**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Bletchley House Residential Care and Nursing Home

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

**Date of Inspection:** 02 April 2013

**Date of Publication:** May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<thead>
<tr>
<th>Standard</th>
<th>Met/Action Needed</th>
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</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Staffing</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✗ Action needed</td>
</tr>
</tbody>
</table>

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[Image 57x801 to 64x808]
[Image 531x800 to 539x808]
[Image 71x741 to 248x798]
[Image 57x731 to 64x738]
[Image 531x731 to 539x738]
[Image 57x674 to 64x681]
[Image 531x674 to 539x681]
[Image 57x521 to 64x529]
[Image 531x521 to 539x529]
[Image 57x503 to 64x510]
[Image 531x503 to 539x510]
[Image 365x444 to 380x459]
[Image 365x401 to 380x416]
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
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>GCH (Bletchley) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Margaret Wallbridge</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Bletchley House Residential Care and Nursing home provides accommodation for up to 44 people. Most people that use the service are elderly.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| Regulated activities         | Accommodation for persons who require nursing or personal care  
                               Diagnostic and screening procedures  
                               Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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<td>Respecting and involving people who use services</td>
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<td>Meeting nutritional needs</td>
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<td>Records</td>
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</tbody>
</table>

<table>
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<th>Information primarily for the provider:</th>
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<td>Action we have told the provider to take</td>
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<td>About CQC Inspections</td>
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<tr>
<td>Contact us</td>
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</tbody>
</table>
Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

We spoke with people and their families about the care at Bletchley House and they told us that they were satisfied with the level of care people received. One person told us that their friend was well looked after and that staff were nice. We found some concerns in relation to the suitability of premises and record keeping at the home.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with people who use the service and their relatives and they told us that they were consulted prior to admission to the home in order to establish people's needs. One person's relative told us that their relatives' likes and dislikes were not recorded, however they were not concerned as their relative had no capacity and did not express liking or disliking anything.

People expressed their views and were involved in making decisions about their care and treatment. We looked at people's care plans and found that each person admitted to the home was assessed and their needs identified. We saw that people, or where required their relatives, were involved in the process and that they signed to state they agreed with the plan of care.

We also saw that most people had a resident choice form whereby their likes and dislikes were recorded in order to promote their happiness at the home. We observed members of staff interacting with people who use the service and found that they were kind and had a good knowledge of the persons' likes and dislikes. We also saw that people's dignity was maintained by closing doors and asking visitors to leave the room whilst personal care was carried out.
Care and welfare of people who use services  ✔  Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with people and their relatives about the care at Bletchley House and they told us that they were satisfied with the level of care people received. One person told us that their friend was well looked after and that staff were nice.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at people's care plans and found each person had an assessment of needs completed and we found that they were thorough. We saw that people were assessed for nutrition, mobility, personal care and tissue viability. We saw that information on how to care for people was also included within their care plan.

We looked at activities within the home to entertain people and found that there was an Activities Co-ordinator employed. We saw that people who use the service were offered to play bingo during our visit.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with people who use the service and their families and received mixed reviews of the food at the home. Some people told us that the food was ok and that there was always an alternative choice. One person’s relative told us that there were snacks available in the fridge for people to eat between meals. We were also told by some people that the portion sizes were far too small at the home and that people were left feeling hungry.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed lunch being served at the home and found that there was a balanced diet available to people. We also saw that people that had problems swallowing were provided with pureed food to assist with eating. We also looked at drinks available in people's rooms and found that they were accessible.

We saw that people were frequently weighed and monitored and where people had lost weight, fortified foods were used to stabilise and gain weight.

We spoke with the manager about the quality of food provided and they explained that fresh produce was purchased and provided for people, however they were going to look at the menu and nutritional value of food served at the home.
<table>
<thead>
<tr>
<th>Safety and suitability of premises</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be cared for in safe and accessible surroundings that support their health and welfare</td>
<td></td>
</tr>
</tbody>
</table>

**Our judgement**

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

**Reasons for our judgement**

We spoke with people who use the service and two people told us that their rooms were cold due to windows not fitting correctly in their frames.

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained. We looked at windows within the home and found that three were not correctly fitted. We found that a large amount of cold air was flowing through gaps and people were sat next to the windows. We spoke with the manager about this and we were told that they would look into the problem.

We also looked at flooring within three people's rooms. The flooring was a vinyl type material and offered a lot of resistance when walking along it. We found that this was a particular trip hazard. We looked at the needs of people who were residing within those rooms and found that two of the three had mobility problems. We had previously spoken with a person living in one of those rooms and were told that they were frightened of the flooring as they had fallen on it some time ago. Staff also verified this had occurred. We spoke with the manager about the flooring and we were told that they had asked for it to be replaced, but it had not been done.
**Staffing**

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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**Reasons for our judgement**

Our inspection on 19 October 2012, we found there were insufficient numbers of staff to meet people's needs. We found that four members of staff were responsible for 28 people who required nursing care.

During our inspection on 2 April 2013, we found that there were enough qualified, skilled and experienced staff to meet people's needs. We looked at staff rotas and found that staffing levels had increased on both floors of the home. The manager showed us that there were still four members of staff that were awaiting start dates at the home. We looked at current staffing levels and found that the home still relied on agency staff to meet people's needs. The manager explained they would be looking to increase a bank of staff that could be called in, but they have tried to get the same agency staff in for continuity of care. We spoke with people who use the service and they confirmed this.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Action needed

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection on 19 October 2012, we found that people's records were not accurate or fit for purpose. We found that the care plans used did not clarify how people should be cared for and charts for weight, food and fluid and pressure area care were not accurate.

Our inspection on 2 April 2013 found that people's personal records including medical records were still not accurate and fit for purpose. We looked at people's care plans and found that they had been rewritten to contain information on how to care for people. We looked at charts in relation to recording four people's bowel movements and found that they were not completed regularly. This meant people were at risk of inappropriate care because staff could not clearly identify their needs. We did however find that pressure relieving turn charts and food and fluid charts were maintained adequately.

We also looked for people's records demonstrating that people were given dental care regularly and found that only one person had them present and had missed a number of dental appointments. The provider told us that they would ensure all people files included records of attending the dentist.

Records were kept securely and could be located promptly when needed. We looked at the storage of people's records and found that their care plans were kept in secure filing cabinets. We also saw that documentation such as food and fluid charts were kept within their rooms.
**Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
</table>
| Accommodation for persons who require nursing or personal care | **Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010**  
Safety and suitability of premises  
**How the regulation was not being met:**  
People were not protected from unsafe or unsuitable premises as it was not of suitable design. Regulation 15 (1) (a) HSCA 08. |
| Accommodation for persons who require nursing or personal care | **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**  
Records  
**How the regulation was not being met:**  
People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Regulation 20(1)(a) HSCA 08. |
| Diagnostic and screening procedures         |                                                                             |
| Treatment of disease, disorder or injury    |                                                                             |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 May 2013.
CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
### How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
Contact us

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