

GCH (Midlands) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
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Date of inspection visit:

24 February 2020

25 February 2020

Date of publication:

12 May 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bletchley House Residential Care and Nursing Home is residential care home that provides residential and nursing care for up to 44 older people including people living with dementia. At the time of inspection, 32 people were living at the service.

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

Audits and checks were not always effective in picking up omissions in the recording of people's care. Systems to monitor staff training were not always clear or being used effectively. It was not always clear that people received the support they were assessed as requiring.

Staffing levels kept people safe, but some people felt there were not enough staff to engage with or complete certain tasks for them.

Care plans were in place but contained varying levels of detail, and were not always easy to follow for staff who wished to understand what people's needs and preferences were, in a prompt manner.

Medicines were stored and administered safely, but records for topical medicines were not always accurate. Staff were trained to support people effectively. Staff were supervised well and felt confident in their roles. Staff felt able to contact management and senior staff for support at any time.

People were supported to have a varied diet, their food and fluid intake was monitored as required. We received mixed responses about the quality and consistency of the food served to people. Healthcare needs were met, and people had access to health professionals as required.

People felt safe within the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up. Risk assessments were in place to manage risks within people's lives. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

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.

Staff treated people with kindness, dignity and respect.; We observed positive interactions between people and staff, and feedback from people about staff was good.

A complaints system was in place and was used effectively. The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. Staff felt well supported by the manager, and were motivated to provide good care to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 01 March 2019).

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

At this inspection enough improvement had not been made in all areas, and the provider was still in breach of a regulation.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bletchley House Residential Care and Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breaches in relation to good governance. Not enough improvement was made since our last inspection. Record keeping and oversight on records was not always efficient.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

This inspection was carried out by two inspectors, an inspection manager, 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.

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 had a manager registered with the Care Quality Commission, although they had recently left the service. A new manager had been employed and would be going through the registration process. A registered manager and the provider 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. Inspection activity started on 24 February 2020 and ended on 25 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used all this information to plan our 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 six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff, the manager, the quality assurance manager, and the regional manager.

We reviewed a range of records. This included six people's care records 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 rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, infection control procedures were not always followed, and the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, Safe care and treatment. At this inspection, we found that sufficient improvements had been made, and the service was no longer in breach of this regulation

Assessing risk, safety monitoring and management

- People had risk assessments in place to assess risks present within their lives, for example, risks around falling, skin care, and other healthcare needs. Some people required regular and timely support from staff to turn whilst in bed, in order to reduce the risk of pressure sores. People told us they got the care they required, and there were no occurrences of pressure sores due to poor care, however, we found that documentation to show how regularly people were given this support, was not always completed, so we could not be sure people always received this support in a timely manner.
- Regular checks took place on any equipment in use for people's safety. Fire safety checks including emergency evacuation procedures were documented.

Staffing and recruitment

- There were adequate staffing numbers to keep people safe, however, some people said staff were sometimes rushed. People said staff could not always spend time chatting or providing activity. One person said they were not always able to have a shower, due to staffing shortages. We saw that people received personal care regularly, but records did not give detail on the level and type of support offered. Another person said they weren't always able to join others in the dining area for lunch, because there were not enough staff to take them. On the day of our inspection, we found that people were offered choice of where to have their lunch. One person said, "I think there are enough carers and they are always so busy and hard working."
- We reviewed call bell logs and saw they were answered promptly, and people were attended to by staff in a timely manner.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- The service was clean, tidy and well maintained. Areas which required cleaning, were promptly cleaned by

domestic staff. We found a trolley containing towels and personal care equipment, was not appropriately housed. The trolley was kept exposed in the upstairs corridor and moved around by staff throughout the day. The manager told us they realised this trolley should be kept in a cupboard, and had plans to clear space to house it.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Some medication administration records (MAR) in use for topical medication (skin creams) were not always completed as required and had missing entries. Other MAR we looked at were accurate. People we spoke with were happy they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am so relaxed because I feel safe. I was in hospital for a couple of months, and luckily my [relative] was able to find this place so I was transferred here. I was so relieved to come here."
- Staff we spoke with had a good understanding of safeguarding procedures and were confident that anything of concern would be followed up appropriately by management.
- Safeguarding concerns had been identified and referrals were made to the relevant authorities. Investigations had taken place to establish facts and measures were put in place to reduce the risk of harm for people.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail, and systems were in place to analyse themes and take actions when required.
- Lessons had been learned following incidents to prevent reoccurrence. For example, meetings took place monthly with staff to discuss people who experienced falls and what measures could be implemented to prevent it from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training records showed that most staff had completed the training relevant to their role, however, we found some staff training had expired. There was a system in place to monitor staff training and ensure that courses were refreshed before expiring, but this was not being used effectively. This meant that some staff were working with out of date training certificates. The management team acknowledged that systems had not been effective and said that staff would be booked on to the relevant courses as soon as possible.
- All staff completed induction training and training on meeting the specific needs of people using the service. Staff members we spoke with were happy the training given equipped them well for the role. One staff member said, "I had support from the training manager, and completed the training before starting the job."
- Staff felt well supervised, and there was a programme in place for formal supervision

Supporting people to eat and drink enough to maintain a balanced diet

- There was mixed feedback on the quality of food cooked for people. Some people said the food was satisfactory, but others felt improvements were required. One person said, "The food is close to being terrible, the veg is not well cooked, just hard and raw." Another person said, "The food is good for me, I enjoy it and its good variety." The manager told us recruitment for kitchen staff had been difficult, and they were waiting for a permanent chef to undergo safe recruitment procedures, which would hopefully bring about the consistency required with meals.
- Information about people's dietary requirements and preferences was recorded within their care files for staff to follow, and staff understood this.

Adapting service, design, decoration to meet people's needs

- The service was accessible for people to use and had several communal areas. People were happy with their rooms and were able to personalise them as they wanted with furnishings and decorations. We saw that people had been able to pick the colour of paint used for their door to personalise it.
- Some communal decoration had taken place to create a bar and a sweet shop area, but these were not yet functional. The manager said that plans were in place to finish these areas for people to enjoy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before any care was delivered. The management and staff regularly reviewed people's care to ensure their needs were being met, and understood when they were no longer able to meet a person's care needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The manager and staff worked in partnership with other health and social care professionals to maintain people's health, and people had the support they required to meet their healthcare needs. One person said, "I had my eyes checked and new pair of glasses should be here any day. And my ear appointment is soon."
- People's care records contained information about their medical history and their current needs. Staff we spoke with had a good understanding of what people's needs were.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity had been assessed and DoLS had been applied for where there was reason to believe someone lacked capacity.
- The service had information about people's legal representatives when they lacked capacity, and staff had good understanding of MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well cared for. One person said, "Caring here is 10 out of 10, when I was down one evening, I lost my earring somewhere, every one of the staff tried to look for it, the cleaner found it, it was nothing special, but it meant more to me they tried everything. They are very nice people."
- Relatives of people we spoke with gave positive feedback on staff. One relative of a person said, "[Name] looks so much better than before. At the moment we are over the moon with this place." Another relative said, "It really feels like it's [name's] home, their room is lovely, we put [name of relative] old curtains up and they have a carpet and they love it. Sleeps well here."
- Staff felt people were well cared for. We observed staff interact with people in a caring way. One staff member spoke with people affectionately and people were seen to respond positively to this. A staff member said, "Yes people get good care, that's the first thing I picked up when I started here."
- Effective handovers took place at shift change times so key information about people's health, wellbeing and care was passed on. This ensured continuity of care and a smooth transition.

Supporting people to express their views and be involved in making decisions about their care

- All care plans had been regularly reviewed, however, people's views and input into the review process was not always clear. A resident of the day scheme was in place which was designed to involve people and relatives in reviewing their care regularly. The manager told us this system was being improved upon to make sure people's views were listened to and recorded.
- We received feedback from staff that stated the culture within the service was changing and becoming more person centred.

Respecting and promoting people's privacy, dignity and independence

- We saw examples of staff promoting people's privacy and dignity. Throughout the inspection doors were seen to be closed when people were being repositioned or receiving personal care. One staff member said, "I always knock, sometimes they don't respond, but I always knock. I always say what I am there to do. I talk them through it. I don't want them to be tense, so I always explain. Sometimes I put myself in their shoes. I want them to feel safe."
- People's independence was promoted wherever possible. A person told us, "I help folding napkins and getting the table ready, why not, it's something useful to do. What I like about this place is that all staff treat me as a real person and not somebody from a dementia unit. They are really good at making you feel

valued." One relative told us, "[Name] can still do some things with their hands so staff give him things to hold like his towel or soap."

