

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: 10 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Cleanliness and infection control | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Gainsborough Care Home Ltd |
| Registered Manager | Mrs. Deborah O'Keefe |
| 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'.

| | Page |
|---|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Consent to care and treatment | 6 |
| Care and welfare of people who use services | 7 |
| Cleanliness and infection control | 9 |
| Staffing | 11 |
| Assessing and monitoring the quality of service provision | 12 |
| <hr/> | |
| About CQC Inspections | 13 |
| <hr/> | |
| How we define our judgements | 14 |
| <hr/> | |
| Glossary of terms we use in this report | 16 |
| <hr/> | |
| Contact us | 18 |

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 10 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Staff sought people's permission before providing care or treatment. One person's relative told us, "They ask them what they want and seek their permission."

People's needs were assessed and care was planned and delivered to meet people's needs. We found that people's care records contained assessment of people's needs and a plan as to how these needs were to be met. Staff were aware how to meet people's needs.

The home was clean and smelt fresh and staff were aware of how to protect people from the risks of infection. One person told us, "They clean my room pretty regularly."

There were sufficient numbers of staff to meet people's needs. One person told us, "The staff are pretty good." We spoke with staff who considered there were enough staff to perform their duties effectively.

The provider assessed the quality of the service provider and made changes as necessary.

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

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff sought people's permission before providing care or treatment. We spoke with people and their relatives. One person's relative told us, "They ask them what they want and seek their permission." We saw that staff asked people if they required help before providing it. For example, one person was asked by staff if they could help them to transfer from their wheelchair to a chair. Staff only offered assistance once the person agreed to their offer of help.

Consent forms were present in people's care records for relevant decisions. We looked at four people's care records and found that signed consent forms were present for decisions such as consent to a photograph to aid staff identification. Where people's photographs were used in the providers publications we saw that specific consent had been sought from people.

The home had a policy to guide staff in the principles of the Mental Capacity Act 2005. The registered manager was aware of the different types of power of attorney and the types of decisions which people holding these had a legal right to make. The provider may find it useful to note that one person's care record contained two consent forms which had been signed by their relative. These consent forms related to agreement to the person's care plan and agreement not to attempt resuscitation. The relative signing these forms did not have the legal authority to make personal and welfare decisions on behalf of the person.

Staff were aware how to assist people to make decisions. We spoke with four staff who told us how they helped people to make choices if they had difficulty doing so. Staff explained how they had used a variety of methods to help people make decisions. For example, one member of staff told us they would help one person make a meal choice by showing them two meals and allowing them to choose. Another member of staff told us that they used trial and error and would observe the body language of a person who did not communicate verbally to find out their likes and dislikes. A further member of staff told us they would look at people's care records and ask the person's relatives about their choices and preferences.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered to meet people's needs. One person's relative told us, "Personal care is ok, (my relative) always has a shower and is clean." We looked at four people's care records and found that where a need was identified a plan was in place to meet this need. For example, one person was assessed as being at a high risk of skin damage from pressure. A plan was in place for this person to have a pressure relieving mattress and cushion. We saw that this person had access to these pieces of equipment. Another person was assessed as being at risk of falling out of bed. A plan was in place for this person's bed to be fitted with bed rails. We saw that this person's bed had bed rails fitted along with protective covers to reduce the risk of entrapment.

Staff were aware of people's needs and how these should be met. We spoke with four staff who were able to explain how they provided care to specific people we asked about. For example, staff were aware of one person's nutritional needs and that they required their drinks thickened to reduce the risk of them choking. Another member of staff was aware of one person's mobility needs and that they needed a hoist to assist them to change position.

People experienced difficulty finding their way around the home. Each corridor of the home was painted in the same colour and it may be difficult for people to distinguish which floor they were on. A number of toilet and bathrooms did not have signage to indicate the room's purpose which may make it difficult for people to locate as all doors were painted white. One person told us, "I want to go to the loo. I keep getting lost in this place." We saw another person walking around looking at name plates on the doors. This person told us, "I can't find my room." The provider may find it useful to note that a number of people living in the home had problems with their memory and may benefit from appropriate signage to help them find their way around.

