

London and Manchester Healthcare Ltd

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Inspection report

Gainsborough House Nursing Home
8 Gainsborough Road
Warrington
Cheshire
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

London and Manchester Healthcare Limited, Gainsborough House is a residential care home providing personal and nursing care to up to 72 people. At the time of our inspection there were 68 people using the service across three separate wings, each of which has separate adapted facilities.

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

The service had addressed some of the issues from the last inspection, and we found medicines were managed safely across the home, however we made some recommendations about medicines management.

There were a range of effective provider and manager quality assurance processes in place, the provider had learnt lessons from the previous inspection and improved services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risk assessments held appropriate information. Care plans and risk assessments were person centred and detailed how people wished and needed to be cared for; these were regularly reviewed and updated as required. We saw evidence of how the registered manager and staff ensured people beliefs, choices and rights were respected. This was supported in feedback we received from people and their relatives.

The recruitment of staff was safe and there were enough staff on duty on the day of inspection to meet people's needs. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

We observed support being provided in the home and saw this was done in a caring, responsive, and patient manner. We saw people were comfortable in the presence of staff and positive relationships had developed between people receiving support and staff. A visitor told us "There are always plenty of staff about and they always seem patient and kind with the residents. There seems to be more permanent staff about lately, they do use some agency staff, but they also seem genuinely nice. The home is always spotless with no nasty odours. I have no concerns about any other residents or the way anyone is treated. There is always a very pleasant friendly atmosphere when I visit."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 December 2021). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector, a medicines inspector, and an Expert by Experience. 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

London and Manchester Healthcare Limited, Gainsborough House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. London and Manchester Healthcare Limited, Gainsborough House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 3 people living in the home and 6 visitors. We also spoke with 3 members of staff, the registered manager and quality and compliance manager. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found and the provider was able to provide evidence of actions taken following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

At our last inspection the provider had failed to manage medicines safely, so people were placed 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in regard to risks in relation to managing medicines. However, we identified improvements were still needed.

Using medicines safely

- Where medicines needed to be crushed prior to administration to be given covertly in food or drink or to be administered via a tube, (PEG), there was not always up to date instructions to ensure these were given in a safe way. The service told us they had already requested this information from the appropriate healthcare professionals
- Staff were not always consistently recording when thickened fluids were being given to people at risk of choking and aspiration.
- For medicines that required an interval between doses this was not always observed.
- Instructions for medicines that were given when required were available, but they did not always contain person-centred information to ensure they were given safely. For example, a medicine for anxiety did not have any information for staff about when and why to administer.

We recommend the provider consider current guidance on record keeping and documentation when managing medicines and take action to update their practice accordingly.

- Medicines were stored securely. People were supported by staff who had received medicines training and were assessed as competent.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.
- There was a policy in place to ensure people were protected from the risk of harm and abuse. Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- People we spoke with felt safe living in the home, we were told, "I feel safe in this lovely environment with

all the staff about. I have no worries about any staff they are all kind and caring." Relatives also said they felt their loved ones were safe. We were told "[Person] is safe here because there are always staff bobbing in their room. [Person] has improved tremendously since coming here with the good quality of care." Another relative said, "[Person] is safe here in this secure environment we now have peace of mind."

Assessing risk, safety monitoring and management

- Peoples care plans held a wide range of assessments identifying potential risks.
- Records showed measures were in place to mitigate those risks. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. One person told us "I am hoisted, and this is always done by 2 staff, and I have no worries when they hoist me."
- Risks to the environment had also been assessed to help ensure people were safe. The provider had systems in place to ensure regular checks on equipment took place to ensure it was safe and fit for purpose.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives we spoke with felt there was usually sufficient staff on duty. The people we spoke with told us there were familiar faces, but the home also used agency staff. They all said they had no problems with the agency staff, and they are very nice. One person told us, "There are the same familiar faces, but they do use agency staff as well, they are also very nice. They have a good sense of humour and make me laugh which makes the day pleasant."
- Appropriate disciplinary processes were in place and followed when it was appropriate to do so.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. All visitors we spoke with could not praise the home enough on cleanliness, that there were no odours and was very well maintained. One relative said, "The home is clean and tidy, and [person's] bedroom is kept spotless."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person said "The home is always clean and tidy. All the equipment they use seems very clean and works well."
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open, approachable and reflective and a role model to the staff. The staff worked well together and worked as a supportive team and were able to give regular feedback via staff meetings and supervisions.
- Each relative we spoke with said they were happy with the way the home was running and communication was very good. They all said it was a very pleasant, friendly atmosphere when they visited. One relative said, "There is a general pleasant atmosphere, and the staff are fantastic. I would recommend this home to anyone the staff are so kind and caring. I feel it is the best home in Warrington." Another visitor told us, "The atmosphere is pleasant and calm. I would recommend this home because [person] is so well looked after and it is wonderful, he can take communion, this was always important to him."

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

- The provider and registered manager was aware of their responsibility to be honest with people when things went wrong. A person told us, "[Registered Manager] is brilliant, she will always stop to chat when she sees me. I have no complaints about anything, but I am sure she would sort it if I had." A relative told us, "I have met [Registered Manager] a few times, she is great and very friendly and approachable. I am sure she would act on any problems, but we have no complaints at all."
- Staff undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.
- The registered manager had reported notifiable events where required to CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.

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

- Regular safety and quality audits were carried out to measure performance and generate improvements. When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The provider and registered manager was responsive to feedback given throughout the inspection.
- Policies and procedures were in place, including infection control, safeguarding and risk assessment. There was a 'policy of the month' and this helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

- The provider and registered manager had used the findings from previous inspections to build and improve on the quality of care. This was evidenced in a theme of 'lessons learnt' in each meeting and audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives spoke positively about the communication with the registered manager and staff. We were told, "I do not know the managers name, but she seems very nice, always chats when she comes on the unit. If I had any worries, I would speak to the nurse." and, "The manager pops to say hello she is very nice, and she seems to run the home very well. I have no worries or concerns but would speak to any staff if I needed to."
- Staff, residents and people had different ways of being able to contribute to the running of the home, for example meetings and quality questionnaires.
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.