- Information about people was protected and kept securely, and the service complied with the data protection act.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans and assessments of people's needs were in place, but some contained varying levels of detail and were not always easy to follow. Some parts were not filled in and they were not always signed by people or their representatives to confirm they were fully involved in the care planning process. The manager explained that care plans were currently being worked through to ensure that all the relevant information was clear, up to date, and in place.
- Activities took place for people during the week, and people we spoke with said they enjoyed taking part. There were no activities set for weekends. One relative of person said, "The only day when my relative said they feel a bit down is on Saturday when the activity lady has a day off, so it's a bit quiet and nothing to do." The manager told us they had recognised this complaint and were in the process of recruiting a second activities staff member who could provide activities on weekends.
- Staff and management were positive about improving the activity and care delivered to become more person centred. Some examples of person centred care included recent birthday and wedding anniversary parties for people, and a person who was acting as a home ambassador, helping with staff recruitment and welcoming new people in to the home.

End of life care and support

- There was limited evidence of end of life care planning on care files or of discussions with relatives about end of life planning. Documentation was not always consistent, with various templates on different care files. One person's relative confirmed they had informed the service of a Do Not Attempt Resuscitation form (DNAR) and had felt involved in the care planning process but had not been asked about any end of life wishes or preferences. Not all care files confirmed if DNAR requests were in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the requirement to provide information in an accessible way to people, and policy was in place to support this. We saw examples of pictorial or large print versions of a complaints procedure, feedback forms and information sheets on safeguarding procedures.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was accessible to people. People and their relatives told us they felt able to raise any concerns with staff and understood they could make a complaint if something was not right. We saw that complaints had been followed up appropriately.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, audits and checks were not always effective at finding errors, and the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, Good Governance. At this inspection, we found that not enough improvement had been made, and the service remained in breach of this regulation.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A complete and contemporaneous record for each person using the service was not always kept. We found that information about the care people required was not always accurately documented. For example, support to turn people whilst in bed to reduce the risk of pressure sores, and topical MAR were not always completed.
- Systems in place to assess, monitor, and improve quality, were not always effective. Audits and quality checking systems in place did not pick up omissions in people's care records. One staff member said, "Sometimes things are not documented. People are busy or forget or get caught up in things. I do it at the time as there is so much else to do."
- Systems in place to monitor staff training and take action when staff training expired, had not always been used effectively. Some staff had several areas of training that had expired, and action had not been taken to refresh their knowledge promptly. The records kept of training courses was not clear and easy to follow, and the management did not have clear oversight on these records.
- After our last inspection in March 2019, the provider completed an action plan to say that improvements would be made to systems and processes in place to monitor quality and safety. We found that not enough improvement had been made in this area, and errors were still occurring, and not being picked up on.

This was a breach of Regulation 17 (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of the requirement to notify CQC and other agencies of incidents which took place that affected people who used the service.
- Staff were clear about their responsibilities and were positive about the new leadership structure in place.

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

- Staff and people said the culture within the home hadn't always been positive, but were happy the new management were making improvements. One person said, "The manager is new, she came to talk to me and helped with some small requests, I hope she can do something about food. I just need to give her a bit more time, she just started." A relative said, "The new manager is very approachable and present, she comes and helps other carers, you can see her around all the time." A staff member said, "The new manager is very good, she wants to make it work. She is 100% approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager were aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest during our inspection, were aware of the areas that required improvement, and were positive about making changes.

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

- People and staff were consulted and engaged with by the management team. One staff member said, "Staff meetings are useful, management are receptive to my ideas. I picked up on certain things when I arrived and have been listened to."
- Residents meetings were used to engage with people about the service and discuss topics like activities, food and new staff.

Working in partnership with others

- The service worked in partnership with outside health and social care professionals as and when required, to ensure people got the care they needed. This included the local authority and clinical commissioning group, who funded some people's care within the service. We spoke with the local authority and clinical commissioning group who told us they felt positive changes were being made by the new management team.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Oversight was not effective. Omissions in care records were not being picked up on by audits. Monitoring of training systems was not always effective.

The enforcement action we took:

Warning notice