

## Gainsborough Care Home Limited

# Gainsborough 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 effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Gainsborough Care Home is a care home without nursing. It was providing personal care to 37 people aged 65 and over at the time of the inspection, many of whom were living with dementia.

Gainsborough Care Home accommodates 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:

People received the care they needed. Individual people's risks were assessed and managed.

There was one instance of a person being lifted in a different sling to that specified in their care plan. The registered manager ensured the person's care plan was updated. However, we have made a recommendation regarding always having people's correct slings available.

Staff treated people with dignity and respect, promptly assisting people who showed signs of distress. People told us they liked the staff. A person commented, "If you're worried, they [staff] will help you."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

Safety certification for gas, electricity and the fire warning system was up to date. Precautions were taken against legionella (bacteria that can cause serious illness) colonising the water system.

Improvements had been made to cleanliness around the building. However, there were some localised instances of unpleasant smells and staining, which staff attended to when we highlighted these.

The building was overall accessible to people with impaired mobility. Some aspects of the décor did not follow recognised guidance on dementia-friendly design.

Activities were provided.

There were enough safely recruited and trained staff to provide for people's essential needs, but additional responsibilities for laundry and washing up made it hard for staff to spend time with people other than during care. The provider was in the process of recruiting further domestic staff who would be able to cover additional kitchen and laundry duties.

For four nights a week, there were no staff on duty who were trained to administer medicines. The provider was in the process of addressing this.

Staff worked in a confident and organised manner. They were supported through training and supervision to perform their roles effectively.

Medicines were managed safely and stored securely, apart from some prescribed skin creams that were loose in some people's rooms.

The provider's quality assurance system had not identified or remedied shortfalls we found, such as unsecured furniture and denture cleaning tablets that had not been stowed away. You can see what action we told the provider to take at the back of the full version of the report.

Staff had up-to-date training in safeguarding adults and knew how to report suspected abuse.

The registered manager and provider had worked openly and cooperatively with health and social care professionals who were investigating safeguarding concerns. Accidents and incidents were reviewed to ensure necessary action had been taken to keep people safe.

Concerns about people's health were referred to the appropriate health professionals.

Dietary needs and preferences were catered for. Staff discreetly and attentively assisted people who needed support with eating and drinking.

Rating at the last inspection:

At the last inspection the service was rated requires improvement (15 January 2019).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulations in relation to safe care and treatment and good governance.

Why we inspected:

This inspection was brought forward due to information of concern relating to people's care and safety. There was an ongoing safeguarding enquiry overseen by the local authority in relation to this.

Improvement action:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We continue to work with partner agencies in our ongoing monitoring of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by an inspector and an assistant inspector.

#### 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 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:

We did not give notice to the provider in advance of this inspection.

#### What we did:

Before the inspection we reviewed the information we held about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. As this was an inspection in response to concerns, we did not request a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met most people at the service and spoke with six of them and a visiting relative. Because many people might have difficulty telling us about their experience of the service, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care in communal

areas to help us understand the experience of people who cannot describe this to us. We also made general observations around the service. We spoke with two visiting health professionals, four staff, the registered manager, another manager currently working at the service, and the operations manager. We viewed five people's care records, medicines records, two staff recruitment files, training and supervision records for staff and a range of records relating to the service was managed.

# 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 on 22 and 23 October 2018, we asked the provider to take action to make improvements to safe care and treatment, and this action has been completed.

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

- The provider advised us following the last inspection that wardrobes and other furniture that needed securing to the wall had been fixed. However, we found wardrobes and chests of drawers in four rooms that were not secured. The registered manager acknowledged that these should have been secured after being moved. They undertook to risk assess unsecured furniture and fix it if necessary.
- Potentially hazardous denture cleaning tablets were not locked away on the first day of the inspection. We drew this to the attention of the management team. This had been addressed by the second day.
- Safety certification for gas, electricity and the fire warning system was up to date.
- Precautions were taken against legionella (bacteria that can cause serious illness) colonising the water system.
- Doors across the upstairs corridor were locked with key code locks, to help prevent people descending the two staircases. However, the potentially restrictive effect of this had been reduced since the last inspection. Most people now spent their days downstairs, with staff assisting them when they wanted to go to their rooms. A person with an upstairs room who was able to use the lift unsupervised knew the code to get through the doors.
- Individual people's risks were assessed and managed. These included risks relating to swallowing difficulties, malnutrition and pressure sores.
- Each person had a Personal Emergency Evacuation Plan, setting out the assistance they would require in an emergency such as a fire. These were kept with the fire file for ready access by the fire brigade and staff.

