

GCH (Midlands) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
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Date of inspection visit:
18 July 2017

Date of publication:
01 September 2017

Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

This inspection took place on 18 July 2017 and was unannounced.

Bletchley House Residential Care and Nursing home provides accommodation, nursing and personal care to older people.

At the time of our inspection the provider confirmed they were providing care to 25 people.

There was 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 service was not always safe. People were not always able to alert staff when they required assistance as they could not always access the call bell system. People who did use the call bell system told us that staff did not always come quickly enough to meet their needs.

Some people in the service received support with pressure wounds and were using pressure mattresses. We found one person had a deflated mattress and staff were not aware of this. Checking systems were in place for mattresses, but these were not effective enough to make sure every person was supported safely and to have the right inflated mattress.

People told us they generally felt safe within the service. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service. This meant that only people that were suitable to be working with vulnerable adults were employed. During our inspection we saw that there were sufficient numbers of staff on shift that day to meet people's care and support needs. Rotas showed that staffing was consistent.

Medicines were stored and administered safely. The people we spoke with told us that they were happy with the support they received to take their medicines.

All staff went through an induction process before working within the service. Staff told us that the process was thorough, and that along with the ongoing training they received, they felt well trained and confident within their roles.

Staff received supervision from management. All the staff we spoke with said that they received supervision and felt that it was a valuable process. We saw that supervisions had been recorded, and that on-going

supervisions had been booked in for the coming months.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People had a choice of freshly prepared food and drink. People told us they were happy with what was on offer. We saw that food and fluid intake was being accurately monitored and recorded for people when required.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. We observed positive interactions between staff and people.

People's privacy and dignity was maintained. People told us they felt their privacy was respected, and staff we spoke with explained the importance of maintaining people's privacy and dignity.

The service had a complaints procedure in place and people knew how to use it. We saw that any complaints made had been responded to promptly.

Quality monitoring systems and processes were used to drive future improvement and identify where action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's pressure relieving mattresses were not always set up correctly for their use, and monitoring systems were not robust enough to find errors quickly enough.

Call bells were not always accessible for people to use to raise alarm or get help as they needed.

Staff were knowledgeable about protecting people from harm and abuse.

There was 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?

Good 

The service was effective.

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

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

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.

People were able to make decisions about their daily activities.

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

Is the service well-led?

Good 

The service was well led.

People were able to approach and speak with the registered manager and were able to see her when required.

People were asked for feedback on the service they received.
Systems were in place to respond to feedback appropriately.

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 18 July 2017 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service. Prior to this comprehensive inspection, we had received concerns in relation to the medication administration and nursing care people were receiving. As a result we undertook this comprehensive inspection to look into those concerns.

We spoke with fourteen people who used the service, three relatives of people that used the service, one agency nurse, two senior carers, five care staff, two domestic staff, the chef, one kitchen assistant, the registered manager and the clinical lead. We reviewed five people's care records to ensure they were reflective of their needs, five staff files and other documents relating to the management of the service.

Is the service safe?

Our findings

The service was not always safe. We saw that a person who was at risk of developing pressure sores, had a pressure mattress that was deflated. At the time of our inspection, the person was not lying on the mattress, they were in a chair next to their bed. Staff on shift had not recognised that the mattress was deflated and there was no accurate record to say exactly when this had last been checked. This meant that people may be put at risk as equipment that had been put in place to help to keep them safe was not being used properly.

People did not always have access to the call bell system to raise alerts with staff. We saw that one person's call bell was out of reach from them, and placed near the floor. This meant they would not have been able to call for assistance should they need to. Staff were not aware that the person's call bell was out of their reach, and there were no checking systems in place to make sure that everyone was able to reach their call bell as they required.

People told us they felt safe living within the service. One person said, "I feel very safe, I'm very happy here." Another person said "Yes, very much so, I have not felt unsafe". All the staff we spoke with had received training on safeguarding, including the whistle blowing procedures. They were all aware of the safeguarding procedures. One member of staff said, "We have to do refresher training every year, it keeps us up to date with any changes." Training records confirmed the training had taken place, and the service had a safeguarding policy to guide staff.

People had risk management plans in place to assess the risk present within their lives and enable staff to support them safely. All the staff we spoke with were happy and confident in following risk assessments and safely supporting people. One staff member said, "Everything is documented, and we care for people safely. We follow the correct procedures for each person." We saw risk assessments in place for the use of bed rails, for pressure care, moving and handling and medication. Each assessment had been reviewed monthly and had changes made where necessary.

Accident and incident recording procedures were in place and showed that the manager had been made aware and action taken where necessary. The forms we saw had been completed appropriately, and documented what actions had resulted and when.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service.

Staff were recruited safely into the service. The registered manager told us that all staff would undertake a Disclosure and Barring Check and submit two references before being allowed to start work within the service. The registered manager told us, "We have a new member of staff that will hopefully be starting soon. We are just waiting on the second reference to come back; they can't start until that has been completed." We looked at staff files which showed us that these checks had taken place.

People said there were enough staff on duty. One person said, "I think the staffing levels are okay." Another person said, "When I ring they come promptly." During our inspection we saw that people were responded to promptly. We looked at staffing rotas and a staffing level dependency tool which showed that there were enough staff working within the service. Agency staff members were being used, and recruitment was on-going. Several new members of the team had started work very recently, and others were due to start once security checks had been carried out.

People that required nursing care, were administered medicines by a registered nurse and people receiving residential care were administered medicines by a senior care worker. People told us they received their medication safely. One person said, "I am always asked whether I need anything to treat any pain, I usually don't need it, but it's good that I am asked." We observed the staff worked at a relaxed pace when administering medicines to people. They explained what each medicine was for and gave people time to decide whether they wanted to take them or not. We observed a member of staff administering a person's medicines via a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. We saw there was clear authorisation from the prescriber for the person's medicines to be given via the feeding tube, and information was available on how the medicines were to be safely prepared and administered

Detailed records were maintained on medicines administration, medicines receipt, disposal and returns. Some people were prescribed controlled drugs (CD) we saw they were stored appropriately and the CD medicines held in stock corresponded with the balance within the CD register. The staff confirmed they received training on the safe administration of medicines that was updated each year. The staff took appropriate action in response to people that refused their medicines. One person that was insulin diabetic with advanced dementia had begun to regularly refuse their medicines. The staff took prompt action in contacting a psychogeriatrician for advice on how they could continue to support the person with their medicines.

Is the service effective?

Our findings

People told us they thought the staff were well trained and able to meet their needs. One person said, "They certainly do. The new staff learn quickly. The training they get is fantastic". Another person said, "A few of them are well trained. There's been a lot of staff changes but they seem ok." During our inspection we saw that staff had the skills and knowledge to support people appropriately. Staff and management were knowledgeable about people's needs and were able to communicate effectively with people.

Staff received induction training before starting work within the service. One member of staff said, "The training is very good, we have a full induction when we start. We also work alongside other staff as an extra person." The registered manager told us that all staff would meet with the in house trainer. They would complete several days of mandatory training and an introduction to the service. They would be introduced to the policies and procedures within the home, and then commence four shifts of shadowing more experienced staff. All new staff would begin the Care Certificate training, which covers the basic requirements of working within social care. Staff continued to complete training as and when required. We saw that a training plan was on display on the staff notice board. A staff member told us, "We have a mix of training some e-learning and some face to face." The staff confirmed they had received sufficient training to enable them to meet the needs of people using the service. Such as, moving and handling, pressure area care, nutrition and hydration and dementia care. The domestic staff confirmed they had received training on how to safely use cleaning products that came under the control of substances hazardous to health (Coshh) regulations.

Staff were receiving regular supervision and told us that they felt well supported within their roles. One staff member told us, "Yes I receive supervisions with management regularly. It is a good chance to discuss any problems." We saw that a supervision planner was in place to track and plan all staff supervision, with dates booked in several months ahead so people knew when their supervisions would be and could plan for them if necessary. Supervision notes were kept within staff files.

Staff sought out consent wherever possible before carrying out any care with people. One staff member told us, "I always make sure people are happy with the care they receive, I always ask first, before I do anything." When we observed people receiving their medicines they were asked if they wanted to take them. The member of staff administering the medicines said, "I always take time giving people their medicines, It's so important they are informed on what they are and have time to choose whether they want to take them." We heard staff asking people where they wanted to spend their time, with others or in private within their rooms. The staff respected people's wishes. We saw staff knocked on people's doors and waited to be invited in"

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the (MCA). 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 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). The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for residents. Authorisation was sought and gained from the appropriate authorities to lawfully deprive some people of their liberty. The records we saw confirmed this. This ensured that people were cared for safely, without exposing them to unnecessary risks. We saw that where DoLS authorisation were in place, the service were meeting the conditions within them.

