

GCH (Midlands) Ltd

Bletchley House Residential Care and Nursing Home

Inspection report

Beaverbrook Court
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Date of inspection visit:
20 August 2020

Date of publication:
24 September 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inspected but not rated

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bletchley House Residential Care and Nursing Home is a residential care home providing personal and nursing care for up to 44 older people including people living with dementia. At the time of inspection, 29 people were living in the service.

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

Improvements had been made to record keeping of people's daily care needs. Charts and logs were consistently completed and there was evidence of regular management oversight of these.

Improvements had been made to governance arrangements. A range of quality assurance checks and audits were carried out. Follow up actions were taken when needed. The registered manager was committed to making continued improvements and was passionate about people receiving high quality care. Feedback from relatives and staff confirmed the registered manager was available and approachable.

Staff views were mixed about morale within the team, and some were concerned about staffing levels as more people came to live in the service. A dependency tracker was used to calculate how many staff were needed according to people's individual care needs. Improvements had been made to the dependency tool since the last inspection which should ensure sufficient staff once occupancy increases.

The management team were honest about the areas which still required improving and had a plan in place to keep this moving forwards. Better monitoring of staff training had been implemented. There was a clear process in place to ensure staff remained up to date with refresher and specialist courses.

Relatives wanted more communication and updates from the service, particularly in light of visiting restrictions due to the pandemic. The majority were satisfied with the level of care their family members received.

Staff and resident meetings took place regularly and safely. Identified actions were followed up promptly.

The service worked in partnership with health professionals and other agencies to ensure people's needs were met.

A comprehensive Safe Operating Procedure during Covid-19 which set out good infection prevention and control practices. Staff and people who lived in the service participated in a programme of regular Covid-19 testing. Enhanced cleaning schedules were in place and as far as possible staff worked on the same floor. This reduced the risk of infection spread in the event of anyone testing positive for the virus. A specific risk assessment for use of agency staff was going to be put in place. There had been no use of agency staff for some months prior to the inspection.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 May 2020). At the last inspection we found there was a continued breach of regulation due to poor record keeping and a lack of effective management oversight of record keeping. CQC issued a warning notice to advise of areas which needed improvement.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore inspected the key question of well-led. We also looked at infection prevention and control under the key question of safe. Ratings from previous comprehensive inspections for other key questions were used in calculating the overall rating at this inspection.

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 following a warning notice being issued.

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?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 as part of our Thematic Review of infection control and prevention in care homes.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection we had concerns about poor record keeping and poor management oversight of record keeping and other aspects of the service.

Inspection team

The inspection was carried out by one inspector and one assistant 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.

Notice of inspection

This inspection was announced fifteen minutes before it commenced. This was to obtain up to date information about Covid-19 before entering the premises.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided to their family members. We spoke with ten members of staff including the registered manager, area manager, deputy manager, senior care staff, care staff, receptionist, the maintenance person and chef.

We looked at a range of records. This included eight people's care records. A variety of records relating to the management of the service, including quality assurance and audit processes, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the infection control policy and information about the staff rota.

Is the service safe?

Our findings

S5□ How well are people protected by the prevention and control of 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.
- The infection control policy had been superseded by a comprehensive Covid-19 Safe Operating Procedure which included guidance about good practice in infection prevention and control. A specific risk assessment was going to be put in place for the use of agency staffing so risks could be considered and measures put in place to mitigate these. No agency staff had worked in the service for several months prior to the inspection.

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 now improved to good.

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

At our last inspection, record keeping was inconsistent and audit processes were not robust in finding and acting upon gaps and errors. The service continued to be in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found improvements had been made and the requirements of the warning notice had been met. The service was no longer in breach of this regulation.

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

- The registered manager had good knowledge of all aspects of the service and was committed to making continued improvements and embedding good practice in all areas. The registered manager completed and recorded a daily walkaround which aided this process.
- Records relating to people's daily care needs were completed consistently and were up to date. For example, turn charts for people who needed support to reposition regularly, details of the application of topical creams and food and fluid monitoring charts were used effectively to monitor people's care.
- There was clear evidence of management oversight of people's care records. The registered manager regularly checked records and this had driven improvements in this area. Staff told us they felt record keeping was much better across the service. We also saw record keeping had been discussed in team meetings.
- Systems were in place to assess, monitor and improve the quality of the service. A range of audits and quality assurance checks were completed by the registered manager and senior staff. We saw electronic and paper records to support this. For example infection control, medication, housekeeping audits and records of the registered manager's daily walk around.
- An effective system had been put in place to monitor training and ensure staff remained up to date with the knowledge and skills required for their roles.
- A dependency tool was used to calculate staffing levels. Some staff were concerned there would not be enough staff to when more people were admitted to the service. The registered manager confirmed staffing levels would be adjusted accordingly. For example, additional agency staff had been agreed to support three new admissions arriving within days of the inspection. More permanent staff were in the process of being recruited.
- An action plan had been completed following a poor food hygiene rating being awarded to the service in February 2020. Daily checks were in place and improvements had occurred such as areas of the kitchen

being painted, new flooring and the installation of a new metal cupboard. Further improvements were planned which the registered manager had oversight of.

- The registered manager was aware of regulatory requirements and the need to notify CQC and other agencies of incidents as they occurred. Processes were in place to support this.

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

- Positive feedback was received from staff and relatives about the registered manager's availability and approachability. One member of staff said, "The manager cares, she has the same passion as I do. We are hoping she is going to stay. She seems determined."
- Mixed feedback was received about the morale within the staff team. Some staff had concerns about whether improvements would be sustained and thought staff should have more time to spend with people. Others felt well supported. Staff did not have concerns about the quality of care people received.
- Most relatives we spoke with wanted more communication and updates from the service, particularly in light of visiting restrictions due to the pandemic. The majority of relatives felt their loved ones were happy and receiving good care. One relative had some concerns which were discussed with the registered manager.

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 registered manager worked in an open and inclusive way and was aware of their responsibility to keep people and relatives informed of actions taken following incidents in line with the duty of candour. Records confirmed this.
- Staff understood their roles and responsibilities to people using the service.
- The management team were honest during our inspection about the ongoing improvements and acknowledged the areas still in progress. For example, there was a clear record of which care plans had been rewritten and which still needed to be done.

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

- Resident and team meetings took place regularly. These had been adapted to occur safely during the pandemic period. We saw a, 'You Said, We Did' board on display to show actions taken following the last residents meeting. For example, one resident wanted to see more colour in the garden. Bedding flowers were planted and seen to be in bloom.
- Focused meetings took place for specific areas of the service. For example, health and safety and infection control. A daily meeting of senior staff ensured effective communication about key day to day issues.
- A suggestions box was in the reception area for any feedback or ideas. Due to visitor restrictions this was of limited use during the pandemic. However, a survey was due to be sent out in September to relatives and people using the service to gain their views and feedback.

Working in partnership with others

- Records showed the service worked in partnership with other health professionals such as physiotherapists and the falls service to ensure people's health needs were met.
- The local authority and clinical commissioning group funded some people's care within the service. They had no current concerns about the service.