### Preventing and controlling infection

- Improvements had been made to the cleanliness of the service. However, on the first day of the inspection there were localised instances of unpleasant smells and stained flooring. One person's bedroom had been tidied and the bed made, but faeces on the bed rail had not been cleaned away. We drew this to the attention of one of the management team, who arranged for it to be addressed.
- A registered manager from one of the provider's other services had been visiting the service to audit and advise on infection prevention and control. The service was working on an action plan in relation to issues raised.
- Staff were regularly reminded at staff meetings about their responsibilities for keeping people's rooms and communal areas clean and tidy.

- Disposable gloves and aprons were readily available for staff, who used them appropriately.

#### Staffing and recruitment

- There were enough staff to provide for people's essential needs, such as staying safe. However, staff were expected to attend to laundry and washing up as well as providing care. This limited the time they could spend with people.
- The registered manager and provider had recognised this was an issue and were taking steps to recruit further domestic staff who would be able to cover these additional duties.
- For four nights a week, there were no staff on duty who were trained to administer medicines. However, people currently using the service rarely required medicines at night. The provider had recognised there should always be medicines-trained staff on duty and was seeking to recruit an additional senior member of staff for night duties. In the meantime, two medicines-trained members of staff who lived nearby came in to administer medicines when needed. The registered manager or deputy tended to start early and work late if they anticipated people might need as required (otherwise known as 'PRN') medicines, such as pain relief, overnight. There were also plans to ensure night staff were trained to recognise when people might need as required medicines.
- Staff worked in a confident and organised manner. They had up-to-date training in safety-related topics, such as moving and handling, infection control and health and safety.
- Appropriate criminal records checks and other checks, including taking up references, were carried out as standard practice in staff recruitment.
- The provider had revised their recruitment procedure to ensure they obtained references from a candidate's most recent employment in care. This was regardless of whether the person had had other jobs in the meantime.

#### Using medicines safely

- Medicines taken by mouth or administered as drops were stored securely.
- The registered manager had introduced a system for storing prescribed creams safely, to reduce the risk of people having contact with these other than as prescribed and to help ensure they remained effective until the expiry date. However, creams were left out in some people's rooms. These had been stowed away by the second day of the inspection.
- Dates of opening were recorded on the labels of containers of liquid medicines and prescribed creams.
- Staff who administered medicines were trained to do so and their competence was checked at least annually.
- The registered manager and deputy manager regularly checked stocks of medicines and medicines records, to ensure that all medicines were accounted for and records were complete.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had up-to-date training in safeguarding adults and knew how to report suspected abuse.
- The registered manager had attended training about managers' responsibilities for safeguarding adults and had reported concerns about abuse that had come to their attention.
- There was information in the hall for people, visitors and staff, explaining how to report abuse.
- Staff told us they felt able to raise concerns with the registered manager in the confidence these would be addressed properly.
- Staff had on occasion reported poor practice since the last inspection. The registered manager had taken this seriously and had made safeguarding referrals in line with the local multi-agency safeguarding adults procedures.
- The registered manager and provider had worked openly and cooperatively with health and social care professionals who were investigating safeguarding concerns.

- The registered manager shared learning from safeguarding investigations with staff.
- Staff reported accidents, incidents and near misses. The registered manager or deputy manager reviewed each occurrence to ensure that all necessary action had been taken to keep people safe. They also sought further detail where this was needed.
- The registered manager analysed accidents and incidents each month to identify any trends that might indicate further action was needed, such as people who fell repeatedly.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Initial assessments were undertaken before people came to the service, to ensure the service was suitable and able to meet their needs. A relative said this process had been thorough, despite their loved one needing to move in at short notice.
- There were more detailed assessments once people arrived, and these formed the basis for people's care plans.
- Assessments and care plans followed the provider's template, covering areas such as communication, eating and drinking, vulnerability to pressure sores, moving and handling, night time and sleep, and mental health and wellbeing.
- Staff had the training they required to provide the care people needed.

Staff support: induction, training, skills and experience

- Staff told us they were supported through training and supervision to perform their roles effectively. One worker said the registered manager was keen to develop them: "I have the opportunity to make a career here."
- New staff had an induction. This included shadowing existing staff, undertaking key training and, if they were new to care, working towards the Care Certificate. The Care Certificate reflects nationally agreed standards that are expected of staff in health and social care.
- Following induction, staff had training in key topics every year or two depending on the topic. This included moving and handling, infection control and health and safety.

