London and Manchester Healthcare Ltd

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Inspection report

Gainsborough House Nursing Home
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Warrington
Cheshire
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on the 12 January 2015. An arranged visit to complete the inspection was then undertaken on the 20 January 2015.

This home is actually registered as London and Manchester Healthcare Ltd and the first line of the address is Gainsborough House Nursing Home. This is an administrative issue that occurred when the home was first registered in August 2011. Everyone refers to the service as Gainsborough House so this is the name used throughout this report.

Summary of findings

The last inspection took place on the 11 February 2014 when Gainsborough House Nursing Home was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

The home 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager is due to retire and the provider has appointed a new manager who had applied for registration with the CQC. They will take over the day to day management of the home when the current manager retires.

Gainsborough House is a privately owned care home. It is located on the corner of Chester Road/Gainsborough Road in Lower Walton which is on the outskirts of Warrington. The home provides 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 [Picasso] and the first and second floors cater for people living with some degree of dementia Matisse and Renoir]. On the day of our inspection visit there were 72 people living in the home.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We looked at the recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was a flexible menu in place which provided a good variety of food to the people using the service.

The care plans were reviewed monthly so staff knew what changes in care provision, if any, had been made. The files we looked at all explained what each person's care needs were. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

There was an internal quality assurance system in place. This included audits on care plans, medication, weight losses, accidents, incidents and complaints.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperature, the proper operation of window restrictors as well as safety checks on the fire alarm system and emergency lighting. Individual fire safety risk assessments were also completed for each person and these were kept in the care files.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?

Good

The service was effective.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas. With the consent of the people living in the home we also visited a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Is the service caring?

Good

The service was caring.

We asked the people living in and visiting Gainsborough House about the home and the staff members working there. They all commented on how kind and caring all the staff were.

Visiting relatives made a number of positive comments regarding the home and the staff members working there.

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.

Is the service responsive?

Good

The service was responsive

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as speech and language services in order to ensure people received the most appropriate care.

Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Each of the three units kept a record of complaints. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place.

The staff all said they could raise any issues and discuss them openly within the staff team and with the registered manager.

In order to gather feedback about the service being provided Gainsborough House put questionnaires into the reception area and each of the three units every six months.

The service had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced inspection on the 12 January 2015 and then undertook a second announced visit on the 20 January 2015. The first day of the inspection was carried out by two adult social care inspectors, a specialist advisor with experience of dementia services 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. The announced visit on the second day was undertaken by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Gainsborough House.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with a total of 10 people living there, eight visiting family members, a visiting GP and approximately fifteen staff members including the registered manager [some staff members spoke to more that one member of the inspection team]. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

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

We looked around the home as well as checking records. We looked at a total of eleven care plans. We looked at other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Gainsborough House was a safe environment and all family members said they were more than happy that their relative was safely cared for. One relative told us, "I feel she's safe here".

We saw that the staff were aware of individual needs and all relatives we spoke with stated that their relative was well cared for, comments included, "X was excellent and very good with the residents", " I have no complaints about how X is cared for" and "The staff are good. The staff who have been here a while know the needs of the residents".

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Gainsborough House are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. One person said, "I phone or fax the safeguarding team direct over the weekends if the manager is not available and I need advice".

Staff members were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. One staff member told us, "I would challenge abuse immediately. I would then report it to the unit manager. I would be happy to whistle blow if it was needed" another said, "Whistle blowing is drummed into you". This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

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 people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, regarding for example, falls, medicines and nutrition were kept within the care plan folder.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care. One staff member told us, "When I come on duty I feel the handover is very important to give me the information I need. I then review the progress notes (daily records) and check the diary for visits and appointments so that we meet everyone's needs".

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee as well as suitable proof of identity. Although we saw from these files that new staff members had completed an application form and references had been requested the completed references were not all in the recruitment file. As a consequence we had to ask for these to be provided. The registered manager explained that this issue had been caused when the company's HR department had been dealing with recruitment documentation. This had recently been taken back by the home and she would ensure that all files were audited in order to ensure all relevant documentation was available.

As part of the home's auditing system a record for checking that the registration (Personal Identification Numbers) for

Good

Is the service safe?

any nurses working in the home were still in date was maintained. This was an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

We saw that policies and procedures were in place to help ensure that people's medicines were being managed appropriately. Medicines were administered by the nurses working on each of the three units. We saw that both the medicine trolley and the treatment rooms on each of the three units were securely locked. We checked the medicine arrangements on all of the units and observed medicines being dispensed on two of them. We saw that the practices for administering were safe. We saw one nurse give out medicines and she was aware that they needed to be given before food. The Medicine Administration Record [MAR] chart was fully completed. The nurse watched that the pills were taken. We saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicine safely. The nurses undertook a self- assessment of their competence annually and were observed dispensing medicines by the deputy manager as part of the auditing process within the home.

