

GCH (Midlands) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
Whaddon Way, Bletchley
Milton Keynes
Buckinghamshire
MK3 7JS

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16 January 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bletchley House is residential care home that was providing residential and nursing care for 37 older people including people living with dementia.

People's experience of using this service:

The manager had completed audits to support quality checks, however for some areas, these had not identified where improvements needed to be made. This was linked to inconsistent recording in many areas of care planning.

People told us they felt cared for.

Staff morale had improved and everyone was committed to ensuring people received good care and support.

Medicines were managed safely and people were encouraged to be as independent with medication as possible.

There was sufficient staff to support people.

People had health care support from professionals. When people were identified as unwell, staff had raised the concern and taken action with health professionals to address their health care needs, however, the action required was not always documented.

The manager worked in partnership with health and care professionals.

They had displayed the latest rating at the service and on the website.

When required notifications had been completed to inform CQC of events and incidents, this helped us to monitor the action the provider had taken.

The manager was open and committed to making improvements.

More information is in the detailed findings below.

Rating at last inspection:

GOOD (report published 01 September 2017)

Why we inspected:

This was a planned inspection based on our last rating and aimed to follow up on information of concern we

received prior to the inspection. We explored the areas of concern as part of our inspection.

Enforcement:

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

Our inspection was completed by two adult social care inspectors, and a specialist nurse advisor.

Service and service type:

Bletchley House is a care home with nursing. People in care homes receive accommodation and personal care. 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, however they had left the service the previous week. The company had employed a peripatetic manager to cover the role. We will refer to this person as the manager within this report. This means that they 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 comprehensive inspection took place on 16th January 2019 and was unannounced.

What we did:

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.

During the inspection we spoke with eight people and four relatives to ask about their experience of the care provided.

We spoke with twelve members of staff including the manager. Before and after the inspection we spoke with three professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records.

We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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. Some regulations were not met.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were understood by staff but at times people's care records lacked clear up to date information. This included risks associated with existing pressure ulcers, personal hygiene and food and fluid intake. A lack of clear, recorded information for staff posed risks in the event new or unfamiliar staff providing support to people.
- We saw that a person who was at risk of developing pressure sores, had a pressure mattress that was on the wrong setting for their weight. This meant 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.
- Environmental risks were assessed before packages of care started.
- The environment and equipment was well maintained.

Preventing and controlling infection:

- Staff had received training in infection control and had access to protective personal equipment such as gloves and aprons however we observed staff not always following guidelines on infection control. One staff member completed a medical task without using protective gloves. This could mean that people were at risk of cross infections.
- The general environment appeared clean and routine deep cleans were scheduled however there were areas in people's bedrooms that were dirty including a pressure cushion which still had food stuck to it and shower chairs that had rust on them.
- When people required catheter care the care plans did not always give direction on how to manage it. For example, caring for the tube at point of entry and how often to change the bag. This meant that people were put at risk of infection.
- Cleaning records for people who had a PEG (Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate) were not consistently completed.
- One person's PEG site had not been adequately cleaned and staff could not identify the last time it was cleaned or turned. This meant people were at risk of infection and pain.
- We saw that not all hygiene charts had been completed, however people looked well-presented. People told us they were happy and that, "Staff will make sure you have a wash." Relatives told us "They wash [name of person] every day, they always look clean." and "[name of person] always looks nice and clean when I come to visit, I have no concerns."

The provider failed to ensure that care and treatment was provided in a safe way by not assessing known risks to people of skin breakdown and not following procedures relating to potential cross infection and equipment. These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, Safe care and treatment

Safeguarding systems and processes:

- People told us they felt safe living within the service. One person said, "I am satisfied here. The staff are nice, willing to do anything for you."
- There were policies and procedures in place for staff to follow to keep people safe from harm. All staff had read the policies as part of their induction, staff could communicate how they would raise a safeguarding issue.
- There was a robust induction procedure for both contracted staff and agency staff.
- People were protected against the employment of unsuitable staff. The provider followed safe recruitment practices including undertaking a Disclosure and Barring Check and ensuring they had received two references before new staff were allowed to start work within the service.

Staffing levels:

- There were a sufficient number of staff at the service. One staff member told us, "There are enough staff." The provider maintained a rota to ensure there were always enough staff on shift. This meant people received support and felt they could rely on staff to help them.
- A relative told us, "I think there are enough staff. There seems to be plenty of staff when I visit."

Using medicines safely:

- People that required nursing care, were administered medicines by a registered nurse and people receiving residential care were administered medicines by a trained senior care worker.
- People said they felt they received their medicines on time and in the way they wanted.
- We observed staff administering medication in a gentle kind way, and supported people to be as independent as possible with their medication.
- The staff used the Abbey Pain scale to help assess people if they needed pain relief but could not communicate. The Abbey Pain scale is a standardised pain assessment tool developed for use with people who have communication difficulties.

