Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Gainsborough Care Home

53 Ulwell Road, Swanage, BH19 1LQ

Tel: 01305769418

Date of Inspection: 05 March 2013

Date of Publication: April 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Gainsborough Care Home Ltd
Registered Manager	Ms. Denise Chrippes
Overview of the service	Gainsborough care home is located in Swanage, Dorset. Accommodation is provided over two floors accessible via a passenger lift.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

We spoke with three people and three people's relatives. People's privacy was respected and people were treated with consideration. One person told us, "They generally knock on the door before they enter. They have a polite approach."

People's care needs were assessed and care was planned and delivered to meet their needs. One person told us, "I get all the help I need, the staff meet my needs."

The provider had a process in place to report allegations of abuse and staff were aware of this process. Staff had received appropriate training and were supported in their roles.

The provider had not protected people against the risks of infection as they had not conducted an adequate assessment of the risks of cross infection.

Records were accurate and contained appropriate information. There was a process in place for secure storage and destruction of records which were no longer needed.

In this report, the name of the registered manager appears who was not in post and not managing the regulated activity at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's privacy was respected. One person told us, "They generally knock on the door before they enter. They have a polite approach." We saw that staff knocked on people's doors prior to entering and that bedroom and bathroom doors were closed when people were receiving care.

People were treated with consideration and respect. One person told us, "I've found the staff here nothing short of people who are anxious to look after people." One person's relative told us, "The staff are very caring." We saw staff communicated with people in a considerate and respectful manner. Staff approached people and bent down to their eye level to aid their communication. Staff acknowledged people as they entered the room.

We saw that the home displayed a dignity charter in the reception area detailing the aims of the home in relation to dignity. We saw that the television in the lounge had subtitles enabled to assist those with hearing difficulties. We saw people were encouraged to be independent. For example, one person was assisted to participate in transferring from their wheelchair to an easy chair. However, the provider may find it useful to note there was a lack of signage in the home to aid people to navigate independently.

People participated in making decisions about their care. We saw people were offered choices. For example, one person was asked what they would like for lunch. Another person was asked where they would like to sit. We looked at four people's care records and found that they detailed people's preferences. For example, one person's preference for a shower rather than a bath was recorded. We saw that people's food and drink preferences were recorded. We spoke with the cook who was aware of people's food likes and dislikes and maintained a file which contained information regarding people's dietary preferences.

The provider may find it useful to note that three of the four care records we looked at contained consent forms which were signed by someone other than the person to which the record related. There were no details on these records to indicate that the people signing the consent forms had authority to do so.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care needs were assessed. We looked at four people's care records and found that appropriate assessments of need had been conducted. For example, assessments of people's risk of malnutrition, falling, and risk of skin damage had been completed. We spoke with one person's relative who told us that they were involved in the assessment of their relative prior to them being accommodated at the home.

Care was planned and delivered to meet people's assessed needs. One person told us, "I get all the help I need, the staff meet my needs." One person's relative said, "The staff can't do enough for him." We saw that a care plan was developed if a need was identified from assessment. For example, one person was assessed as being at risk of skin damage. We saw that this person had a plan in place which detailed the need for frequent assistance to change position and the setting of their air mattress. We saw that the air mattress was in place and set to the correct setting, and that repositioning charts had been completed indicating regular changes of position.

People accessed health care as they required. One person told us, "I've not seen a doctor since I've been here. I've not needed one. I would feel able to ask them to call a doctor." One person's relative said, "The district nurse comes in a couple of times per week." We saw that contact with healthcare professionals was recorded in people's care records. For example, we saw that one person who had been assessed as being at risk of malnutrition and had a decreased food intake had been referred to the GP.

People were engaged in activities. One person told us, "The staff take me out. There is a definite provision of activities. The staff have told me there are some activities this afternoon. I would say the activities are very good." One person's relative said their relative "has been enjoying the activities." We saw people were engaged in activities such as playing dominos and reading magazines.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There had been four allegations of abuse which were investigated by the local authority since the home opened in November 2012. One allegation of neglect had been substantiated. Three further allegations were still under investigation. The provider had cooperated with these investigations. One person's relative told us, "I raised concerns and they listened to me and have apologised. I have seen an improvement in the care provided."

Staff were aware of what constitutes abuse and the actions necessary when abuse was suspected. We spoke with three members of staff who were able to describe how they would recognise different types of abuse, and what the signs of abuse may be. For example, one member of staff stated that a change in a person's behaviour may be an indicator of abuse. Another member of staff stated that any unexplained bruising may also be a sign of abuse.