Although our observations during the inspection indicated that there were sufficient staff on duty some family members told us that they thought there should be more staff. Comments from relatives included; “The staff are well trained but I don’t think there are enough staff”. “Sometimes there are issues with not enough staff but the manager knows about this as she has had meetings with relatives” and “I don’t think there are enough staff on this floor”. Some of the staff members spoken with during the inspection also made this comment, particularly when talking about the afternoon shift when the numbers of care staff on each of the three floors changed from four to three. We are aware that the home manager undertook a dependency assessment in October 2014 and that the staffing levels were sufficient to meet the needs of the people living in the home at the time; this is an on-going process.

The staffing rotas we looked at during the visit demonstrated that on the first day of our visit there was one nurse and four care staff members in the morning reducing to three care staff in the afternoon on each of the three units. At night there was one nurse and two care staff members. We looked at the rotas and could see that this was the consistent level. The registered manager and deputy were in addition to these numbers.

In addition to the above there were separate ancillary staff including an, administrator, receptionist, kitchen, cleaning and laundry staff plus the home’s maintenance staff.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people’s ability to move around freely. Staff members told us there was plenty of specialist equipment available to meet people’s needs including airflow mattresses and cushions to reduce the likelihood of pressure sores.

We saw that maintenance staff were replacing a number of shower trays in the en-suite bathrooms. We were told that they were being converted into wet rooms that would more easily allow people to have a shower in their own room. Whilst this was a positive action we did not see any warning notices regarding these works in any of the rooms. We also saw that one en-suite bathroom was being used as a wheelchair store. We have spoken to the manager since the inspection and have asked for these two issues to be addressed.

Good

Is the service effective?

Our findings

All the people living at the home that we spoke with and their family members all felt that their needs were well met by staff who were caring and knew what they were doing. Care plans contained a relative's communication record that helped to ensure relatives were kept informed and updated. One relative we spoke with said, "I am very happy with the home".

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record for two newly appointed staff members and could see that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own. One new staff member told us, "At the moment I do basic care, continence care, help people to get out of bed, taking them to the toilet before meals". She went on to say she was given every opportunity to learn more about people's needs.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, dementia awareness and end of life care. One staff members told us, "We have regular training in understanding dementia".

The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. The staff members competency was assessed through the supervision system and through the auditing of records such as medication and care plans.

The staff members we spoke with told us that they received on-going support, supervision and appraisal approximately every six weeks. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "I had my first supervision one month after starting work here". Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent. We observed two staff members using a hoist to re-position somebody in their wheelchair and noted that they took their time, did not rush the person and spoke to them during the whole time they were completing the action. This was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked relatives if they had been involved in formulating the care plan of their family member. Whilst they all said they had initially been consulted some said they did not have regular involvement when the care plans were amended or updated. They told us, "I was involved in the beginning. They don't ask me to be involved in the review" and "Once or twice I have had to ask in the past but they keep me informed now" and "They did involve me right at the beginning".

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to a visiting GP during the first day of the inspection. They explained that they were visiting to undertake a review of one of their patients. They went on to say that the home was good at communicating with the practice and that they did not delay if they felt they needed assistance. A visiting family member told us, "I'm here for a medication review with [my relative] and her doctor".

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called

Good

Is the service effective?

The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

We saw that mental capacity assessments were being completed by qualified nurses and where necessary best interest decisions were made involving a social worker. If applicable a DoLS application was completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an element of their liberty. The application was submitted to the local social services department who were responsible for agreeing to any DoLS imposed and for ensuring they were kept under review.

The staff members we spoke with understood the nature of DoLS and had received training covering this. We saw completed documentation for both standard and urgent DoLS authorisation and an easy read explanation of DoLS suitable for people who lived in the home, their relatives and the carers.

The home used a catering service called 'Apetito' to provide food to the home. Meals were prepared externally and these were delivered to the home in frozen trays. The catering staff members then prepared these. Breakfasts and other food such as cakes and puddings were prepared in the home. The 'Apetito four week menu was flexible and provided a good variety of food to the people using the service. People could decide what they wanted at every mealtime. There were pictorial menus available for people to look at and choose if needed. Special diets such as gluten free and diabetic meals were provided if needed and we saw that there were specific instructions about the consistency of food required by people with swallowing problems.

