GCH (Bletchley) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
Whaddon Way
Bletchley
Milton Keynes
Tel: 01908 376049
Website: www.goldcarehomes.com

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Ratings

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

Overall summary

The inspection took place on 19 January 2015 and was unannounced.

Bletchley House Residential Care and Nursing home provides accommodation for up to 44 people who are elderly and frail, some of whom may have dementia. On the day of our inspection there were 35 people using the service.

At the last inspection on 18 September 2104 we asked the provider to take action to make improvements to the cleanliness and hygiene of the home as there were areas where this had not been maintained. We asked them to ensure that staff received appropriate training, regular supervision and appraisal as staff had not completed appropriate training to support people effectively and were not supported with regular supervisions. We asked that enough detailed information was in people's care

Summary of findings

records in relation to their identified needs and how care should be provided, as they were at risk of receiving care which was unsafe or inappropriate. And we asked that all records were complete and up to date.

We received an action plan from the provider stating they would meet the standards by December 2014. During this inspection we found these actions had been completed.

At the time of the inspection 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.

People who used the service felt safe. We found that the staff knew about the systems in place to protect people from the risk of harm and they knew how to recognise and respond to abuse correctly.

There were sufficient staff on duty to ensure the needs of people were met.

Effective recruitment processes were in place and followed by the service.

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

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account.

People had access to a variety of health care professionals, if required, to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

People's care and support needs were up to date and reviewed on a regular basis with the person or their relative's involvement to ensure staff were able to give appropriate assistance which was person centred.

People were aware of how to make a complaint if required and the manager had formal processes in place to respond.

A variety of meetings had been held, including staff and relatives meetings.

There were internal and external quality audit systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a good understanding of what constituted abuse and how they would report it.

There were enough staff on duty to provide appropriate care and support to people.

Medication processes were safe and people received their prescribed medication.

Good

Is the service effective?
The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Consent to care and treatment was always sought.

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.

Good

Is the service caring?
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.

Good

Is the service responsive?
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.

A variety of activities were offered and people were able to choose to join in.

Good

Is the service well-led?
The service was well led.

There was not a registered manager in post. A new manager had been appointed. The home was being supported by an interim manager.

A variety of meetings had been held including relatives and staff, to keep people informed of any changes within the service.

There were internal and external quality audit systems in place.

Good

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 19 January 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we checked the information we held about the service and the service provider, and we spoke with the local authority.

During this inspection we observed how staff interacted with people, and received care and treatment.

We spoke with six people and the relatives of two people who used the service. We also spoke with the manager, the deputy manager, six care staff, two catering staff, the administrator and two housekeeping staff.

We reviewed six care records, five medication records, five staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection we found people were not protected against identifiable risks of acquiring an infection. This was because standards of cleanliness and hygiene were not appropriately maintained. This was found a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the home was clean and free from malodours. People's bedrooms were clean, one person said, "The girls clean my room for me." One staff member said, "It is much better now." The manager told us they had a housekeeping team including a team leader. There was a cleaning schedule in place which was audited weekly by the team leader. The kitchen had a new cleaning schedule which was audited by the head chef. The housekeeping staff were able to show us the schedule and explain how it was used. We observed cleaning being carried out through the home.

There was an adequate amount of Personal Protective Equipment (PPE) such as gloves and aprons and these were being used appropriately by staff. There was evidence that soiled linen was placed in special bags before being put into the washing machine. This was to reduce the risk of contamination.

Staff told us, and records confirmed, they had recently attended infection control training.

People told us they felt safe, one person said, "I feel safe here." We observed staff ensuring people were safe, for example checking brakes were applied to wheelchairs and people's feet were on the footplates.

One staff member said, "We have had training for safeguarding. I would report anything to [named person]." Another member of staff said, "I know about whistle-blowing and I would report anything I saw staff do wrong." All the staff we spoke with understood the signs of abuse to look out for, including marks, bruises and a change in people's personality, and were confident in how to escalate any concerns they had in respect of the safety of the people who used the service.

The information held by the Care Quality Commission (CQC) about the service confirmed the staff reported any concerns of possible abuse correctly. The manager responded appropriately to information of concern and reported to the authorities when required. We found that the correct procedure had been completed in line with the providers' policies and procedures. This demonstrated that the service had an effective safeguarding and whistleblowing process to support people safely.

During our inspection we observed staff using equipment to support and move people safely in accordance with their risk assessments. The staff were aware of their responsibility to keep people safe. Risk assessments had been completed and regularly updated for risks, including falls, manual handling and nutrition. Staff knew how important these were and the need to keep them updated and current.

