GCH (Bletchley) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Bletchley House Residential Care and Nursing home provides accommodation for up to 44 people who are elderly and frail, some of whom maybe living with dementia. The home is owned and managed by Gold Care Homes Ltd.

This inspection took place 1 & 3 June 2016 and was unannounced.

The inspection was carried out by two inspectors.

Prior to this inspection we had received concerns in relation to the staffing levels and the management of the service.

There was not a registered manager in post.

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 provider had employed two new managers in the past year, but both had left before completing their registration with the Care Quality Commission (CQC). The service was being overseen by a registered manager from one of the providers other homes.

The service was being supported by a registered manager form another of the providers homes with support from a head of care and the regional quality officer.

Staff did not feel well supported by previous managers and the provider. They had not received any form of individual supervision opportunities for the past 12 months.

We identified that the provider was not meeting regulatory requirements and was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until

satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff members did not receive supervision, or one to one opportunities to discuss training or any concerns they may have had.

Staff had attended a variety of training to keep their skills up to date.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was not a registered manager in post. There had been three new managers over the past year that had all left. Managerial support had not been effective.

Management were not aware that staff had not received effective support and supervision.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Bletchley House Residential Care and Nursing Home

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 was planned to check 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.

This inspection took place on 1 & 3 June 2016 and was unannounced.

The inspection was carried out by two inspectors.

Prior to the inspection we had received information of concern regarding staffing levels and lack of management support. We checked the information we held about this service and the service provider. We also contacted the Local Authority.

During our inspection we observed how staff interacted with people who used the service. We observed lunch in the main dining room and people being assisted with their meals in their rooms.

We spoke with six people who used the service and one relative, the registered manager who was covering the service, the Head of Care, the Regional Quality Officer, the Regional Manager, two senior care assistant, two care assistants, one nurse, one house keeper and the maintenance person.

We reviewed four people's care records, eight medication records, seven staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

All the people spoken with told us they felt safe. One person said, "I feel very safe here." Visitors were requested to sign in and out to enable staff to know who was in the building.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report it immediately." Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider's policies and procedures and felt that they would be supported to follow them. Records seen showed staff had received safeguarding training.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's care plans were risk assessments to promote and protect people's safety in a positive way. They included; moving and handling and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

We saw that the service had an up to date fire evacuation plan which included Personal Emergency Evacuation Plans (PEEPs) for residents. These were in place to alert the emergency services which people would have greater support needs if an evacuation was necessary. We also saw that the service had contingency planning in place in the case of various environmental incidents.

Accidents and incidents were recorded and monitored. A monthly summary sheet had been collated to monitor each month's incidents. This showed any trends could be identified and action plans developed. We saw appropriate recording and follow up of accidents.

Prior to the inspection we had received concerns in relation to poor staffing levels. People told us there were enough staff on duty. A relative told us, "There are enough staff to keep people safe." On the day of our inspection there was enough staff with differing skill levels to ensure people were able to get the support they required. We saw the rotas for three weeks and they reflected the number of staff on duty. Staffing levels had been determined using a dependency tool. The service had recently recruited additional staff including a head of care, a nurse and three care staff and were awaiting checks to be completed for other new staff before they were able to start.

We were told that the provider had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw, and staff we spoke with confirmed these checks had taken place.
Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. Training records we looked at confirmed this. The medication file contained each person's photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. We carried out a stock control check and all medicines were correct. Medication room and fridge temperatures were taken and recorded daily. Medicines were stored correctly and audited weekly.

Requires Improvement

Is the service effective?

Our findings

We found that staff had not received individual supervision or one to one opportunities to allow them to discuss any concerns or training requirements they may have had. Staff told us they had not had supervisions at all with the previous manager. One member of staff said, "We do not have supervisions, I cannot remember the last time." We looked at the supervision records for all of the staff and found that only one supervision for one member of staff had been recorded within the last 12 months. The management team on the day of the inspection were unaware that supervisions had not taken place. Staff morale was low as they had not been given the opportunity to discuss their issues on a one to one basis with a manager or supervisor.

This was a breach of regulation 18 of the Health and social Care Act (Regulated Activities) Regulations 2014.

We observed that people received effective care from staff who had knowledge and skills in working with them. We observed staff providing support following best practice, for example when using moving and handling equipment people were transferred safely. Staff communicated with people at an appropriate level and pace to aid understanding.

Staff told us there was training available. One staff member said, "we have had training, we could do with more." The regional quality officer told us they had training planned for the writing of care plans and MCA/DoLS, we saw evidence of this. The service kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both mandatory and additional training including; moving and handling, food hygiene and infection control. Expiry dates were monitored so that they could be booked on to refresher courses as needed. One care assistant had completed a special course for activities in care homes.