We saw that the three dining rooms had menus exhibited with two choices for lunch and evening. In addition to this we were told by staff members that if someone did not want either of the two options offered they could also request something else. The chef we spoke with said that they could cook additional choices such as an omelette if requested. We observed the lunchtimes in all of the units and saw that the food looked tasty and appetising and was well prepared. The people needing support were assisted by staff members in a patient and unhurried manner. The people using the service told us, "I can choose each day" and "the food is very very nourishing, well selected, plenty of veg, nicely laid out and well cooked". The tables were set with cloth napkins and chargers so the dining room appeared pleasurable to enter. A family member did however comment that there was a lack of different carbohydrates with the main meals commenting that the food "was mostly nice but they need more variety for example there is no pasta, it is always potatoes".

We saw that the staff monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home's on-going auditing systems.

We saw staff offer people drinks and that they were alert to individual people's preferences and choices in this respect. We saw that a record was kept of fluid intake and was maintained where necessary.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with people's consent a number of bedrooms as well. The home was well maintained and provided an environment that met the needs of the people that were living there. There were many areas where people could talk privately. There was appropriate signage to bathrooms and activity areas.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

The laundry within the home was well equipped and there were systems in place for the care of people's clothes. The laundry was well organised and one person told us, "At night my laundry is taken every day and comes back clean the next day".

Good

Is the service caring?

Our findings

We asked the people living in and visiting Gainsborough House about the home and the staff members working there. They all commented on how kind and caring all the staff were. Comments included, "The staff are marvellous, the best member of staff is X, she is absolutely brilliant, If you have a problem she will always stop what she is doing and help", "X is exceptionally kind she will do things for you, numerous things" This person went on to tell us that X made her a milky coffee every day at 10:30 and "I don't think I could have moved anywhere I would be better looked after". A visiting relative said he was, "grateful my family member is in this environment, she is very comfortable, she is immaculate, she has her nails done and wears her beads". This person went on to say, "They really nurse and love her. The staff are absolutely stunning, all of them. They have been chosen for this job they are so brilliant. The carers are brilliant 100%". Another relative told us, "Everyone is so welcoming. It is an excellent quality of care".

It was evident that family members were encouraged to spend as much time as they wished with their family member with one person staying from 10:00am until 7.00pm and several others all afternoon. One person told us, "Christmas Day was wonderful".

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Gainsborough House and had very positive relationships with the people living there. They told us, "I love working here, I love the residents and helping them, having a laugh with them, I like doing things for them", "I love it here" and "I love the job. I love being with the people, I love the environment".

We saw that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed. We observed that staff members responded to any call bells quickly and they used a dignified approach to people, for example, knocking on people's doors before entering. The staff members told us that people's dignity was protected by closing doors and curtains and by explaining what they wanted to do.

We undertook a SOFI inspection in the first floor dining room over lunch and saw that people were being supported appropriately and that staff members were moving around the dining room attending to people's needs, offering choices and encouraging people to eat their lunch.

We observed that the people living in the home looked clean and well cared for. For example many, if not most of the female residents, on all floors looked as if they had had their hair washed, and styled and many had had their nails manicured and were wearing jewellery. Those people being nursed in bed also looked clean and well cared for.

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well furnished and contained items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, what to do in the event of a fire, communication and complaints, activities and the laundry. A copy of the service user guide was available at the entrance to the building.

We asked about spiritual needs and one of the activity co-ordinators said that they had regular visitors from a variety of churches including Catholic, United Reform Church and Church of England. They went on to say that although at the moment they had no people of any other religious persuasion in the home should that change they would then invite in the appropriate religious leader.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans 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 any staff member 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 being reviewed monthly so staff would know what changes, if any, had been made.

We spoke to a visiting family member who told us that if there were any concerns they called the GP immediately, one person told us, "X had a rash and they brought the GP in".

If people needed specialist help, for example assistance with swallowing the home contacted the relevant health professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection.

The eleven care files we looked at throughout the three units contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them. We asked staff members about several people's choices, like and dislikes within care plans and the staff we spoke with were knowledgeable about them. We saw on the two units for people living with dementia that each person had a memory box outside their room containing memorabilia relating to their lives. This approach is recognised good practice within a dementia care setting because it helps people to recognise their own room. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then they would ask the person's family or representative to agree to the care being provided.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with.