People told us there were enough staff, one person said, "There are some new ones about." A staff member said, "Yes, there are generally enough staff and [managers name] is recruiting more." The manager told us that they were recruiting new staff and we saw evidence to support this. We looked at the staffing rota for the month. There were enough staff to provide the appropriate care and support to people using the service. The manager told us that they had to use agency staff but tried to use the same people when possible to provide consistency.

We spoke with a new member of staff who said, "I had to wait to get all my checks and references back before I started." The manager explained their recruitment process which included obtaining a minimum of two references, proof of identity and Disclosure and Barring Service (DBS) checks before anyone could be employed. Staff recruitment records we saw confirmed these checks had been undertaken. This meant that people were cared for by staff who were suitable for the position.

People told us they received their medication when required. We observed lunch time medication being administered. Staff explained to people what they were having and why and gained consent before administering it. Staff told us that only qualified staff who had received training administered medication. This was observed. We checked the medication for five people and found that medication and recording of the Medication Administration Records (MAR) tallied. We looked at the arrangements in place for safe storage. Medication trollies were kept locked and in a secure room, keys were only held by senior staff. This ensured the safety and security of medication.

Good

Is the service effective?

Our findings

At our last inspection we found suitable arrangements were not in place to ensure that staff received appropriate training, regular supervision and appraisal. We found that suitable arrangements were not in place to ensure that staff obtained the necessary skills and knowledge to meet people's assessed needs. Staff were provided with irregular supervision and none of them had been recently appraised. This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. Supporting workers.

At this inspection we found that staff had received a variety of training. One staff member had been given the responsibility of arranging training and had completed the train the trainer and PTLLS (Preparing to Teach in the Lifelong learning Sector) courses to enable them to deliver a number of sessions themselves. They told us that this enabled the training days and times to be flexible and they were able to deliver the same sessions on a number of days which gave all staff an opportunity to attend. One staff member told us, “We have had a lot of training recently.”

On the day of our inspection there were two training sessions being delivered to a number of staff. There were notices on the staff notice boards advising staff of future sessions. The manager told us that if a member of staff did not attend when they should do, she sent them a letter informing them that they were breaking their contract and it could lead to a disciplinary. A training matrix had been developed which was updated weekly. This was colour coded for ease to show any training still outstanding.

Staff told us that they had formal supervisions with the manager. One staff member said, “We have supervision but in between we can speak to the manager at any time.” Staff told us there had been supervisions missed in the past due to changes in managers, but they were receiving them now. Records seen confirmed this.

The manager told us that new staff must follow the provider’s induction process and shadow more experienced staff until they are ready to work alone. Records seen confirmed the induction process had been followed and each staff member signed off as competent.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff had an understanding of MCA and DoLS. The manager explained that due to recent changes they had re assessed each person and had applied for DoLS for several people. We reviewed the completed paperwork. This meant that people who needed to have their liberty deprived had been assessed and approval had been sought.

Staff told us, and we observed that they always sought consent for any support or treatment. Care records we looked at contained signed consent to care documentation. Mental Capacity assessments had been completed for some people to enable staff to support them appropriately.

We found that some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documentation, staff were aware of who they were and knew what to do in the event of it being required. These had been completed with the person or representative and their doctor.

People told us that the food was nice. One person said, “The food is good.” Another said, “I have no complaints about the food.” On our arrival we observed some people having breakfast in their rooms before they got up. We spoke with the catering staff; they knew who had a special diet and how to cater for these. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. There were plenty of drinks, fresh fruit and snacks available throughout the day in between meals. A two week menu was on the notice board along with meal and beverage trolley times. The service had been awarded five stars from the local authority food hygiene rating scheme. The manager told us that if anyone had a problem with nutrition, they would call in assistance from a dietician.

People told us that they were able to see other health care professionals when required. Within people’s care plans we found evidence that people had been seen by dietician, GP’s, chiropodist and optician. This demonstrated that staff ensured people had access to appropriate health support when required.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said, “Staff are OK.” A visitor told us, “The staff are friendly and caring.”

We observed positive interactions between people and staff. For example, staff engaged in conversation with a group of people, they were chatting about a variety of subjects of interest and laughing. We observed one staff member encouraging someone to try to have a meal, by offering various foods which they thought they would like.

