

GCH (Midlands) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 a care home providing personal and nursing care to up to 44 people. The service provides support to people over and under 65. At the time of our inspection there were 28 people using the service.

Bletchley House accommodates up to 44 people across 2 floors, each of which has separate adapted facilities. One of the floors specialises in providing nursing care.

People's experience of using this service and what we found
Medicines were not always stored safely.

Care plans contained comprehensive information however, risks associated with anticoagulants were not always documented in the care plans.

The provider did not always ensure people were provided with opportunities to do the things they wanted.

People told us staff were attentive to their needs. Staff were recruited safely and received appropriate training for their role.

Staff followed all necessary infection prevention measures. Staff wore appropriate Personal Protective Equipment (PPE) and received training in infection prevention and control.

The provider had systems in place to share any learning within the service. Improvements had been made following our previous inspection.

The provider and manager actively sought feedback from everyone involved with the service and had developed action plans to address any shortfalls and make improvements.

People were supported to have maximum choice and control of their lives, 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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Detailed findings are in our safe 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector, a medicines inspector, 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. One inspector visited the service on the first day, the medicines inspector visited the service on the second day. The Expert by Experience contacted relatives via telephone to gather feedback.

Service and service type

Bletchley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bletchley House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and was in the process of submitting their application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people living in the service. We also spoke with 11 relatives about their experience of care and support provided. We observed people and their interaction with staff and each other throughout the inspection visit. We also spoke with 7 members of staff including the manager, the quality support manager, the maintenance person, and care staff.

We viewed a range of records. This included 5 peoples care records and associated risk assessments. The medicines inspector reviewed 16 medication administration records (MAR) and 10 medicine care plans. We looked at 4 staff recruitment files. A variety of records relating to the management of the service, including health and safety records, risk assessments, staff rotas and service audits were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks to people were monitored and managed appropriately. People did not receive their medicines safely or as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Medicines were not always stored correctly. For example, we found eye drops were not stored in a fridge as per the manufacturer's instructions. This placed people at risk of the medicine being ineffective. We raised this with the provider who took immediate action to obtain a new supply of medication from the G.P.
- Care plans contained detailed information to support staff to manage peoples' complex medical conditions. For example, 1 person received their medicines via a PEG tube (a feeding tube placed through the abdomen into the stomach). There was specific information available from the pharmacist on how medicines could be given safely via this PEG tube.
- Medicines given 'as needed' were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- At our last inspection we found inconsistencies in records, and care plans had not been updated as needed. At this inspection we found improvements had been made. Care plans were detailed, robust and contained peoples' personal preferences. This meant people were supported safely by staff in a way they chose.
- Since our last inspection, care plans had improved with more guidance available for staff when supporting people with complex medicines. For example, we looked at a care plan for a person with diabetes, this contained comprehensive information about their condition. However, risks associated with anticoagulants were not always documented in the care plans. The provider actioned this immediately following the inspection and put the appropriate risk assessments in place.
- The environment was safe for people. Health and safety checks and risk assessments had been completed and were monitored and reviewed regularly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Mixed feedback was received about staffing levels. Staffing levels were sufficient to meet people's needs, and call bells were answered promptly during our observations, however staff reported insufficient availability during busy medication rounds. Relatives feedback was generally positive; however, they requested more time be made available for people remaining in bed to engage with activities with staff.
- People told us staff were kind and attentive to their needs. One person told us, "Staff go out of their way to make you feel good". Another person said, "the staff bend over backwards for us".
- The provider ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a full employment history, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm and abuse. Staff had received safeguarding training and knew how to report any concerns.
- At our last inspection we found medication errors were not analysed to learn lessons when things went wrong. At this inspection we found improvements had been made. The provider had a system in place to report any incidents which was then analysed by the manager and information and learning was shared with the staff team.
- People and their relatives told us they felt safe at Bletchley House. One person said, "I do feel safe, the staff really do care for us". A relative told us, "[relative] is definitely safe"

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

There were no restrictions on visiting. The provider was working in line with current government guidance. There were clear processes in place in the event of an outbreak of infection to ensure visits could still take

place safely.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had systems in place to share any learning within the service. Improvements had been made following our previous inspection.
- Accidents, incidents, and adverse events were monitored. The manager recorded this on a tracker to identify any trends or themes and had an action plan in place to reduce risks where identified.
- Team meetings, group and one to one supervision were used effectively to discuss and share learning within the service. This meant staff were aware of any changes to processes or people's support needs and were able to keep them safe.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, oversight of the service was not effectively managed by the provider to ensure people received safe and person-centred care at all times. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The service did not have a registered manager in post which is a regulatory requirement. This meant they could not be rated 'Good' in this key question. The current manager had been working in the service since September 2022 and confirmed they would be applying to be the registered manager.
- The provider didn't always ensure people had sufficient opportunities to do the things they wanted to and spend their time in the way they preferred, which heightened the risk of social isolation. When specialist equipment was required and awaited, for example nursing chairs, some people were cared for in bed. We saw some activities were offered to people in their rooms, but improvements could be made in this area to support people do more things they enjoyed.
- The providers governance and oversight systems were effective. We saw a comprehensive audit schedule covering a variety of areas within the service. The provider had an action plan and an overall service development plan which was updated and reviewed regularly and included dates for completion of tasks.
- People we spoke with knew who the manager was and were positive about the experiences with them. One person told us, "The management are brilliant, they wouldn't expect anyone to do something they wouldn't do themselves."
- The manager and quality support manager were supportive of the inspection and keen to take on board any suggestions for improvement. During and following the inspection they took immediate actions to follow up on all issues we brought to their attention.

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 manager was aware of their responsibilities regarding the duty of candour and was open and

transparent. We saw examples of where the provider had contacted people who use the service and their relatives to apologise when something went wrong.

- Providers must notify CQC of certain events. This allows us to monitor and check appropriate action has been taken. We found notifications had been submitted appropriately.
- The provider had up to date policies and governance arrangements in place.

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

- The provider and manager actively sought feedback from everyone involved with the service. Resident, relative and staff meetings took place regularly and people were encouraged to contribute their views. We saw evidence of surveys that had been analysed and this included an action plan following on from feedback received.
- Staff received regular scheduled 1 to 1 supervision in addition to group supervision and team meetings. This allowed the provider to update staff on any changes and to give and receive feedback.

Continuous learning and improving care

- Improvements had been made since our last inspection. The provider and manager were committed to ongoing and continuous improvements. Actions had been identified and plans were in place to improve the quality of the service further.

Working in partnership with others

- Staff continued to work in partnership with health professionals involved in monitoring and providing care and treatment for people using the service. One professional told us "[staff] work hard to ensure referrals are made quickly and appropriately".
- The provider had good communication with the local G.P and completed weekly reviews for people living in the service.