

Restful Homes (Central) Ltd

# Gainsborough Hall Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Gainsborough Hall is registered to provide accommodation, nursing and personal care for up to 74 people, including younger people, older people, people living with dementia and people with a physical disability.

At the time of our inspection visit there were 33 people living at the home. Care is provided across 3 floors that include a residential and nursing unit. A communal lounge and dining area are located on each floor. People's bedrooms are ensuite and there are further communal bathroom facilities located on each floor.

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

Relatives felt involved in care planning for their family member. Relatives told us their family members choices were accommodated and considered.

Relatives told us staff knew what to do and staff were trained which gave them confidence their relatives received the right level of support. Training refreshers were held to make sure staff received training to maintain staff skill and knowledge.

People and relatives were pleased with their meal choices, and they could have additional choices if requested. People received their food and fluids in line with personal preferences. People who were at risk of weight loss were regularly checked by staff to ensure any further support was provided to help maintain their health and welfare.

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.

The management team and provider completed regular audits and checks, including clinical and checks that supported a quality service.

There was no registered manager at the time of our visit but the senior management team remained consistent and they supported temporary managers at the home. A new manager was being appointed and would make an application to be registered with us.

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

### Rating at last inspection and update

The last rating for this service was good (published 07 October 2022).

### Why we inspected

The inspection was prompted in part due to concerns received about a lack of important health information

being known by and available to staff. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

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. In Safe, we did not look at the entire key question, only the part of the key question related to infection prevention and control. This does not change the rating from the previous inspection.

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 stayed the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gainsborough Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Inspected but not rated

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** ●

# Gainsborough Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection visit was completed by 3 inspectors, 1 specialist advisor and 1 Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

#### Service and service type

Gainsborough Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Gainsborough Hall is a care home with nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The director of operations told us a

new manager would be appointed shortly and would apply to become registered with us.

#### Notice of inspection

This inspection visit was unannounced.

#### What we did before inspection

We reviewed the information we held about the service, such as feedback from people and their relatives, statutory notifications, as well as any information shared with us by the local authority, commissioners and Healthwatch. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people and 8 relatives about the service provided to get their experiences about the quality of care. We spoke with 5 members of care staff, 2 nursing staff, a chef, 2 deputy managers, a company director and a director of operations.

We reviewed a range of records. This included examples of 5 people's care records, including records to support and promote oral health. We looked at records that related to the management and quality assurance of the service and records of staff training.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at one part of the key question. We may assess all of the key question at the next inspection of the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- 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.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- Relatives told us they were involved and included in care planning conversations. One relative told us, "We have open and honest conversations, and we go through the care plan together. I feel fully involved and included as we all want the same thing, to look after my loved one."
- The provider assessed people's needs before they started using the service to ensure staff would be able to meet those needs effectively.
- People's individual risks were assessed using recognised assessment tools. Risks were minimised through care plan guidance for staff to follow.

Staff support: induction, training, skills and experience

- Relatives said staff knew how to provide the right level of support. One relative said, "My [Relative] prefers to stay in bed, the care staff will hoist them into the chair, the staff are well trained and know what they are doing."
- Staff told us the training and support they received gave them the skills and confidence they needed to carry out their roles and responsibilities effectively.
- Some people demonstrated their anxiety or distress through their responses to other people and staff. Staff had received specific training so they could safely support people at such times.
- Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff to learn people's individual routines.

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

- People were given a choice of what they would like to eat and drink. One person told us, "There are a couple of things you can have and today I have ordered the gammon. If you change your mind, they are quite flexible like that."
- The chef explained how information was shared with catering staff to ensure people's cultural and dietary requirements were followed. One relative told us their family member had a meeting with the chef and now had meals and choices they preferred.
- People's weights were regularly checked to ensure they maintained a safe weight for them.
- Staff monitored and recorded what people ate and drank to ensure they had a good nutritional intake to maintain their health. People were referred to dieticians if concerns about their food and fluid intake were identified.
- Staff knew people's preferences or dietary needs and staff supported them appropriately. Some people who required modified diets and fluids to maintain their health received them in line with those preferences.



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

- Records showed external health professionals had been contacted and they visited the home to review people's care needs, such as the GP and speech and language therapy (SALT) team.
- Staff used a recognised assessment tool to identify clinical deterioration in people's health. Any concerns were referred to external healthcare professionals. When people were admitted to hospital, clinical staff printed off a 'hospital pack' which went with the person. This informed other health professionals about the person's medical history, any recent medical appointments and their prescribed medicines.
- Any risks to people's oral health were assessed. However, the detail in the risk assessments was not always reflected in people's care plans. The deputy manager assured us this would be addressed.

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

- People's bedrooms were spacious, with a kitchenette area so people could remain as independent as possible.
- People, relatives and visitors had access to communal areas. On the ground floor, there was a large communal area where people could spend time to sit quietly or to socialise and have drinks. This space was used to support group activities and events. One relative said, "The atmosphere of the home is very peaceful and the calming décor suits my [Relative]."
- People had access to lounges, dining areas, a cinema and a hairdressing salon. The garden was secure with seating and tables to encourage people to spend time outdoors relaxing.
- The provider had recently opened bedrooms on upper floors. Consideration was given when moving people. For example, people were offered a bedroom directly above their previous one so the layout of the floor remained the same for them. This helped people remained familiar with the layout of their surroundings. One relative told us about the move, saying, "[Relative] recently located to the top floor which is far better. Now they have moved they are taken into the lounge for the morning and back to their room in the afternoon."
- Where agreed, acoustic technology (system of remote monitoring via sound) was used to monitor people with significant health and/or safety risks.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider and registered manager were 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.

- During the inspection we saw staff offering people choices. Staff respected people's right to make their own decisions but understood when they needed to act in people's best interests to mitigate risks to their health and safety.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems and processes to ensure they continued to have effective oversight of the service. A programme of regular audits and checks were completed to help ensure any improvements to the quality of service were identified and actioned. Checks included medicines and clinical checks. Some clinical checks also included reviewing people's weight and health and wellbeing. Where people required external health care support this was requested.
- Incidents and accidents were recorded and reviewed. Trends analysis was completed to help identify if there were any patterns to prevent similar incidents or themes from reoccurring.
- Staff understood their roles and responsibilities and staff felt supported and confident to carry out their tasks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The management and staff team encouraged feedback from people and relatives. When suggestions were made, these were listened to and acted upon. For example, 1 person was supported to go out for a coffee and shopping.
- Staff felt supported in their roles. One staff member told us, "The management is strict but that does not mean they are not giving us the freedom to speak out or interact with them. If we have a problem we can speak out."
- People told us they were asked for their feedback at regular meetings. One person told us, "If you point something out they will sort it."
- People and relatives were invited to planned meetings where they were updated about any changes in the home and invited to give their feedback about the service. Most relatives told us they were disappointed with the high turnover of home managers at the home, however senior managers within the group remained consistent.
- Despite this, people and relatives said they could raise any issues and they were confident they would be listened to. One relative told us, "The cover manager is very good and approachable and listens, the running of the home hasn't faltered with not having a permanent manager in post."
- The service was committed to continuous learning and improvement. Staff were given appropriate training and opportunities to develop within their role. Where required, staff told us they had checks on their competency in key areas, for example medicines to ensure they kept people safe.

Working with in partnership with others; continuous learning and improving care

- The director showed their commitment to delivering a service they were proud of. The Director and director of operations told us how they used lessons learnt to improve outcomes for people.
- The director of operations told us they worked well with external agencies and professionals to share knowledge and improve practices. The director of operations told us the provider was involved with external training providers to support staff with knowledge of 'Living well and dying well with dementia' and 'Young person mental health first aid'. The provider worked alongside local authorities, integrated care boards (replaced clinical commissioner groups) and other care homes to present and share knowledge and best practice.
- Good links with GP's, dentists and other health professionals promoted good outcomes for people.

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

- There were no formal complaints raised, but relatives told us they could approach the management team and staff to share any concerns they had.
- The provider had met the legal requirements to display the service's latest CQC ratings. Where notifiable incident had occurred, these were sent to us.