Staff told us that they knew the people they cared for well. One staff member said, “The care plans are good, they tell us all about the person.” Another told us that they try to spend time with people to get to know them. It was obvious from our observations throughout the day that staff knew people well. One person was seen to be distressed, a staff member got down to their level and asked what the problem was. They gave the person a hug and sat with them to give reassurance. They spent time with them until they appeared better and more settled.

People told us staff responded to their needs quickly, one person said, “If I ring my bell, staff come straight away to see if I am ok.” We observed this during our inspection.

People told us they had been involved in making decisions about their care and had choices on a day to day basis about what they did. One person said, “I do what I want and the staff help me.” We observed this throughout the day.

The manager told us that they had access to an advocacy service if required. There was a leaflet and notice on the notice board. She explained that the service had been used in the past for a person with no family and they had been very helpful.

People had their own rooms and were able to have a key and keep their room locked if appropriate. One person said, “I was able to bring some of my own things in to make my room like home.” They told us that staff always knocked on their door and treated them with privacy and respect. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs.

During our inspection we observed staff supporting people to be as independent as possible. For example, when assisting with personal care, people were given time to do what they could for themselves. One person said, “[staff name] takes me to the bank so I can still deal with my own finances.”

People told us they could have visitors at any time. One visitor said, “I come every day and it is never a problem.” We observed that visitors were welcomed and made to feel at home. There were quiet private areas where people and their visitors could go, other than the persons own room, to enable them to have conversations without being overheard.

Good

Is the service responsive?

Our findings

At the last inspection we found that there was not enough detailed information in some people's care records in relation to their identified needs and how care should be provided. This meant that

people's support needs may not always be appropriately met. Records relating to people's care and treatment were not accurate and appropriately maintained. This meant that people were not protected from the risks of unsafe or inappropriate care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that support plans were fully completed, regularly reviewed and up to date. Staff were able to explain how they used them to give appropriate support to people. We looked at the support plans and found them to be person centred which enabled staff to support people effectively in the way they had chosen. Staff told us they completed daily progress notes for each person, this included how the person had been, what activities they had been involved in and when required, food and fluid intake. This enabled staff to have up to date accurate information to use to handover to the next shift. We observed staff completing these throughout the inspection.

People told us that they were involved in their care plan reviews. Staff told us that they had a resident of the day each day where the person and their relative/ representative were invited to discuss their care and to update the care plan. This ensured that care was reviewed at least monthly. Care plans we saw showed that this had taken place and accurately reflected people's care needs and we saw that as their needs had changed the plans had been altered.

Staff told us 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 needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in.

The service employed activity staff. People told us that there were more activities now, and they could join in if they wanted or just watch. The activity co-ordinator told us they had carried out a questionnaire to find out what activities people liked or wanted to do. They said, "Some time is spent one to one, other is spent on group activities." An activity time table was on the notice board detailing a variety of things such as; bingo, hand massage, reading the newspaper and trips into the local community.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what the day's news was, the contents of the newspaper and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

People told us they would complain to the manager if they needed to. A relative told us they had complained and had a meeting planned with the manager to try to resolve the issues. The manager told us they always offered to meet with a complainant. We saw a record was kept about any complaints raised and there was documented evidence to support the investigation process which had been followed in line with the provider's policy. A copy of the complaints policy was on the notice board.

Good

Is the service well-led?

Our findings

At the last inspection we found that records were not complete and up to date. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that all records seen were complete, accurate and up to date. Staff and management had completed records when required.

The home did not have a registered manager in post. A new manager had been appointed and the home was being supported by an interim manager until the new manager was in post.

Staff told us they liked the interim manager who was available for them to speak to and had been very supportive. However, they felt frustrated with the changes in managers over the last few months and hoped to be more settled when the new manager started. The deputy manager was working 'on the floor' alongside staff to enable them to keep under review the day to day culture of the service.

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 manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. These included; medication, care plans and infection control. There were also maintenance audits including; firefighting equipment, emergency lighting and water temperatures. The home also carried out a 'whole home' audit every six months. Documentation seen showed these had all taken place. Where an error had been found an action plan had been devised and was being followed. A quality audit plan was in place to ensure all audits were carried out when required.

The manager facilitated a range of staff meetings including full staff meetings and heads of department meetings. We saw that the staff meetings were recorded and that staff who were unable to attend had the opportunity to read the minutes. The manager had introduced relatives meetings. These were held in the evenings to enable relatives to attend and gave them an opportunity to raise any concerns or issues and to be kept up to date with what was happening within the home.

The manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening.