

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

London and Manchester Healthcare Limited

Gainsborough House Nursing Home, 8
Gainsborough Road, Warrington, WA4 6BZ

Tel: 01925438034

Date of Inspection: 06 December 2012

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

Respecting and involving people who use services	✓ Met this standard
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Consent to care and treatment	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Supporting workers	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	London and Manchester Healthcare Limited
Registered Manager	Mrs. Mary McNeece
Overview of the service	<p>Gainsborough House is a newly built privately owned care home.</p> <p>It is located on the corner of Chester Road/Gainsborough Road in Lower Walton which is on the outskirts of Warrington.</p> <p>The home provides personal care and accommodation with nursing for up to 72 people. It is divided in to three 24 bedded units arranged over three floors. The ground floor accommodates people who need nursing care and the first and second floors cater for people with some degree of dementia.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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, reviewed information sent to us by other organisations, carried out a visit on 6 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The people we met with appeared relaxed, comfortable and at ease with the staff. It was also evident that the staff members had a good understanding of what was important to each person and how to care for them.

The people using the service who were able to tell us said that they were happy living in the home. Comments included; "I am fine and being looked after well" and "I have no complaints at all, the staff are really kind." Visiting relatives told us; "The staff are very friendly and keep you informed" and "The staff are really good."

We asked a visiting relative and her relation who lived in the home about the staff working there, they told us, "Lovely here, love the people, wonderful. There are little touches." Another relative said; "The staff are brilliant."

The manager and deputy both "walk the floor" on a regular basis to make sure everything is going well. Residents and relatives forums are held regularly and there is also a "spouse group" who meet regularly [This is a support group for the partners of people using the service who have dementia].

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The home provided a range of information to prospective and existing people; these included the home brochure and a service user guide.

People were free to visit and look around Gainsborough House prior to choosing to live in the home.

The people living at Gainsborough House had care plans which included information about the support they needed and how they wanted to receive it. These included details about all aspects of their personal, social and healthcare needs. Staff members were aware of how to support people to make everyday choices, decisions and they encouraged their involvement in daily life at the home. For example to assist in the person making their own choices about which clothes to wear.

Throughout our visit, we observed staff supporting people in a sensitive and respectful way and staff members were knowledgeable about the people they supported.

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

We spoke with the staff members on duty during the visit. They were knowledgeable about the different needs of the people living at Gainsborough House and how they showed their feelings and views.

We looked at ten care plans and could see evidence that confirmed that the people using the service or more usually their families had been involved in the care planning process. Written consent was being obtained whenever possible. We looked at a care plan that had recently been audited and could see that any issues noted had been addressed.

During our visit we saw that the relationships between people using the service and staff members were warm, friendly and respectful.

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

The people using the service who were able to tell us said that they were happy living in the home. Comments included; "I am fine and being looked after well" and "I have no complaints at all, the staff are really kind." Visiting relatives told us; "The staff are very friendly and keep you informed" and "The staff are really good."

Anyone moving into Gainsborough House would receive a pre-admission assessment to ascertain whether their needs could be met. This would be done wherever the person was; this could include their own home or another care setting such as a respite centre or a hospital. As part of this process the home would also ask the person's family, social worker or other professionals to add to the assessment if it was necessary. We looked at some of the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments were thorough and included information about personal preferences and choices such as what the person preferred to be called.

Each person using the service had a care plan that was written from the information gathered during the assessment.

We looked at ten of these to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. The reviews were detailed, as were the daily records, so staff would know what changes, if any, had been made.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with the person and, where appropriate their representatives.

Staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. This is a legal requirement that is set out in an Act of Parliament called

The Mental Capacity Act (2005). We were able to confirm this process during our visit when we spoke to two visiting social workers who were carrying out a three monthly review into a decision that the home had had to make for one of the people using the service. They told us that everything had been done properly and in line with the above Act.

The home employed two full time activities coordinators. This job is to help plan and organise social and other events for people, either on an individual basis or in groups. All of the people using the service had their own activity record and they were asked what kinds of things they liked to do during the assessment and care planning processes. The activities planned were on display around the home. On the day of our visit we saw a variety of individual and group activities taking place. These included head massages and making Christmas decorations. A trip to a local garden centre had taken place the previous day.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles.

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

The home had an adult protection procedure [now called safeguarding] that complied with all of the relevant legislation and good practice guidelines. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The manager was aware of the relevant process to follow. She would report any concerns to the local authority and to the Care Quality Commission.

Staff members had received training in recognising abuse and how to report an incident of abuse or a suspicion of abuse. This was confirmed by the staff members on duty during our inspection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place.

Reasons for our judgement

We asked a visiting relative and her relation who lived in the home about the staff working there, they told us, "Lovely here, love the people, wonderful. There are little touches." Another relative said; "The staff are brilliant."

From the staff records we looked at we were able to see that the staff currently working at the home had been appointed correctly. That is, all of the appropriate checks and references, including obtaining Criminal Record Bureau disclosures [CRB's], had been carried out. They had received an appropriate induction and they were receiving regular training. The result of this is that the current team had the skills, knowledge and experience to meet the diverse needs of the people using the service.

There was a consistent team of staff within the home and we did not have any concerns regarding either their numbers or suitability. The staff members we spoke to were very positive about the home. One of them said; "Staff morale is great, we work well as a team."

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 members who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All new staff members completed an induction training programme so they had the skills they needed to do their jobs effectively and competently. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised [Shadowing is where a new staff member works alongside either a senior or experienced staff member]. New staff members also have a mentor during their induction [a named person who will provide advice and support to them].

The administrator maintained the staff training matrix. We looked at this which showed us that staff had received mandatory training in areas such as safeguarding and moving and handling. This was confirmed by the staff we spoke to during our visit.

The staff members had annual appraisals and regular one to one supervision meetings [These are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this would include a discussion of ongoing training needs].

The staff members had regular staff meetings. Information can be passed on, issues can be discussed and staff or managers can raise concerns. The staff members we spoke to said that the home was well managed and they enjoyed working there. One staff member told us; "The home is well managed, very professional. I love it here."

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 were receiving.

Reasons for our judgement

Information about the safety and quality of service provided was gathered on a continuous and ongoing basis from feedback from the people who used the service and their representatives, including their relative's and friends, where appropriate. The manager and deputy both "walk the floor" on a regular basis to make sure everything is going well. Residents and relatives forums are held regularly and there is also a "spouse group" who met regularly [This is a support group for the partners of people using the service who have dementia].

Gainsborough House had a variety of quality assurance systems available to assess the quality of the service it was providing; these included questionnaires that were sent to people using the service and their representatives on a regular basis. The findings from the most recent survey carried out in August and September this year and the associated action plan were on display on the notice board. The action plan covered a variety of topics including changes to the breakfast arrangements and a commitment that unit managers will ensure staff members wear their name badges at all times. The action plan encourages feedback and includes the following comment; "Please discuss with staff if any problems arise. We also looked at a sample of the questionnaires returned, these were generally positive and included comments such as; "Excellent and friendly", "The staff are wonderful, caring and professional" and "Staff are generally good and obliging."

Audits were carried out regularly; these included audits on care plans, medication, infection control and the kitchen.

Representatives from the company also visited the service and spoke to the people living there on a regular basis. This helped to ensure any issues were identified and addressed quickly.

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.

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