People told us they liked the meals provided at the service. They told us they were asked a day in advance what they would like to choose from the menu. One person said, "If I change my mind I can always have an alternative meal." Another person said, "I enjoy the food it's usually nice and hot." The menus were on display on a board outside of the dining room. Hot beverages and biscuits were provided mid-morning and afternoon. We observed staff encouraging people to eat and drink throughout the day. We saw that breakfasts of tea, toast and cereals were served by staff from a small servery and most people had breakfast in bed. People told us they could have a cooked breakfast if they wanted one. We saw that information on special diets was available within the main kitchen, for example a 'red plate' system was used to highlight people that were at risk of malnutrition and required fortified diets and additional staff support to eat and drink sufficient amounts.

People told us they had access to see their GP and other healthcare professionals, such as the district nurse, optician, dentist and chiropodist, whenever they needed. One person said, "My dentures are very loose and making my gums sore." Another person said their dentures were also loose. A member of staff told us that both people had been seen by the dentist regarding this. Documentation within people's files confirmed that they had received the medical attention they required, and follow up appointments had been booked in for people to be treated. A visitor said, "[Name of person] prefers to see to the community chiropodist." The staff said they had good working relationships with the local surgeries and that the district nurse regularly visited people that were funded to receive residential care at the service.

Is the service caring?

Our findings

People were happy with the care that they received. One person told us, "The staff are wonderful, I can't fault them." Another person said, "We can have a laugh and a joke, we get on well together." A relative of a person using the service told us "The staff seem very caring and compassionate." During our inspection we observed staff interact with people in a caring manner. Staff took the time to talk with people and responded to questions and conversation in a warm and friendly way.

The staff had a good knowledge of the people they cared for. One member of staff said, "We get to know how people like to receive their care and always try to deliver it how they would like it delivered." We joined the staff on the mid-day handover on the ground and the first floors. We noted that the staff spoke respectfully about people, calling them by their preferred names. Information was kept confidential and discussions about people's care needs were carried out in private.

We saw that care plans were in place that contained personalised information about people and explained preferences, likes and dislikes. People's needs were detailed which ensured that the staff could provide the care and support they needed consistently. Each care task was specific to the person, and showed that the time had been taken to document exactly how people liked to be supported, and how best to meet their individual needs. All the care plans we looked at were regularly reviewed and updated when a change occurred in someone's wants or needs.

People told us they felt involved in their own care and support. One person said, "Yes I am happy that I am involved enough in what goes on." A relative of a person said, "The staff communicate very well with [person's name], probably better than I do." During our inspection we saw that people were spoken to in an open and positive manner, enabling them to contribute their views and opinions on what went on. We observed staff being kind and supportive to people using the service. There was a relaxed light-hearted atmosphere.

People's privacy and dignity was respected by the staff. One person told us, "I'm quite comfortable with them. Very nice and respectful to me". Another person said, "The staff have never been disrespectful." A relative of a person told us, "The staff are absolutely caring. If she's in the bathroom I have to come back later." Care tasks were listed within people's files with instruction for staff to be always mindful of people's privacy and dignity. During our inspection, we saw that staff always knocked on people's doors before entering.

We saw that staff made visitors welcome. One person told us, ""My son comes every other day, no restrictions there". One visitor said, "I have been told I could come and have a meal with [Name of person] if I wanted to, that's a nice touch." We saw that people had family and friends visit them freely within the service, and people could spend time with their guests within their room or within communal areas in the service. All the staff on shift were welcoming of visitors and made the atmosphere friendly and warm.

Is the service responsive?

Our findings

People told us the care and support they received was how they wanted it to be. People told us they remembered having an assessment of their care needs carried out before they moved into Bletchley House. The registered manager said, "The clinical lead will go out to meet any new people, and complete an assessment to make sure we are able to meet their needs. " One person said, "I remember being asked how I wanted to have my care to be provided."

People received care that was personalised to their needs. One person told us, "The staff know my likes. The routines suit my preferences." We saw that staff could easily and comfortably interact with people and clearly knew how to engage each person in conversation. During our inspection, we saw that when people needed support or had a question or request, that staff were able to engage with people promptly and tend to their needs.

We saw that personalised information was kept within people's care plans. We saw that people's life history was recorded, along with hobbies, cultural and religious beliefs, and preferences. Staff told us they made a point of getting to know people's likes and dislikes in order to build positive relationships with them. We saw the care plans documented the specific way in which people preferred to communicate, and how staff should communicate with them.

People were able to take part in activities of their own choice. One person told us, "They do quizzes and games." An activity co-ordinator was employed at the service but was not available at the time of the inspection. A member of the domestic team stood in providing activities, people knew the member of staff and they had a good rapport with each other. We saw that people were encouraged to take part in the activities on offer within the communal lounge.

People's needs were regularly reviewed and updated as required. Staff told us, "I feel confident that anything I pass on gets recorded properly, and care plans would change if we notice changes in peoples routines or behaviours." We saw that care plans and needs assessments were regularly updated and monitored, and that staff recorded daily notes for each resident. Staff recorded daily information such as fluid intake, and turns charts for people with pressure care needs. During our inspection, we observed staff communicating information about people with each other in a confidential way.

The service listened to people's concerns and complaints. A visitor said she visited her friend regularly and had never found any cause for concern about the care her friend received at the home. They said, "One thing that really impresses me is the way people are all treated the same, everybody is on an even playing field, there is no discrimination." People we spoke with were aware of the complaints procedure in the home. One person told us, "If I had a complaint I would speak to the manager, she is very good". Another person said, "I haven't had a concern, I'd be happy to raise it. I'd talk to someone who comes round". We saw that a complaints policy and procedure was displayed within the service, and a log of all complaints was kept. The registered manager told us that all complaints were taken seriously and issues would be taken to a team meeting for staff learn from if necessary. We saw that appropriate actions and responses had taken place to

any complaints made.

Is the service well-led?

Our findings

We found that checking systems in place for pressure relieving mattresses and for call bell access were not always effective. Mattresses were checked once a day. We saw that one deflated mattress had been checked the day before, but no time entry was recorded, so we did not know how long the mattress had been deflated for. We raised this with the management at the service, who agreed to improve the checking systems in place to include several daily checks of mattresses, with checks before any person went to bed. Access to call bell checks had not been in place, but upon raising this with management, a system was put in place immediately to pick up on any error. We were given examples of the improved systems that would be in place, after our inspection.

People knew there was a registered manager in post, but not all people had met with her. The registered manager had met with people using the service and relatives during scheduled meetings to discuss the service. One visitor said, "I haven't really got to know the manager yet, I think it's mainly due to the fact I don't attend the relatives meetings because I am not a relative." They went on to say that if they needed to speak with the registered manager they would feel comfortable to approach them directly. During our inspection we saw that the Registered manager was friendly and approachable, and interacting with staff, people and visitors in a positive manner. The registered manager was involved with the close monitoring of many aspects of the service to drive improvements, and had a good knowledge on the people, their needs, and how to continue to improve the overall quality of the service.

Staff told us they felt supported at the service. One member of staff said, "I have been here for years, I have seen many changes, and I still love my job." Another member of staff said, "The new manager seems approachable, I feel I can speak with her at any time." Another member of staff said, "We have good support from the manager and the deputy manager, they keep us informed of any changes."

The service was organised well and staff were able to respond to people's needs in a planned way. The staff team were aware of the visions and values of the service, and were happy to embrace any changes the service was going through. The staff members acknowledged that improvements to the service had been necessary and were confident that with the new registered manager and a clinical lead in place, that this could continue to improve.

Staff meetings were held for staff to share information and discuss the service. One staff member said, "Yes we have meetings fairly regularly, it helps to make things feel organised." We saw that meetings were documented with minutes taken so that any staff not able to attend could receive the relevant information.

The service had a quality questionnaire for people to complete and feedback on the quality at the service. We saw that the last one was sent out in December 2016 and the results had been collated and displayed for people to view. It showed that actions had been created as a result of any issues raised. The registered manager carried out audits on the service within various areas such as staffing and care plans. We saw that the registered manager conducted regular spot checks across different areas of the service to check on the

quality. Where issues were found, we saw that actions had been taken to address the issues promptly. There was a 'Take Ten' system in place where the registered manager would record catch up conversations with staff on general progress and any concerns they may have.