

# 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

Good ●

Is the service safe?

Good ●

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 44 people using the service, some of whom were living with dementia. The building comprises a ground and first floor with communal areas that people could access, such as a lounge, dining room, and activity area.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, some improvements were required in relation to decisions around the use of CCTV (closed circuit television) monitoring and in relation to covert medicines documentation.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. Staff received training in learning disabilities and autism. There were information folders for staff on various subjects they could access to learn more, and recognise, respect and value differences in people.

People told us that Gresham care home was a safe place to live and they considered it their home. People using the service were kept as safe as possible from harm because staff understood what steps to take reduce and manage any identified risks to them. Staff understood how to protect people from abuse, including who to report any concerns to.

There were enough staff employed to meet people's needs. The provider had a safe staff recruitment process in place. This ensured that staff were properly checked and supported with induction and training. Overall medicines were being managed safely at the home, we did identify some improvements required in documentation. We found the premises to be clean although some improvement was needed to ensure the service remains consistently hygienic and clean. Staff used Personal Protection Equipment (PPE) effectively.

The service worked well with healthcare professionals and we saw prompt referrals had been made as required. Healthcare professional recommendations had been followed and this had benefited the people who lived at the home.

People, relatives, and staff all told us the home was well managed, and that the registered manager and provider were always visible and available to speak with. The culture was friendly and welcoming. The registered manager and provider were keen to receive feedback which would further improve the home and

the care that people received. Quality monitoring systems had improved. Regular audits took place which helped to improve quality and safety.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

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 carried out an unannounced inspection of this service on 10 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance arrangements in the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. 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 requires improvement to good based on the findings of this inspection.

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).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe 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 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 (one who specialised in medicines) 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

Gresham care home 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 16 March 2023 when we visited the location, and ended on 31 March 2023 when we gave formal inspection feedback.

#### 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 8 people to ask their views on the care they received. We also spoke with the registered manager, operations administrator, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 4 people's care records. We reviewed medicine administration and associated records for 14 people and spoke with 2 members of staff about medicines.

After the inspection we received further documentation electronically, such as governance audits, supervisions and minutes of meetings. We spoke with 2 healthcare assistants, 1 senior carer, 1 nurse, 4 relatives, and 2 external healthcare professionals.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks relating to people's care were sufficiently detailed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however further development is needed to ensure records are detailed.

- Guidance was in place for specific health conditions and associated risks, such as epilepsy, constipation, and mental health needs.
- Equipment to reduce the risk of pressure ulcers or injuries from falls was in place.
- Checks for fire safety were in place. There were checks in place to reduce the risks of legionella bacteria in the water system.
- Where people experienced episodes of distress or agitation, guidance was in place which described the most effective methods to support people during these times and understand the triggers for the distress. More detail was however required when recording how episodes of distress were managed by staff and how the person responded. This helps external professionals involved in people's care assess their future needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was mostly working within the principles of the MCA, however, we found some areas for improvement, which the management team acted on as soon as we brought it to their attention.
- The service had CCTV (closed circuit television) in communal areas of the service and externally. Although relatives had been made aware and there were signs displayed around the service, there were no formal MCA's or best interest decisions in relation to this. Following the inspection, the registered manager and provider confirmed these had now been implemented for all residents lacking capacity.

- We also identified that for some people who could have their medicines concealed in food or drink (covertly) there was a lack of recorded information about the best interest decisions made. Following the inspection, the operations administrator confirmed these had been updated and signed off by the GP.
- Appropriate legal authorisations were in place to deprive a person of their liberty. There were 7 authorised DoLS, and any conditions related to DoLS authorisations were being met.

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

- Information provided to us by the local authority informed us of 1 current alleged safeguarding incident under investigation. The registered manager kept a log of incidents which had been reported and if they had been concluded.
- People were protected from the risk of abuse. Actions were taken when needed to investigate and report allegations of abuse.
- Staff received safeguarding training. Staff we spoke with knew how to raise concerns outside of their organisation, and the types of abuse they may come across.

#### Staffing and recruitment

- Staff told us, and we observed, that staffing levels were sufficient. One staff member said, "There is always 15 or 16 staff on, and if anyone calls in sick it gets covered by agency." Another said, "There are more than enough staff, and that includes people who have 1-1 care. Sometimes there are too many."
- People we spoke with told us staff were available to them, and they felt safe living at the home. One person told us, "There are loads of staff here, they keep an eye on me." Another said, "I came for a couple of days, and I am still here 4 years later. We are one big family."
- Staff were supported to undertake training and learning to enable them to fulfil the requirements of their role and keep people safe. Registered nurses had competency checks for extended skills related to nursing practice. Staff received periodic supervision to make sure their competence was maintained.
- Safe recruitment checks were in place which included the completion of Right to Work documentation, and Disclosure and Barring Service (DBS) checks on employees. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Records showed that people received their medicines as prescribed and staff carried out regular medicine checks. Staff authorised to handle people's medicines had been assessed as competent.
- People had received reviews of their medicines in line with national guidance.
- There was written guidance available to help staff give people their medicines prescribed on a when required basis (PRN).
- Oral medicines were stored securely. However, we identified medicines risks around the storage of topical medicines in people's rooms and the use of paraffin-based topical medicines and fire and asked the provider to put in place appropriate risk assessments, which they completed promptly.
- We identified that for some people prescribed medicated skin patches, the sites of application of the patches on their bodies had not always been varied appropriately to reduce the risk of skin irritant effects of the patches.
- For some people who could have their medicines concealed in food or drink (covertly) there was a lack of guidance for staff to refer to about how to prepare their medicines in this way.
- The registered manager took immediate action to rectify the areas found as requiring improvement.

#### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, whilst we found most of the premises and equipment to be clean, there were minor areas which needed improving regarding cleanliness. These were addressed by the registered manager following the inspection.

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

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives we spoke with told us they were able to visit their relatives via a booking system. We also observed relatives in the home on the day of the inspection spending time with their loved ones.

#### Learning lessons when things go wrong

- The registered manager had a system in place to analyse incidents, accidents and look for themes and trends. There was evidence that action was taken to reduce the risk of future reoccurrences, such as increasing staffing levels at times when falls were occurring and requesting funding for 1-1 care.

# 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 requires improvement. At this inspection the rating has for this key question has remained requires improvement. This was because some documentation held insufficient detail or was not in place.

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

At our last inspection the provider had failed to ensure the quality assurance system was sufficiently robust to identify where improvements were needed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 17. However, some improvements were required in relation to documentation.

- Further improvements were required in relation to MCA and best interest decisions. Documentation was not always in place in relation to the use of CCTV (closed circuit television), and covert medicines.
- Documentation which was in place sometimes required more detail to ensure people's care needs were robustly recorded and reported on. This included people's daily notes and notes completed for people on 1-1 observational care.
- Environmental risks to people had been identified, managed and mitigated in practice although records did not always fully reflect that.
- The service was well-led. Staff at all levels understood their roles and responsibilities. The registered manager and provider were very knowledgeable about the service; they had good oversight and closely monitored service delivery.
- The registered manager undertook a number of audits within the home. This information was used to identify areas for improvement and ensure the home was being safely run. We saw that actions were taken to improve safety.

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

- People benefited from living in a home where staff reflected on their practice and considered if this could be improved further. The registered manager and provider were keen to learn and improve and were welcoming of feedback from us and other professionals.
- 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 said, "It's like a family really. The [registered manager and provider] always listen to any ideas I have. The other thing I like is they support any issues I might have in my personal life."

- A social worker told us, "[Registered provider] and their team have given my client a home where I hope they will stay for the rest of their life and I am so very grateful to them. They were the only nursing home who would consider the person and [registered provider] and their team have gone above and beyond to meet the person's needs."

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

- The registered manager understood what key events needed to be communicated to the Care Quality Commission and other organisations. The registered manager was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families.
- Lessons were learnt and communicated widely through staff meetings to support improvement.

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

- Staff felt listened to and they had lots of opportunities to put forward suggestions, including a staff survey. One member of staff said, "Its like a family here. [Registered manager] always listens, and so does [provider]. One of them will always be available when needed."
- The home supported staff who may be experiencing symptoms of the Menopause. The home was committed to providing an inclusive and supportive environment which recognised the impact this could have on women in the workplace.
- People we spoke with told us they felt safe, and that the staff were friendly. One person told us, "The best thing is its one big family and always someone to talk to."
- Relatives we spoke with were complimentary about how the service was run. One relative told us, "I know who the manager is, they are excellent you can always find them or they find you. They never hide away." The home met with relatives individually every 3 months and had an informal discussion about people's care and their views about the home.
- The home was in the process of implementing staff as 'Champions'. Champions have additional knowledge in a specific area of care. The champions were receiving training in various subjects such as end of life care, health and safety, and LGBTQ+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual). There were information folders for staff on various subjects they could access to learn more, and recognise, respect and value differences in people.

Continuous learning and improving care

- The registered manager and provider reviewed key events in the home, such as falls, and responded to these by considering people's individual support needs and what further assistance could be given to remain safe.
- A new training system was being implemented which offered many more in depth online training courses such as diabetes and Parkinson's disease. All staff were currently undertaking this training.

Working in partnership with others

- The registered manager and provider worked closely with other agencies and would seek prompt advice when additional input and information was required. This included GP's, speech and language therapy, continuing healthcare, and safeguarding teams.
- Professionals we spoke with were complimentary about the service. One healthcare professional told us, "[Registered manager and provider] are always very knowledgeable and they know everyone's needs who live there. They seem very proactive with contacting healthcare professionals when they need support and they both appear to be very hands on." Another said, "They work well with the Mental Health team and are

proactive in referring and working with other professionals."