Staff told us that if they suspected that someone was being abused, they would report it to the manager. Staff were also clear about how they could refer concerns to higher levels of management within the organisation if they were not satisfied with the managers response. Staff told us they were aware of whistleblowing and the external organisations they could contact to report concerns.

We looked at the providers safeguarding policy which was aligned to the local multi agency safeguarding policy. We saw that the provider had access to the multi agency policy and publically displayed the procedure for reporting safeguarding concerns in the reception area.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The provider had not protected people against the risks of infection as they had not conducted an adequate assessment of the risks of cross infection.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The premises were clean and smelt fresh. We saw that a cleaner was on duty and the environment was clean and smelt fresh. One person's relative told us, "The place is always clean." Another person's relative said, "The place is spotless." The operations director told us that a cleaner worked six days per week. We looked at cleaning records which demonstrated regular cleaning of the environment. We also saw that the manager had undertaken regular checks of the cleanliness and tidiness of the home.

Personal Protective Equipment (PPE) was available for staff. We saw that PPE, such as disposable gloves and aprons were available. A colour coding system was used in the home whereby blue gloves and aprons were used for food service, and white aprons and gloves were used when staff were assisting people with their care needs. We saw that different sizes of gloves were available.

Staff told us when they used PPE. However, we saw PPE was not always used appropriately. For example, we saw occasions whereby staff were wearing PPE when not directly engaged in a care task. We also saw that staff wore disposable gloves when administering medicines, but were unable to explain the reasons for this. The operations director told us that wearing gloves while administering medicines was the home's policy and was in the process of being reviewed. We saw hand sanitizer was available for staff and visitors.

We saw one person had a urinary catheter. There was a plan in place to ensure that the drainage bags connected to the catheter were changed on a regular basis. We saw that drainage bag was dated to indicate the date it was last changed which therefore reduced the risk of infection.

We were told that one person was experiencing symptoms of diarrhoea and vomiting at the time of inspection. The deputy manager told us that other people had experienced similar symptoms recently, but they felt that this was not an infectious virus. We looked at all 12 people's daily records and found that six people had experienced symptoms of feeling sick, vomiting and loose stools in the previous five days. We spoke with the

manager who told us four staff had also experienced these symptoms.

One person, who was sat at a table eating their breakfast with others, told us, "I've had a stomach bug and have been in bed for the last few days. While I was unwell they brought me food and drink to me in my room." This person's care records indicated that they had experienced symptoms of diarrhoea and vomiting within the previous 24 hours. The provider's guidance stated that people should remain 'isolated' for 48 hours after their symptoms had ceased.

The provider had not protected people against the risks of infection as they had not conducted an adequate assessment of the risks of cross infection. A number of people had experienced similar symptoms which may have indicated they were suffering from an infectious condition. However, care had been provided to people in their own rooms while they were symptomatic.The provider told us that people's relatives were advised not to visit if they were experiencing symptoms of diarrhoea or vomiting.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were appropriately trained. We looked at the training records and found that staff had received training in appropriate topics such as dementia care, fire, moving and handling and infection control. We saw that staff competency was checked following training. For example, staff with responsibility for medication administration had a competency assessment prior to being able to independently administer people's medication.

Staff received supervision. We looked at the supervision records and saw that all staff had received some form of supervision in the previous three months. Supervision was provided in a variety of ways, for example, spot checks, competency assessments and probationary reviews. We looked at three staff files and saw that these supervisions had been recorded and detailed feedback provided to the staff members.

We spoke with three staff who told us they felt supported and adequately trained in their respective roles. They told us additional training was available and a number of staff were due to commence an enhanced training program in dementia care.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Appropriate and accurate information was recorded regarding people's care. We looked at four people's care records and found that these contained information that was regularly reviewed. We looked at records that related to people's ongoing care, such as fluid charts and repositioning charts, and found that these were fully completed.

We looked at records that related to the management of the regulated activity and staff records, and found that these had been accurately completed. For example, staff training records and supervision records.

The operations director explained the process of secure storage retention of records. The provider used an external contractor to store some of their records and to securely destroy these records when no longer required.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider had not protected people against the risks of infection as they had not conducted an adequate assessment of the risks of cross infection. Regulation 12 (1)(a)(b)(c) (2)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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