

# The Gresham Care Home Limited

# Gresham Care Home

## Inspection report

49 John Road  
Gorleston  
Great Yarmouth  
Norfolk  
NR31 6LJ

Tel: 01493661670

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Gresham Care home is a nursing home providing personal and nursing care for up to 45 people. At the time of our inspection there were 39 people using the service, some of whom were living with dementia. The building comprises a ground and first floor with communal areas.

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

People's care records and risk assessments did not always provide detailed guidance for staff about how to manage or reduce risk as far as possible. Repositioning charts did not always evidence that people were repositioned in line with their assessed needs.

People received their prescribed medicines; however, improvement was required to ensure documents relating to people's medicines were clear and sufficiently detailed. This included for medicines which could be given 'as required'.

Recruitment procedures needed to be more robust to ensure any discrepancies were identified and addressed at interview stage.

Some improvements were needed to ensure staff wore face masks in line with Government guidance. Relatives told us they visited the service to see their loved ones. The provider had issued a letter to relatives in December 2021, regarding the role of an essential care giver, but not all were aware of this. An essential care giver is someone who is able to visit more often, including during periods when the person has to isolate due to COVID or if there is an outbreak in the care home. All people should be offered an essential care giver.

Auditing systems in place were not always sufficiently robust to identify where improvements were needed. Safeguarding incidents which had been referred to the local authority by the service had not been reported to CQC which is required by law.

The home was clean, and there was a sink installed at the entrance of the home for visitors to use. All visitors received a temperature check before entering the service. A non-contact wall hung thermometer was in place to further minimise cross infection. The service had clear infection control signage both at the entrance and throughout the building.

There were sufficient staff deployed. Staff were observed to be kind and caring, and people living in the service confirmed this. Relatives told us that they thought staff cared for their relatives to a high standard. There was a positive atmosphere in the home, with laughter being heard between people and staff. Staff told us they enjoyed working at the service, and felt supported by the management team. Staff understood how to safeguard people at risk and how to report any concerns they may have.

The registered manager was responsive to making the improvements and had begun to amend documents and records. There was an action plan in place which listed areas identified as requiring improvement.

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

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality of people's care and how staff interacted with people. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only. 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 Good to Requires Improvement based on the findings of this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Gresham 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 Health and Social Care Act 2008.

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

Two inspectors and an Expert by Experience completed this inspection. 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

The Gresham 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. Gresham Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 eight people to ask their views on the care they received. We also spoke with the registered manager, two nurses, one carer and the medical secretary.

We reviewed five people's care records and multiple medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records.

We spoke with seven relatives, four care staff, one nurse, and one senior carer. We also spoke with the local authority quality monitoring officer, one continuing healthcare nurse, one advanced nurse practitioner, one lead nurse from the clinical commissioning group, and one tissue viability nurse.

# 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 Good. At this inspection the rating has changed to 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.

### Assessing risk, safety monitoring and management

- Risks relating to people's care were not always sufficiently detailed. Where people had specific health conditions such as epilepsy, constipation, and mental health needs, more detail was required to ensure staff had guidance on how to mitigate risk as far as possible.
- Repositioning records did not always evidence people were repositioned in line with their assessed need. Repositioning records did not specify the frequency required. This meant we were concerned people may not be repositioned frequently enough to protect them from the risk of skin breakdown.
- The service supported people who experienced periods of distress that may challenge staff and others. Risk assessments which were in place required some more detail on the most effective methods to support people during these times, and understand the triggers for the distress.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks for fire safety were in place. There were checks in place to reduce the risks of legionella bacteria in the water system.

### Using medicines safely

- Medicine administration records (MAR) showed that people received their medicines as prescribed. However, documentation required improvement.
- PRN protocols for 'as required' medicines were not always sufficiently detailed. This included medicines for pain relief and agitation.
- There were some gaps in records for the administration of some topical medicines, such as creams and emollients. Topical application charts did not specify the frequency of application, so care staff were aware of when to apply the creams.
- One of the medicines storage rooms was very warm and was nearly at the upper limit for safe storage of medicines. This meant there was a risk that the effectiveness of medicines could be compromised to treat people's health conditions as prescribed. The registered manager told us they would review this as a priority.
- Staff received medicines training and had their competency assessed annually.
- Issues we found with medicines have been reported on in the well-led section of this report.

### Staffing and recruitment

- Systems in place for the recruitment of staff needed to be more robust. For example, recruitment files did not always provide a proof of address or contain a written explanation for any gaps in employment.
- Sufficient numbers of staff were provided on shift. Staff we spoke with confirmed this. One staff member said, "They [management] don't skimp on staffing. There is plenty of us, and team work is good."
- Staff told us they received regular supervision, which enabled them to raise any concerns, and discuss their performance.

#### Systems and processes to safeguard people from the risk of abuse

- Information provided to us by the local authority informed us of two current alleged safeguarding incidents under investigation.
- The registered manager had notified the local authority of incidents which would require a safeguarding referral, however, they had not always notified CQC of these, which is required by law.
- Staff received safeguarding training and were able to describe types of abuse they may come across and who to report concerns to.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. When we arrived, we noticed that one staff member's mask was not covering the nose as well as the mouth. Another staff member who came on shift had walked into the service to the office without a mask on.
- Relatives we spoke with gave mixed views about how the service facilitated visits; some were happy with the arrangements in place, whilst others wished for more frequent visits to their loved ones. The provider had sent a letter to relatives in December 2021, advising of the essential care giver role (which enables more frequent visits, including during an outbreak). The service policy for visiting required an update and more detailed information about the role of an essential care giver.
- We were assured that the provider's infection prevention and control policy was up to date. Some areas of the policy required minor updates in-line with current Government guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 have signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- Accidents and incidents were logged and people were referred to specialist teams when required, such as falls teams.



- There was a system in place where 'significant events' were logged and discussed. This ensured that any learning was cascaded to all staff. One nurse told us, "We discuss events where we look at what we did and what we could do better. It's really good, it means we improve which has to be a good thing."

# 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 Good. At this inspection the rating has changed to Requires Improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 a range of audits to monitor the quality of the service. However, some audits were not always sufficiently detailed to enable the service to identify where improvement was needed or identify trends.
- The systems and processes in place did not enable the service to identify where improvements were needed in relation to medicines.
- Care plans and risk assessments sometimes held inaccurate information or were not sufficiently detailed to enable risk to be mitigated as far as possible.
- The management team had failed to keep accurate recruitment records. Failure to keep complete records meant they could not evidence safe recruitment practices had been followed.
- CQC did not always receive notifications about safeguarding incidents at the service. The registered manager is responsible for telling CQC about incidents such as injuries or safeguarding concerns that occur at the service. This meant opportunities to monitor and review the service were not always in place.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager started amending records and documents to ensure information was more detailed. They provided assurances that improvements were being made promptly.

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

- The culture in the service was welcoming and friendly. The registered manager had an open-door policy. Staff we spoke with told us they could approach management at any time. One staff member told us, "We are like a little family, we support each other. [Registered manager] is lovely, very good at their job, and very supportive." Another said, [Provider] is really nice. Quite strict, but we need that sometimes to make sure things are done properly."
- Leadership was visible at the service. The registered manager and provider both provided direct care to people and monitored staff performance.
- The service planned to have, 'Champions' working in the service. Champions have additional knowledge in a specific area of care, for example, medicines, safeguarding and end of life care.
- There was a culture of learning in the service. Staff told us they had lots of opportunities to progress and learn new skills. One staff member said, "Oh there is always learning of some sort happening. I achieved my

[qualification] and it's all thanks to [provider]. I'm so grateful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All of the people we spoke with told us they felt well cared for by the staff in the service. There were annual surveys which asked people their views on the standards of care they received. The survey completed in March 2022, showed that people felt safe and involved in decisions about their care.
- All of the staff we spoke with said how they felt valued and how much they enjoyed working at the service. Staff confirmed they received regular supervision and had daily handover meetings to share information about people's care.
- Relatives felt able to approach the registered manager. All relatives spoken to were complimentary of the registered manager and provider and felt able to share their views or concerns. One relative told us, "They saved my relative's life. I'm just so happy [relative] is there." Another told us, "On the whole, I cannot fault the place. [Relative] is now [very poorly], but the dignity and respect I've witnessed, when staff didn't know I was on the other side of the door, is massive. The empathy they show is so kind."
- The service had a LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) and sexual health lead working in the service. They told us they were working on developing the role further in order to develop staff knowledge and ensure people's gender identities were respected, particularly in relation to older people.

Working in partnership with others

- The service had worked with the local authority and healthcare professionals such as GP's and mental health teams. One healthcare professional told us, "They are brilliant. I have had numerous compliments from relatives about the care provided. They upskilled their staff to enable them to take a person with [complex health needs] when no other nursing homes were able to. They are efficient and the registered manager is very good." Another healthcare professional said, "They take people with very complex needs, but they always ensure they can manage people safely before accepting them."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks relating to people's care were not always sufficiently detailed.  12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Risks relating to people's care were not always sufficiently detailed or accurate.  Recruitment checks were not robust.  Audits did not always enable the service to identify where improvement was needed or identify trends.  Reporting procedures were not robust. Safeguarding incidents had not been reported to CQC.  17 (1) (2) (a) (b) (c) (d)