Learning lessons when things go wrong:

- Lessons had been learnt for example a complaint was received regarding the time it took staff to respond to a call bell. The call bells were now checked daily and the management audit time taken to answer calls.
- Incident and accidents were regularly audited to look for any trends or patterns.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans were not always updated when a change in need occurred. For example, when a person started a fortified diet and drinks on advice from their GP.
- Pre- assessment plans were completed before admission to the service which included risks and current needs and who they wanted to be involved in their care. People were also offered the choice to come to the home prior to admission and have an opportunity to have dinner with the other people before they agree to a move.
- People who had religious or cultural needs were supported by staff to meet these. For example, a person liked to practice their religion despite being mostly confined to bed. The staff arranged weekly visit from the local Church to ensure that the person's religious needs were met, they also provided a large print bible next to their bed to facilitate the practice.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they had enough to eat and drink however food and fluid intake was not always recorded correctly. This meant there was no clear review of intake to ensure the correct healthcare was sought where necessary, which could present a risk to people's health.
- We saw that people had the choice of two different meals, however for people who required their food pureed there was only one choice. The manager was implementing a new menu which had more choice for those that required a specialist diet.
- Staff told us people could have an alternative if they didn't like the food on offer, however when we witnessed this it took over an hour for an alternative to be sought.
- We observed people sitting on the same table being served their food over 10 minutes apart. This did not promote a settled relaxed atmosphere for people during meal times as people were leaving tables while another person had just started to eat. This also reduced the social benefits of eating together for some people.

Staff skills, knowledge and experience:

- The provider monitored staff training on a spreadsheet matrix which gave details of when individual staff had completed training considered essential to their role. All new staff were required to complete the Care Certificate during induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

- Not all staff had received regular supervision. The manager told us they had started these and had planned to make them more regular. Despite, the lack of formal supervision, staff told us they felt supported in their role. One staff member told us, "The manager seems to be making good changes, I can talk to them as they are approachable the team is stronger now."

Staff providing consistent, effective, timely care within and across organisations:

- We saw that observation and bowel charts had been not completed where appropriate. This meant staff may not have been aware of people's needs at that particular time.
- People's records were not fully completed when they required repositioning, however other records showed that staff had completed tasks which ensured movement of the person.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. We saw evidence of the district nurses' involvement with people.
- Staff told us they worked well as a team and we watched the handover process where they could pass on information to each other about people's changing needs.
- We saw call bells being answered in a timely manner. People told us "If I ring the bell staff will come to see what I need."

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

- People's bedrooms had en-suite facilities with a toilet, shower and hand wash basin.
- On the wall in the main hallway there was a 'family tree' with people's photos on. People told us they liked this.
- People had keys to their bedrooms where they had a lock on the door.
- The service had a tuck shop available for people to purchase sweets etc. The manager told us the provider was funding a 'Trolley Shop' for people, so they can buy birthday cards etc. for loved ones and choose their own toiletries.
- There was a maintenance person available to complete any tasks related to the property. People told us that they were good at getting things done quickly.

Supporting people to live healthier lives, access healthcare services and support:

- We saw that people's healthcare information was not always updated after professional involvement had occurred. For example, after a dietician visited and gave advice. Staff had discussed this within a handover but there was no written documentation to support this.
- The service has a GP who visits every Wednesday or when required. People were supported to see the GP as needed.
- There was information in the office reminding staff how to refer to local teams who could support people with a change in need, or if they became unwell.

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

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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).

- People had their capacity to consent to their care and treatment assessed as required.
- There were DOLS in place for people using the service to keep them safe from harm. The service kept a record of the authorisations and applied for them appropriately.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence:

- Staff could tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom. We observed during the inspection that some staff knocked on people's bedroom doors before entering. However, we also saw staff going into bedrooms without telling or asking the person what they were doing. This meant that people's right to privacy was not always respected.
- A married couple shared a bedroom together and use the 'second' bedroom as their own lounge. The husband completed care for his wife, the manager had a one to one session during the day with the husband to ensure that they had emotional support to carry on their wishes. Staff were respectful of their relationship.
- We saw staff interacting with people in a patient manner and promoting independence.

Ensuring people are well treated and supported:

- The provider had not ensured people were adequately supported in terms of providing stimulating activities throughout the day. In the morning of the inspection we saw no structured activities occurring and the activity planner was left blank, however in the afternoon we saw more engagement and activities offered.
- Positive behaviour support plans (PBS) were not correctly completed with all the necessary information required for staff to support people appropriately. For example, one person's PBS did not highlight the risk they may pose to people from a different culture. This meant staff may not consistently support the person in the correct manner to keep everyone safe.
- People and relatives were positive about the staff and said they were treated with kindness. One person told us, "Staff help me, they are kind."
- We saw staff supporting people to come out of their rooms to interact with others.

