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# Gresham Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Gresham Residential Care Home is a care home that provides personal or nursing care to up to 30 adults. There were 25 people living at the service at the time of the inspection.

### People's experience of using this service:

- People told us that they felt safe living at the service, however, the service was not always safe.
- Staff administered people's medicines, but these were not managed safely, putting people at risk of not receiving their medicines as prescribed.
- Potential risks to people's health and welfare had been assessed but there was not always guidance for staff to mitigate the risks and keep them safe as possible.
- Environmental risks had been assessed but there were no records to show that checks had been completed to reduce the risks to people.
- Checks and audits had been completed but these had not been effective in identifying the shortfalls found at this inspection. The service had not continuously improved the quality of the service provided.
- Accidents and incidents had been recorded and action taken, however, these actions had not been clearly recorded or reviewed to check they had been effective.
- People told us there were enough staff to support them as they preferred. Staff had been recruited safely and received training and supervision appropriate to their role.
- Staff and the registered manager understood their responsibility to protect people from abuse.
- People's needs were assessed, this was used to develop a care plan, which was reviewed regularly. People agreed their care plan and received a copy.
- People were encouraged to make decisions about their care and how they spent their time.
- People benefited from access to healthcare professionals and were supported to be as active as possible.
- People knew how to complain and were comfortable to raise any issues with the registered manager.
- We observed people being treated with kindness and respect. People were supported to be as independent as possible.

### Rating at last inspection:

Good (report published 13 October 2016).

### Why we inspected:

This was a planned inspection planned on the rating of the last inspection. We found that the service no longer met the characteristics of Good. The domains of safe and well led are now rated Requires Improvement. The overall rating is now Requires Improvement.

### Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves to a rating of at least Good.

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

## 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 effective?

The service was effective  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Gresham Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Gresham Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we gathered information from the following:

- Six people's care records and risk assessments
- Medicine records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Eight people using the service
- Three members of staff, registered manager, assistant manager and the provider.
- Staff and resident meetings
- Recruitment records

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- Potential risks to people's health, welfare and safety had been assessed. However, there was not detailed guidance in place for staff to follow to mitigate the risk and keep people safe.
- Some people were living with diabetes. The risk assessment identified that people may have low or high blood sugar and that their blood sugar levels needed to be recorded.
- There was guidance in place about what action to take if people's blood sugar was high or low. However, there was no guidance about what level of blood sugar was high or low and how often to record the blood sugar reading needed to be checked.
- Records showed that people received inconsistent care as staff did not have guidance. One person's blood sugar was recorded when they went to bed, when their blood sugar level was around 5 mmols staff acted differently. Some staff gave the person a drink and cake and other staff took no action. There was a risk that people may become unwell.
- Some people required staff to support them, using equipment, to move about the service. There was no guidance for staff about how to use the equipment to keep people safe.
- During the inspection, we observed staff moving one person around the service in the equipment, rather than using a wheelchair. Moving people in the equipment is against good practice guidelines as people are at risk of falling from the equipment.
- Some people had a catheter, to drain urine from their bladder. The risk assessment stated that there was a risk of the catheter blocking and urine infection. However, there was no guidance for staff about the signs and symptoms of infection and what action to take.
- Some people's catheter had blocked often, staff had called the district nurse when this happened.
- Some people required their fluids to be thickened to enable them to swallow fluids safely. There was no guidance in people's care plan about how to thicken their fluids, the guidance from the speech and language therapist had not been transferred.
- Staff were not sure about how much thickener to use in people's fluids.
- Checks had been completed on the environment such legionella. However, following the legionella test, guidance was given by the contractor as a small number of bacteria was found. The registered manager told us that the checks were completed but had not been recorded.
- Water temperatures should be below 44 degrees to reduce the risk of scalding. The registered manager told us that the water temperatures were checked but the checks had not been recorded.

The provider had failed to do all that is reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely:

- People received their medicines when they needed them, however, medicines were not always managed safely.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was no guidance for staff about when to give the medicines, how often and what to do if it is not effective. There was a risk that people would not receive the medicine when they need it.
- Some medicines were prescribed in liquid form and stored in bottles. These medicines are effective for a limited time once opened, it is best practice to put the opening date so that staff know when to stop using the medicine. Staff had not recorded the opening date of liquid medicines and there was a risk that people would receive medicine that was no longer effective.
- When medicine instructions are hand written, it is best practice for the instruction to be signed by two staff, to confirm it is correct. This had not been done consistently, there was a risk people would not receive their medicine as prescribed.
- Some medicine instructions were not accurate, when some medicines are first prescribed the dosage is different from the dose to be given regularly. Some instructions had not been changed on the medicine administration charts. Staff were signing the charts to confirm medicines had been given but this was not in line with the instructions. Staff had not acted to have the instructions changed and there was no information about what instructions staff were following. There was a risk that people would not receive their medicine as prescribed.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- The recording of any actions taken was not clear. The registered manager showed us people's care plans to show the action taken. There had been no review to show if the action had been effective. This is an area of improvement.

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

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager understood how to report concerns to the local safeguarding authority to keep people safe.

Staffing and recruitment:

- There were enough staff on duty to meet people's needs. People told us that staff were available to support them when they needed.
- During the inspection, staff responded quickly to people's request. Staff told us there were enough staff.
- However, the registered manager did not use a dependency tool to calculate the number of staff needed. Staff told us that when they needed more staff these were made available.
- Staff were recruited safely following the provider's policy.