We observed verbal consent being obtained before carers undertook aspects of care or support. When people were not able to verbalise, staff looked for visual signs such as nodding or shaking of the head. Staff appeared to know which people required support to make decisions and were given time to take in the information and make a decision. Within people's care plans we saw that they or their representatives had signed to give consent for staff to administer medication and for information to be passed to other professional if required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 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 MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had authorisations to deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

People told us they enjoyed the food provided for them. One person said, "The food is fantastic, I really enjoy it." Another said, "It is very good." It was clear from our observations at lunch time, that the meal was a social event. There was a choice of main course and pudding. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. Some people had their meals taken to them in their rooms. There were plentiful supplies of food and drink in the kitchen. Catering staff knew who required a fortified or special diet and catered accordingly.

People told us that they regularly saw health professionals as required. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Good

Is the service caring?

Our findings

People were happy with the care that they received at the service. One person said "The carers are very good." Another person said, "it's much better than the last place I was at." A relative said, "We are very happy with the care here."

We observed staff interacting with people in a friendly and caring manner. Staff were laughing and joking with people as they went about their duties. People appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people to achieve things. We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

Staff had a caring approach towards people. For example, we saw that one person was confused and apologising to the staff. The staff member was able to respond to them and speak to them in a manner which calmed them down. It was obvious from our observations that staff knew the people they were caring for, for example, staff were chatting with people about things of interest and asking about their families.

People were involved in their own care planning, along with relatives or representatives if required. One person said, "The staff talk to me and involve me in my own care, I feel very happy here." A relative said, "I check the paperwork and I can see that the staff have done as they should. Nothing is missed." Staff told us that they tried to involve people with their care plans where possible

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they would like to do. We saw minutes of these meetings.

People felt their privacy and dignity was being respected. One person we spoke with said, "They (the staff) are very respectful." We observed staff treating people with respect, using their preferred name and getting down to their level when chatting with them. We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

People told us they could have visitors when they wanted. One person said, "My family visit me whenever I like, there is no restriction." One the day of our inspection we saw visitors arriving throughout the day. They were greeted by staff and assisted to find their relative if required.

Good

Is the service responsive?

Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans. One relative said, "[persons name] is no longer able to express her preferences, but the staff listen to us as family members to make sure they are doing the things that we know she likes. I'm happy that the care plans are accurate." We saw that care plans had been reviewed on a regular basis.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. People were able to freely walk around the home and staff stopped and chatted to them. People were encouraged to follow their interests. One person told us, "I do a bit of gardening; there are other activities to take part in as well." We saw some planting outside which had been raised to allow ease of care.

There was an activity session during the afternoon. We observed a chair exercise session which was well attended; most residents who were present were actively involved. Some people just sat and watched. There was an activity person employed. The regional quality officer told us they were in the process of employing a new activities co coordinator. This would enable more meaningful activities to be offered.

People we spoke with knew about the complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had no complaints, but would speak to staff if they needed to. We saw that a complaints policy and recording procedure was in place and that actions and responses had been created to any complaints made.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in post. There had been three new managers employed during the last year, none of whom had completed their registration with the Care Quality Commission (CQC). The service was being supported by a registered manager from another of the provider's services, the head of care and the regional quality officer.

Some of the staff told us that moral at the service was very low; however, it had lifted a little since the new management had been in place which was in the last two weeks.

New staff told us they were happy at the service and said, "This is a lovely place to work. I am enjoying it here much more than the last place I worked at." Another said, "I am motivated to get things right for the residents here. I think we can really make this a great home."

Staff had not received effective support and this had not been actioned. The management team told us they were not aware that staff had not received supervisions. Following our inspection we were sent information to inform us that one to one staff supervision sessions had been planned and had started to take place.

The regional quality officer and head of care showed us a Service Improvement Plan (SIP) they had developed. This covered a number of areas including staffing, training, activities and quality assurance. It had been prioritised and with short target dates to complete the actions. This showed that they were aware of possible issues and had planned to improve.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and equipment checks. Staff supervision was not included in the quality audit. The regional quality officer told us that following our findings it would be added.

Staff told us they had regular team meetings. One staff member said, "We have had a staff meeting since [name of regional quality officer] came." We saw minutes of that meeting. Staff had been informed of the changes and what support was being given at management level. We also saw minutes of a recent residents meeting where they had been informed of the changes and new management support.

Quality feedback Surveys had been sent out for people to comment on the service, although one set were not dated so we could not identify how recently this had happened, and others were dated 2013. The

provider had a policy which stated yearly feedback would be gathered, but we could find no evidence this had happened. The service also promoted an electronic feedback system which enabled people to anonymously use the platform of a website to record their comments on the service. How this information would then be used or analysed was not clear.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing We found that staff had not received individual supervision or one to one opportunities to allow them to discuss any concerns or training requirements they may have had. This was a breach of Regulation 18 (2a) HSCA 2008 (Regulated Activities) Regulations 2014. Staffing.