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

- People were positive about the food. They tucked into meals that looked appetising.
- There was a choice of meals. Some people told us they chose meals in advance, which can be difficult for people who live with dementia who may have difficulty comprehending or remembering the choice.
- Snacks and hot drinks were offered at intervals between meals. People had cold drinks to hand most of the time.
- The computerised care recording system prompted staff to offer fluids at regular intervals if these had not been recorded. This helped to prevent dehydration.
- People reported they were satisfied with their meals.
- People's dining experience had improved compared with the last inspection. Tables were attractively set, with cruet sets available. Some people wanted to watch television while they ate, whilst people in the dining

area listened to music.

- Staff discreetly and attentively assisted people who needed support with eating and drinking.
- Staff were familiar with people's dietary needs and preferences. This included thickening drinks and mashing or pureeing food, to make it easier to swallow, for people who had swallowing difficulties. Information about dietary needs and preferences was set out in care plans and also held in the kitchen.
- People's risk of malnutrition was reviewed at least monthly. Unplanned weight loss was followed up appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There had been tensions in working relationships with local health professionals. However, these had started to improve.
- People were registered with a GP, and were also encouraged to see dentists, opticians and chiropodists where they and their family accepted this.
- Concerns about people's health were referred to the appropriate health professionals, particularly GPs, district nurses and the ambulance service.
- The service kept a care plan summary for each person, to provide if they moved to another care home or needed to go into hospital.

Adapting service, design, decoration to meet people's needs

- The building was accessible to people with impaired mobility. There was one working wet room with level access and an adapted bathroom. There was a passenger lift connecting both floors.
- There were a main lounge-dining room and a quieter lounge downstairs, with a smaller lounge upstairs. Most people spent their time in the communal areas downstairs.
- Sometimes, music and the television were both playing loudly in the through lounge-dining room. At mealtimes, this happened through some people's choice. However, the music and television competed at other times too, even though no-one was listening to the music.
- Whilst the décor was homely, some aspects did not follow recognised guidance on dementia-friendly design. Bedroom doors were numbered and painted in different colours to aid recognition. However, the labels were very small and there were no personal items or pictures to help people identify their room. One corridor looked much like another, which did not provide people with a cue as to whereabouts they were.
- People personalised their bedrooms with pictures, plants and personal effects.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained people's consent to their care, where they were able to give this.

- Where a person had given lasting power of attorney for health and welfare, the service obtained proof of this so that they could accept the attorney's consent instead of the person's.
- Where there were doubts about people's ability to consent to aspects of their care, staff assessed their mental capacity to do so. If the person was found to lack capacity, they decided on the least restrictive necessary care to be given.
- The registered manager understood when people could be deemed as deprived of their liberty and ensured applications were made to the appropriate local authority to authorise this under DoLS.
- The registered manager monitored the expiry dates of DoLS authorisations to ensure fresh applications were made as necessary.
- There were no conditions on DoLS authorisations at the time of the inspection.

# 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

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

- Staff spoke with people in a kind and friendly way.
- The people and relative we spoke said staff were kind. Comments included: "Very nice [the staff]", "The staff are nice and if they aren't nice, you just have to say something, and they'll sort it out", "So impressed with her energy and kindness [about a member of staff]", "The staff are nice. There isn't anybody I don't get on with" and "All the staff I've met, I really like".
- Staff were familiar with people's preferences and sought to meet these. For example, they supported someone to sit in a chair they knew the person liked to sit in. People spent their day in their room or in communal areas, as they preferred.
- Most staff had completed training in equality, diversity and inclusion.
- The registered manager explained how the service treated people as individuals. They sought information about what was important to people during their move to the service and this was set out in care plans.

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

- People, and where appropriate those who were close to them, were involved in decisions about their care.
- A relative commented on how the registered manager and another senior member of staff had communicated openly with them when their loved one moved into Gainsborough Care Home.
- They said the staff continued to be helpful: "If I have any questions I can always ring up and speak with someone."
- The registered manager, who oversaw care planning, recognised that the views of people and their families may differ. They knew how to obtain independent advocacy support for people when there were significant decisions to make about their care, if this was needed.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity. Throughout the inspection people were dressed in clean clothes. One person had dirty nails and teeth on the first day, but subsequently had support to clean these.
- Staff promptly assisted people who showed signs of distress or discomfort. A person who wanted to use the toilet was becoming upset. One of the managers who was in the home to support the registered manager helped them to go to the bathroom.
- This person told us, "If you're worried, they [staff] will help you."
- Personal care all took place behind closed doors. Where someone preferred staff of a particular gender to assist them with intimate care, this was specified in their care plan.
- People's independence was respected. For example, people were encouraged to stand or walk if they were able. A person told us they valued being able to come and go as they pleased, and we saw them

walking around the building independently.

- The registered manager and operations manager advised us that relatives' involvement in people's care was welcomed, where people and their families wanted this. A relative came in to encourage and help their loved one to have a shower.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, and the relative we spoke with, said their needs were met and they were happy with their care.
- People received the care they needed. However, on one occasion someone was hoisted using their bathroom sling, as their usual sling was in the laundry. This was not reflected in their care plan. The registered manager ensured this was updated when we drew it to her attention.
- Care plans were more individualised than at the last inspection, reflecting people's needs and preferences.
- The registered manager and staff had a good understanding of people's care needs.
- The service met the Accessible Information Standard. This requires health and social care providers to ensure people with an impairment or sensory loss can easily understand information provided and get the support they need to communicate. Assessments and care plans flagged up sensory loss and communication needs. These were also noted in the 'grab sheets' provided when people transferred to hospitals or other care services.
- One person told us, "I couldn't say that there are any [activities]" and said they preferred to occupy themselves. However, the service had an activities coordinator, who organised a programme of activities such as quizzes and entertainment.
- We saw a visiting musician, and people enjoying a vintage tea party to celebrate St George's Day. On one occasion, we saw people reminiscing with staff about miniature household implements, just as they did at the last inspection. We also observed staff involving people in setting the tables for a meal.

Improving care quality in response to complaints or concerns

- Information was displayed in the reception area about how to raise a complaint.
- No formal complaints had been recorded since the last inspection.
- People and relatives said they felt they could raise concerns with the management team. For example, a person told us, "If you didn't like something you could go to one of them and they would help you."

End of life care and support

- There was no-one approaching the end of their life during the inspection.
- The service worked with GPs and district nurses when people were close to death, to help ensure they were as comfortable and peaceful as possible.
- Allow a natural death (do not attempt cardio-pulmonary resuscitation) notices were in place where people had requested this, or if they lacked capacity to do so, their relatives had agreed this with a doctor.

# 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 on 22 and 23 October 2018, we asked the provider to take action to make improvements to good governance. Whilst they had addressed the issues raised in that inspection report, this action has not yet been completed.

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.

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

- The registered manager and provider were bringing about improvements, but acknowledged further progress was needed. They had responded to issues raised by the local authority quality monitoring and safeguarding teams, as well as matters flagged up during the inspection.
- The provider had sent CQC an action plan following the last inspection stating they had completed actions to meet Regulation 17. Their quality assurance system included a range of audits overseen by the provider or registered manager, including health and safety, infection prevention and control and resident infections. However, these had not identified the shortfalls we found at this inspection. These included unsecured wardrobes not risk assessed, prescribed creams and denture cleaning tablets not stowed away, and shortfalls in cleanliness.

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

The provider responded during and after the inspection to address the issues highlighted. They also advised us following the inspection that the appropriate storage of denture cleaning products would be included in the environmental health and safety audit.

- The provider had assigned additional managers to the service following the recent concerns, to support the registered manager to bring about improvements. They had helped the registered manager with further audits.
- The registered manager was working to a variety of action plans following visits by local authority staff and audits by the managers who were currently supporting the service. The provider was condensing these into a single, ongoing action plan that would be easier for the registered manager to monitor.
- The registered manager kept staff informed about safeguarding concerns and shared the outcomes, and any learning, with them. She addressed any shortfalls in staff performance.
- The requires improvement rating from the last inspection was not displayed at the service on the first day

of the inspection. The registered manager explained that it had been there but a person living at the service had removed it from the wall, as they often did with pictures. The rating was reinstated when we flagged this up. The inspection rating was displayed on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The relative and staff voiced confidence in the registered manager. They said she was open and honest. A member of staff commented that "there used to be a lot of wet chairs" (from incontinence), but this had been a lot better since the registered manager took over.
- The registered manager fostered a positive, supportive culture. Staff worked together well. They came across as happier and more confident than at the last inspection.
- Staff who were working at the home when we last inspected said they felt the home had improved since then. This was consistent with our observations.
- Staff confirmed that the registered manager was readily available if they needed her. They said she spent much time assisting and supporting them with hands-on care. One worker commented, "[Registered manager] and [deputy manager] are always rolling their sleeves up... they lead by example."
- The workforce was diverse. Staff said they were treated fairly.

Working in partnership with others

- The service had previously had a strained relationship with some health and social care professionals, but the registered manager was working to address this.
- The registered manager had developed an open and cooperative working relationship with the local authority quality monitoring and safeguarding teams.

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  The provider's systems and processes for monitoring health and safety, including cleanliness and infection control, had not operated effectively to identify matters that could compromise people's safe care and treatment.