Preventing and controlling infection:

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control and used personal protective equipment, such as gloves and aprons, when required.



# 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

Good: 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:

- The registered manager or assistant manager met with people before they moved into the service to make sure staff could meet their needs.
- The pre-admission assessment covered all aspects of their physical, social and cultural needs. There was limited information about people's protected characteristics under the Equalities Act 2010 such as sexual orientation. The registered manager had already identified this as an area for improvement.
- People's health needs were assessed such as nutritional and skin integrity to keep people as healthy as possible.

Staff support: induction, training, skills and experience:

- Staff received training appropriate to their role including the administration of insulin, as this was a specific to the needs of some of the people they supported.
- Staff received face to face training, this enabled them to ask questions and practice their skills.
- New staff completed an induction. They worked with experienced staff to learn people's choices and preferences.
- Staff received regular supervision to discuss their practice and development. Staff told us they had discussed the training they wanted to complete including vocational qualifications.

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

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- People were given a choice of meals including a cooked breakfast.
- The lunch time meal was a social occasion and people were relaxed and chatted to each other. People told us they enjoyed the food and there was always plenty of it.
- People were offered drinks and snacks throughout the day.

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

- Staff monitored people's health, including their weight, and referred them to relevant health professionals when their health needs changed.
- Staff followed the guidance that health professionals gave including supplements prescribed by the dietician.
- People were supported to attend health appointments such as GP, dentist and optician.
- People were encouraged to live as healthy life as possible. There were regular exercise sessions within the service and people were encouraged to mobilise as much as possible.

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

- The building had been adapted to meet people's needs. The corridors were uncluttered to enable people to move around the building safely.
- There was a lift so that people could access all floors of the building.
- People had access to the garden, we observed people spending time in the garden.
- People's rooms were personalised to reflect people's choices and preferences.

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 Act 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 should be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there was no one with a DoLS authorisation.
- Staff supported people to make decisions about their care and how to spend their time.
- Staff respected the decisions that people made about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people being treated with dignity and respect. Staff knew people's choices and preferences and supported people in these.
- People were comfortable to ask staff for any support they needed.
- People told us they were supported to maintain relationships with people who were important to them and visitors were welcome at any time.
- People could move around the service and were supported when required. People had choices about where they spent their time.

Supporting people to express their views and be involved in making decisions about their care:

- People were encouraged to express their views about their care and support.
- People's decisions were respected by staff and these were recorded in their care plan.
- Staff supported people to attend health care appointments to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible. The care plans gave staff information about what people could do and how to maintain this.
- We observed people moving around the service independently.
- People were assessed and supported to administer their own insulin, when safe to do so.
- We observed staff knocking on people's doors and waiting to be asked in.
- People told us staff respected their privacy and always waited to be asked into their rooms.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well including their preferences, choices, likes and dislikes, these were recorded in their care plans.
- Some people had specific requests when getting ready in the morning such as using wipes to wash their face, these were documented in their care plan.
- People told us that staff supported them in the way they wanted including not using certain washing powders to wash their clothes.
- Care plans were reviewed regularly with the person, this was recorded, and the person received a copy of the care plan.
- People could take part in activities they enjoyed, staff supported people to complete crafts such as weaving.
- An activities person attended the service each week and there was an exercise class for people to join in.
- People told us they could organise their time how they wanted, and staff supported them to go out when they wanted to.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they knew how to complain.
- There had been no formal complaints in the past year. When people raised a concern, it was dealt with immediately by the registered manager.
- One person told us, "I have nothing to complain about."

End of life care and support:

- People were asked about their end of life wishes and when people were happy to discuss this was recorded.
- The service did not regularly support people at the end of their lives, people had moved to the hospice or hospital when staff could no longer meet their needs.
- We discussed with the registered manager about how they would support people in the future and the training that staff would require. This is an area for improvement.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were checks and audits in place and these had been consistently completed.
- Audits had been completed on all areas of the services including medicines, care plans and infection control.
- These audits had not identified the shortfalls found at this inspection such as risk assessments and medicines. When shortfalls had been found there was no action plan in place to show how the shortfalls would be rectified and if they had.
- The provider had not completed checks on the service to check the quality of the service.
- Records had not been completed accurately, maintenance records were not complete to show the checks that had been completed.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; working in partnership with others:

- The registered manager had not attended local forums and engaged with specialist support systems such as the clinical nurse specialist.
- The registered manager had identified that this was an issue and had realised that this would be a benefit to them and the service. We will check this at the next inspection.
- The service worked with other health professionals to provide joined up care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service, people knew the registered manager and greeted them with a smile.
- The registered manager had built up strong relationships with people. On the day of the inspection, the registered manager was preparing the meals, people commented that they were a good cook and knew what they liked.
- The registered manager had informed the Care Quality Commission of events as required, in a timely manner.

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

- People were able to express their views about the service. People were invited to attend regular meetings, where they were kept up to date about changes within the service and were able to express their views.
- Quality assurance surveys were completed quarterly, and people had been positive about their experience of the service.
- Staff attended regular staff meetings, staff told us that the registered manager listened to their views and acted where possible. Staff had expressed that were tired as they had been covering extra shifts, the registered manager told us that they had advertised for additional staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that is reasonably practicable to mitigate risks. The provider had failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records.</p>