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

- There were regular resident meetings held to discuss any changes, concerns or information sharing.
- The provider had a LGBT (lesbian, gay, bisexual, and transgender) promotional poster on display, staff told us that they would support people if they wanted to join or attend any events.
- People had been involved in decisions about the premises and environment; for example, the decoration of their bedrooms and paintings on the wall in communal areas.
- The service evaluated their interactions with people, relatives, staff and other professionals through questionnaires. Where necessary, changes were made to practice and operations.

- Care records had consent forms regarding who could look at people's personal information as well as sharing information with others

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care:

- Body maps for people who had sustained an injury were not consistently completed. This meant there was a risk of staff not completing the care required for that person.
- Within people's care plans their life history had been documented, however when speaking to staff not everyone was aware of this so were not using it when speaking or working with the person.
- Management had identified positives from people's past and tried to implement tools to replicate these. For example, one person had a weekly wage slip to reduce their anxieties regarding money and work.
- For one person whose anxieties were raised through missing their dog, the manager arranged for a member of staff to bring their dog in. The person was also able to take the dog out for a walk which alleviated some of their anxieties.
- Another person was a big fan of Elvis so the staff arranged for an Elvis look alike to visit them.

Improving care quality in response to complaints or concerns:

- There was information on how to raise a complaint on display.
- The manager had identified staff champions for specific areas such as care planning, safeguarding, dementia and nutrition.
- All complaints we saw had been investigated and responded to within the providers specified timeframe.
- Relatives were aware of how to make a formal complaint. One relative told us "The manager has made a big difference I now feel reassured moving forward that the issue will be resolved"

End of life care and support:

- End of life care plans were detailed with preferred place of care, next of kin, burial or cremation choices and any religious requirements.
- Staff had completed end of life training and had links with a local hospice.
- Weekly GP visits and health assessments were in place to identify people that may require end of life care quickly. End of life medicines were put into place as a 'Just in Case' precaution to ensure prompt administration when required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The manager completed regular quality audits but these did not always effectively pick up any issues. For example, there was not always oversight of inconsistent recording of people's care. The manager has since implemented a new oversight system which should highlight areas of concern daily.
- The manager could clearly explain the ethos of the service and how this applied in the provision of care and support to people.
- People were protected against discrimination. There was a policy which covered the Equality Act 2010 and protected characteristics.
- We saw evidence of the manager completing their duty of candour responsibility after an incident had occurred.

The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided. These matters were a breach of Health and the Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

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

- There was a staffing structure in place and the manager understood their roles and responsibilities, however not all staff were clear about their responsibilities therefore issues were not identified by senior staff. The manager had just started to implement a clear line of responsibility for staff.
- Staff knew the manager and were positive about their availability. Staff told us they felt trusted and valued. One staff said, "I have good job satisfaction. It's a friendly atmosphere, and management is nice."

Engaging and involving people using the service, the public and staff:

- People we spoke to knew who the manager was, however not all relatives knew that a new manager was in post.
- A staff member had suggested changing the time of the main meal to support better sleeping patterns and higher engagement in afternoon activities, the manager was designing a feedback form for people to complete after the trial period.
- Relatives were invited to three monthly meetings with the management to discuss any concerns and to

give updates on the service. These meeting used to be held at 2pm but relatives requested a time change as many were working, the management changed the time to 7pm.

- A visitor to the home explained that they visit daily for coffee, they told us "Staff are always kind and friendly here and I like the companionship I get whilst here."

Continuous learning and improving care:

- The manager met with staff daily to discuss any issues, safeguarding, changes in people's needs and to communicate any information required.
- The manager was starting to complete some coaching with staff members to support them in understanding and completing their roles and responsibilities.
- Before and following the inspection the provider listened to the feedback and worked to start implementing safe systems to reduce the likelihood of harm and to improve people's experience of the care they received. This involved working with the local authority and Clinical Commissioning Groups (CCG).

Working in partnership with others:

- The service had correctly displayed our inspection rating in their office and on their website.
- The service submitted relevant statutory notifications to the CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters that occurred at the service.
- The service demonstrated that they worked well with other agencies where needed, for example with the High Impact Team (HIT). The HIT works with local care homes to reduce the need for people to go into hospital as 'unplanned' emergency admissions by proactively managing their health and care needs and focusing on prevention.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure that care and treatment was provided in a safe way by not assessing known risks to people from potential cross infection, unsafe equipment and also risk of skin breakdown.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided.