

GCH (Midlands) Ltd

# Bletchley House Residential Care and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bletchley House Residential Care and Nursing Home is a care home providing personal and nursing care for up to 44 people. At the time of the inspection 31 people were receiving support.

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

People and relatives told us the service was safe, and staffing levels were sufficient.

Risk assessments were in place and covered the risk present in people's lives. Regular reviews and updates took place to ensure assessments were relevant.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

The service was clean, and staff understood infection control procedures and followed them. Staff wore appropriate personal protective equipment. People and staff we spoke with were satisfied the service was kept clean to a high standard.

Audits of the service were undertaken and any issues found were addressed promptly. Staff felt well supported by the interim manager and were motivated to provide good care to people.

Staff referred to external professionals as required and followed advice to ensure people's needs were met.

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.

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

The last rating for the service was Requires Improvement published on 25 September 2020.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

### Why we inspected

The inspection was prompted in part due to a complaint about staffing levels and responding to people

promptly. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was Well Led

Details are in our safe findings below.

# Bletchley House Residential Care and Nursing 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 Care Act 2014.

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

The inspection was carried out by one inspector.

#### Service and service type

Bletchley House Residential Care and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. An interim manager was in place until a new manager was employed. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service. We spoke with three members of care staff, the interim manager, and the area manager.

We reviewed a range of records. This included four people's care records, audits and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was inspected but not rated, as we only looked at the part of the key question we had specific concerns about. Prior to that, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe within the service. One person we spoke with said, "It's very good here. On the whole, there are enough staff and they come reasonably quickly if I push my button. I'm very satisfied with the home, I can't think of anything more I'd need."
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the interim manager and were confident to do so if required.
- Systems were in place to ensure people were safeguarded from abuse including whistleblowing policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. Staff had a good knowledge of people's risks and the support they needed to reduce risk. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and food and fluid intake.
- Risks were regularly reviewed, and staff understood and followed risk assessments appropriately. Records showed people received timely support, according to known risks, for example, regular daily support to reduce skin damage.

Staffing and recruitment

- The service was sufficiently staffed. One person said, "There are enough staff around, it's short on occasion when people are busy, but I get what I need." Rotas we saw showed staffing levels were consistent, and staff we spoke with said staffing levels were regularly assessed and responded to by management.
- The provider continued to recruit staff in a safe manner. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- Medicines were stored securely in a temperature controlled room and administered safely. We checked medicine administration records (MAR) and found they were being used correctly. Suitable instruction about people's medicines and how and when they should be used were in place.

Preventing and controlling infection

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

- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. The interim manager reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings and supervisions.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a registered manager in place, but did have an interim manager, and were recruiting to the role of registered manager. The staff we spoke with acknowledged there had been several changes in management over recent years, but were positive about the current culture within the home. One staff member said, "The current management are approachable, firm but fair."
- People told us they felt the service was well run and managed, and they were confident the service was of good quality.
- Both care planning and the approach of staff towards people was positive and person centred. Senior staff promoted a positive culture throughout the service, and actions were taken to improve care when required.
- The staff were committed to achieving good outcomes for people, and understood each person's wants and needs. Staff were flexible in their approach to ensure good outcomes for people.

Continuous learning and improving care

- We found that audits and checks including infection prevention and control, daily walkarounds, and care planning checks regularly took place within the service. Actions were carried out to make improvements as required.

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

- Staff were clear about their responsibilities and the leadership structure in place. One staff member said, "The quality has been sustained after the last registered manager left. The general morale is good with staff. We are clear about our responsibility and are proud that people are well looked after."
- The management fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.

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

- People were engaged with and involved in the service. We saw that recent questionnaires had been completed by people to offer their feedback on food within the service. People we spoke with confirmed they felt involved in the service and consulted as required.

- Team meetings were held to ensure staff stayed up to date. Minutes of meetings showed that various topics and updates were discussed with staff on a regular basis. This ensured staff were aware of any changes in the service or requirements.

#### Working in partnership with others

- The service worked in partnership with outside agencies. The interim manager told us that meetings had been scheduled with the local authority to discuss updates and any support required.
- People we spoke with confirmed they were able to receive support from outside professionals if required, and that staff could help them facilitate this.