the previous inspection. The previous registered manager left in November 2019 and the home was then supported by peripatetic managers. A new manager and deputy manager started in March 2020. They have been supported by the provider's senior management team. Despite this, and a previous action plan confirming the issue with wardrobes we had identified at two previous inspections had been resolved, and measures put in place to prevent a re-occurrence, the manager and provider had not identified the issue with the wardrobes that we found on this inspection.

Medicines were managed safely and stored securely. This included potentially hazardous denture tablets and topical creams. Each shift had a suitably trained and competent member of staff to administer people's medicines.

Further improvements had been made to cleanliness around the home. Since the previous inspection the home had increased the number of domestic staff. This had also given care staff more time to spend with people.

There were enough appropriately trained staff to meet people's needs. The home had a robust values-based recruitment process with all required pre-employment checks to ensure only suitable staff worked at the home. Staff received a comprehensive induction, which included shadowing more experienced staff.

Staff understood the signs and symptoms that may indicate a person is being harmed or abused and knew how to report this. They told us they would feel comfortable to whistle blow should they witness or hear about poor practice.

Rating at last inspection and update
The last rating for this service was requires improvement (published 26 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had 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 three consecutive inspections.

Why we inspected
We carried out an unannounced inspection of this service in April 2019. A breach of regulation was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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 coronavirus and other infection outbreaks effectively.

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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Gainsborough 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
The inspection site visit was carried out by one inspector. An Expert by Experience made telephone calls to relatives to obtain their views. 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 Care Home 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 home did not have a registered manager at the time of the inspection. A registered manager is a person who has registered with CQC to manage the service. 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. A manager was in post who had applied to be registered with CQC.

Notice of inspection
We gave the service 48 hours' notice of the inspection to ensure safety could be considered in respect of Covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 five members of staff including the home manager, deputy manager, a senior carer, office manager and chief operating officer. We made observations of interactions between people and staff to help us understand the experience of people who lived at Gainsborough Care Home. We also spoke with three relatives by telephone.

We reviewed a range of records. This included three electronic care records, medication records, training data, agency profiles, team meeting minutes and supervisions. We reviewed the provider's quality assurance systems and audits relating to care delivery and safe practices.

After the inspection
We continued to seek clarification from the provider to validate evidence found. On request the manager sent us a copy of the health and safety premises audit in place prior to the inspection, a revised version put in place post inspection and an example risk assessment for the securing of wardrobes in a person's room completed post inspection. We spoke with two people and three staff by telephone. We also received telephone feedback from one professional who regularly works with the home.

Requires Improvement

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
Our inspection of October 2018 found furniture needed securing to the wall to reduce the risk of it falling on people. Following the inspection, the manager confirmed action had been taken to address this. On our return inspection in April 2019 we identified the same issue. Following this inspection, the provider again assured us action had been taken to address this issue. At this inspection we found improvements had not been made.

● There were unsecured wardrobes in 31 of the 35 occupied rooms and no risk assessments had been completed in respect of this. We had identified this issue at two previous inspections and the provider told us they had rectified this. The manager acknowledged risk assessments should have been completed and wardrobes secured where necessary.

We found no evidence that people had been harmed however, not all identified risks had been assessed or mitigated. 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.

The provider responded immediately during and after the inspection. They confirmed that action was being taken to secure the wardrobes and undertake appropriate risk assessments.

● Previously people had been at risk of falls due to two steps near the lift. The provider had taken action to have these removed and replaced by an accessible ramp.
● People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency. These plans were placed in a file, so they were accessible in an emergency. However, one person's plan was not present in the file. We raised this with the manager, and this was rectified immediately.
● Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Fire procedures were displayed around the home.
● People had personalised risk assessments and the required specialist equipment to help reduce risks associated with things such as skin integrity, mobility, social isolation and poor dietary intake.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe living at Gainsborough Care Home. One person said, "They look after me very well. Oh yes, I feel safe." Another person said, "I most definitely feel safe here." Relatives' comments included: "I'm absolutely certain that [family member] is safe" and "[Family member] has a call bell near

[family member's chair]. When [family member] presses it, staff are always there."
●People were supported by staff who recognised the signs and symptoms that could indicate people are experiencing harm and abuse. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC. Local authority safeguarding contact numbers were displayed for people, relatives and staff to refer to if needed.
● Staff told us they would feel confident whistleblowing if they observed poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns. The home had a whistleblowing lead to support this.
● The manager and provider had worked openly and cooperatively with health and social care professionals when safeguarding concerns were raised. Outcomes from safeguarding concerns were shared with staff to help facilitate learning.

Staffing and recruitment
● There were enough staff to meet people's needs. The home used a dependency tool to ensure there were sufficient staff on shift during weekdays and weekends. This was regularly reviewed. Recruitment of additional domestic staff meant care staff had more time to spend with people. A person told us, "It's lovely here. Staff couldn't give me more of their time!" A staff member said, "I absolutely feel we have enough time to do our jobs." Another staff member told us, "'[Name of manager] has pushed for us to have all the staff we need with the right training."
● The home had safe recruitment practices. Checks had taken place to reduce the risk that staff and agency workers were unsuitable to support people at the home. This included references from previous employers, criminal record checks and review of agency workers' profiles.
● Staff received a three-day induction and shadowing with experienced members of staff. Where staff needed additional shadowing, this was supported.
● When the home identified shortfalls in practice standards, timely internal investigations took place and disciplinary action was taken where required.
● The provider had 'refer a friend' financial incentive for staff to support recruitment.

Using medicines safely
At our last inspection we found that denture cleaning tablets and topical creams were not safely stored. At this inspection we found improvements had been made.
● Potentially hazardous denture cleaning tablets and topical creams were now stored safely. This is important where people are living with dementia.
● People's medicines were managed safely and only administered by staff with the relevant training and ongoing competency assessments. One person said, "I get them [medicines] on time. They are very good at that."
● Medicines requiring additional security were stored securely.
● Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● Medicines records were complete and legible.

Preventing and controlling infection
●The home was visibly clean and odour free. At the previous inspection there were localised instances of unpleasant smells and stained flooring. Since the previous inspection additional housekeeping staff had been employed and new carpets had been ordered. A domestic staff member carried out regular deep cleaning. A staff member advised us, "We get all the cleaning products we need." A relative said, "The place is always clean, especially since the new manager came. She has raised the general standard. Long may [name of manager] reign."

● Staff had access to Personal Protective Equipment (PPE) such as gloves, facemasks, visors and aprons and used these in line with the home's policy and the latest government guidance. The management carried out spot checks to maintain compliance.
● There was an up to date infection control policy and cleaning schedule to ensure that risks to people, staff and visitors were minimised. Staff had received infection control training and understood their responsibilities in this area. A relative confirmed they were required to wear the necessary PPE when visiting their family member.

● 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.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Staff recorded and reported accidents and incidents appropriately. The information was analysed and signed off by the manager to identify any trends and ensure all necessary action had been taken to prevent a re-occurrence. Any learning was shared with the staff during handovers, supervision and team meetings.
●The home had worked closely with district nurses to improve pressure care at the home.

Requires Improvement

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

At our last inspection the provider's systems and processes for monitoring health and safety, had not operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17

The provider's quality assurance system included a range of audits overseen by the provider or manager, including medicines, nutrition, pressure care, dignity and a health and safety of the premises. However, checks of risk assessments and security of wardrobes was not included in these audits. This resulted in a failure to identify that 31 out of 35 occupied rooms had unsecured wardrobes and the absence of risk assessments.

Following the inspection, the manager confirmed the securing of wardrobes had now been added to the health and safety premises audit and sent us a copy of this document to confirm this had been done. They also advised that the risk assessments covering the securing of wardrobes would be reviewed monthly or when people's needs changed, rooms were redecorated, or people moved rooms.

● The previous registered manager left the home in November 2019. The home was then run by peripatetic managers until the manager started in March 2020. Staff referred to the time when the home had peripatetic managers, telling us, "There were different managers coming in telling us different things", "We had other managers help us when the registered manager left. We were struggling at the end of last year as we had core staff that had left. We had some challenging days, but we all knuckled down" and, "Since the manager started morale on the team is much better. Before that we had peripatetic managers and felt left at sea."
● A professional fedback to us, "When I first started coming in to the home in January and February 2020 it was soul destroying. Morale was low. There was no leadership and no one taking control. Things improved from a leadership perspective when [name of manager] started. Between [name of manager] and [name of deputy manager] the home is better led. They can make a massive difference."
● The manager was clear their role was to "keep residents safe, healthy, help staff feel supported and have

the resources they need to do their jobs".
● The manager felt supported by the provider's operations manager and chief operating officer. The manager said, "[Name of operations manager] is in regular contact and is always at the end of a phone. Head Office support has been there for me. They have been open to financing all the equipment needed. We have weekly operations meetings which has included [pandemic related] government guidelines and peer support from other managers."
●Staff were encouraged to undertake additional learning to support their careers in care and foster practice improvement. The home recognised good practice with an 'Employee of the Month' initiative. A staff member who had won this recognition said, "This made me feel good." Another staff member said they were praised for good work and said this made them feel "so proud."
● The manager and provider had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People lived in a home with an open and welcoming atmosphere. A staff member said, "I love every minute of being here. It's really lively. I felt so welcomed from the interview onwards."
● Staff told us they all got on and worked well together. Staff comments included: "We have good team work here", "I love working here" and, "I have a good team working with me. There is good camaraderie."
● Staff said they felt supported by the manager and deputy manager and that they were accessible. Reasonable adjustments had been made for staff when needed for example with health conditions or family circumstances. Comments about the manager included: "I feel I'm supported. If you have a problem you can speak to them and they sort it", "The manager is brilliant. She supports us very well. [Name of manager] looks out for staff and residents. They all seem happier" and, "[Name of manager] is the best boss I've ever had." The manager told us, "They are a good team, they are committed and care about the residents."
● Relatives spoke positively about the manager. They all said the manager had "made a difference". One relative told us, "Staff now have a purpose and are a lot more efficient. [It's] amazing what a good manager can do."
● Staff told us they felt listened to and involved. A staff member said, "Everybody can give their opinions freely in team meetings and they listen." The manager told us, "I have empowered staff to be involved in decision making. This then benefits the residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
● People told us they felt involved and listened to. The home organised residents' and relatives' meetings which provided opportunity to raise concerns, ask questions and contribute to the direction of the home. A person told us, "I feel listened to."
● Surveys were used to secure feedback and help the service understand what it was doing well and could improve. A social care professional had commented positively about the staff expressing, "Very helpful and supportive as always." A relative had fed back, "Very kind staff and [family member] is well looked after. Very happy with [family member] being there. "
●The manager understood the requirements of Duty of Candour. They told us it is their duty to be "open, transparent and learning from mistakes".

Continuous learning and improving care; Working in partnership with others
● Staff were supported to develop new skills and knowledge. Where staff had requested to do a diploma in

health and social care the manager had agreed this.

● The home worked in partnership with other agencies to provide good care and treatment to people both when living at the home and to support their transition to alternative care and accommodation when required or desired.

● During the Covid-19 pandemic the home and provider had worked with the local authority to provide 10 block-booked beds for people discharged from hospital.

● The manager had also used social media to secure donations of plants and homemade hand cream for residents and staff from the local community.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the safety of the services provided to service users.

The enforcement action we took:

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