The home employed two activities co-ordinators. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. The people using the service were asked what kinds of things they liked to do during the assessment and care planning processes. We saw the activities co-ordinators talking 1:1 with people and speaking with relatives to keep them updated. Gainsborough House had a full programme of activities with something taking place usually in both the morning and afternoon every week day. The programme of events was on display around the home and there were copies available in each of the units that people could take. Activities ranged from exercise classes, pamper sessions, dance and movement, quizzes and bingo, trips out, cinema afternoons with popcorn and ice cream, water colour painting, which was in evidence in the arts and crafts room, various religious services and visits from owners with their pets as well as the library memorabilia service. Each unit had its own activities room furnished with items designed to trigger people's memories of their lives. People could join in activities on any of the three floors dependent upon their needs and interests. At the weekend there were no planned activities but one family member said, "There is no organised entertainment at the weekend but then me and X will do a film or a sing song".

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Complaints were recorded on a file in each unit along with records of the investigations which took place and the outcome achieved. We looked at the most recent complaints made and could see that these had been dealt with appropriately. People were made aware of the process to follow in the service user guide. We asked a number of people whether or not they had ever made a complaint and if so how was it acted upon. However only one person we spoke with had ever raised a complaint. When asked if

Good

Is the service responsive?

they felt they did need to make a complaint who would they speak to one family member said, "I would speak to X, the unit manager, or the home manager". This answer was repeated by everyone asked this question. Everyone was clear that they would speak to the unit manager or the home manager should they have any complaints or issues. The one person who had raised a complaint about a temporary nurse explained that they had spoken to the unit manager who dealt with the issue immediately.

Good

Is the service well-led?

Our findings

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. One family member said, "I think it's fine. They are always quite willing to talk and answer any questions". Comments regarding the current registered manager included, "She can be formidable, she has kept a tight reign. Staff have to have a certain standard" and " She is excellent , first class, her leadership is excellent". The current registered manager was due to retire and in order to ensure a smooth transition and to maintain the continuity of the service the provider had already appointed a new manager who had applied for registration with the CQC. They were gradually taking over the day to day management of the home and were being supported by the current manager until the handover took place.

Staff and families told us residents and relatives meetings were held by the registered manager. We were told that the last one had been held in Autumn 2014 and involved people from all three units. The family members we spoke with during the inspection felt that this meeting was too big and people's issues differed on each floor. They had requested separate meetings next time. A family member told us, "My comment about staffing, made at the relatives meeting, was brought up and actioned".

In order to gather feedback about the service being provided the registered manager put questionnaires into the reception area and each of the three units every six months. We looked at three of those that had been completed in December 2014 and could see that they contained a mixture of questions such as, 'do you feel informed' and 'do you know how to make a complaint' plus sections for additional comments and improvements to the home. The form also stated that a signature was not necessary which allowed people to complete these anonymously if they wished to do so. Those we looked at were very positive and contained the following comments, "Always a warm welcome", "As a family we feel, that if our [relative] cannot be cared for at home then Gainsborough House has proved to be the next best thing. The care and the staff are like an extension of our family" and "You can't improve on 10 out of 10". The registered manager explained that these were collated and the responses put on to the notice board for people to read.

Gainsborough House also had its own internal quality assurance system in place. This included audits on care plans, medication, weight losses, accidents, incidents and complaints. We looked at a sample of these and could see they were being carried out by the registered manager, deputy and the unit managers. We saw care plan audits seen on some of the files we looked at and whilst they contained a clear summary of the action required we saw that some actions from previous audits had not been completed on one of the units. We have passed this on to the registered manager to look into and address.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperature, the proper operation of window restrictors as well as safety checks on the fire alarm system and emergency lighting. We saw that individual fire safety risk assessments were also completed for each person and these were kept in the care files.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager. Comments from the staff members we spoke with included, "I have confidence in them. I can go to them if there is something is not working, I would definitely go to them [management) if there was a safeguarding issue", "She is firm but supports us", "The manager is very good" and "If you have any problems you ask and you get a response".

The home regularly had placements from the University of Chester and one student nurse on a placement at the home told us when asked about the leadership within the home said, "Really good, very supportive they give me any opportunity to look at care plans and I am encouraged to look at the nursing".

Good

Is the service well-led?

The staff members told us that staff meetings were being held every two to three months and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting for Picasso held on the 19 January 2015 and could see that a variety of topics, including confidentiality and staffing levels had been discussed.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.