People accessed clinical services when they required. One person told us, "I see the nurses regularly. They will get a doctor out for me if I need one." One person's relative said, "The district nurses come in quite a bit. If they get a doctor out they always telephone me and let me know." We found that contact with professions such as GP's, district nurses and chiropodists was documented. We saw that the telephone numbers for the GP and out

of hours doctor were displayed on the office notice board.

A senior member of staff was available at all times. We spoke with the registered manager who explained that when a senior managers were on call out of hours to deal with any emergencies or provide advice. We saw that the telephone members for these people were available in a folder and the on-call staff were identified on the home's duty rota.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Our inspection on 5 March 2013 found that 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. The provider wrote to us on 9 April 2013 and told us that they would make changes such as ensuring that staff were equipped to deal with outbreaks of infection. During this inspection we found that improvements had been made.

We found that the home was clean and smelt fresh. One person told us, "They clean my room pretty regularly." One person's relative said, "The cleanliness is not bad." Bathrooms and toilets were clean and there were supplies of liquid soap and paper towels for people to wash their hands. The provider may find it useful to note that not all bathrooms had pedal operated bins to dispose of paper towels and some were using small plastic containers as refuse bins. One toilet had paper towels and tissue to the floor as there was nowhere to dispose of these items. The registered manager told us that they would ensure that all rooms had a bin.

There were sufficient supplies of disposable gloves and aprons. We saw that gloves and aprons were available throughout the home and in people's bedrooms. The provider may find it useful to note that there were no storage for these items in bathrooms and toilets which had resulted in aprons being hung over towel rails and grab rails. There was a potential from these items to become contaminated especially where they were stored on grab rails next to the toilet.

We spoke with four members of staff who were aware of standard infection control practices. Staff were aware of when they needed to wear gloves and aprons and the need to change these between different people and different tasks. We asked all four staff what action they would take if they suspected a number of people were suffering from a suspected infectious condition. All staff were aware of the necessary actions to prevent the spread of infection, such as encourage people to remain in their room and ensuring all staff were aware of people's condition. We saw that staff wore gloves and aprons when performing relevant tasks, such as serving food.

The home had an infection control file and policy which guided staff as to actions to minimise the risk of infection. The home had access to a tool kit to assist them manage an outbreak of a specific infections condition. The home had access to the names and

numbers of services when they could obtain advice regarding infection prevention and control, such as the local public health team.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were sufficient numbers of staff to meet people's needs. One person told us, "The staff are pretty good." One person's relative said, "A few of the girls are really good." Another relative commented, "There have been problems with lack of staffing in the past, but not in the last week. It seems to be sorted out now." The registered manager told us that there had been a recent safeguarding investigation which had found that there were insufficient numbers of staff to meet people's needs on one occasion. The registered manager explained that this was due to staff sickness.

We spoke with four staff who considered that there was enough staff to meet people's needs. Staff told us that the home had got busier as more people had moved in which had resulted in them being able to spend less time socialising with the people living at the home. We saw that staff were available to meet people's needs when required.

The registered manager told us that they calculated the numbers of staff required by looking at the dependency and needs of the people living at the home. They told us that the shift pattern had been recently altered to ensure that additional staff were available later in the evening and earlier in the morning. We looked at the staffing rota and saw that the staffing numbers matched what the registered manager told us the home required.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider assessed the quality of the service. We saw that the home undertook a variety of audits and checks. For example, the home regularly completed audits with regards to medicines management. Other checks included staff files, care delivery records and cleanliness of the home.

Incident trends were analysed and changes made to reduce the risk of an incident happening again. One person's relative told us that their relative was having a lot of falls so moved to a ground floor room which they reported had a beneficial effect.

We saw that incidents were recorded and analysed on a monthly basis. We found that changes were made to people's care as a result of this review. For example, we found that one person's observation level had been increased following a number of falls.

We spoke with the registered manager who told us that a survey of the views of people and their relatives had recently been sent out and they were awaiting the results. The provider may find it useful to note that the majority of staff we spoke with told us that they did not feel listened to and were unable to make suggestions as to the running of the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
