

Simply CareHome Limited

# Becket House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Becket House Nursing Home provides nursing and residential care for older people, some of who may be living with dementia. The home can accommodate up to 23 people in one large adapted building. At the time of our visit there were 18 people using the service.

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

People were safely cared for. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Medicines were managed safely, and infection control measures were robustly followed. During the COVID-19 pandemic safe visiting processes were in place to support people to maintain relationships with friends and relatives.

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.

The service was well managed. People, relatives and staff were very positive about the leadership of the service and praised the registered manager highly. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 04 September 2019) and there was one breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities). 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

We carried out an unannounced comprehensive inspection of this service on 22 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requirement Improvement. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Becket House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Becket House 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one 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

Becket House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (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. 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 inspection was unannounced.

#### 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 clinical commissioning group (CCG) who commission with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of 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 and met with three people who used the service and three family members about their experience of the care provided. We had discussions with five staff including the registered manager, a registered nurse, the housekeeper and two care and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including monitoring of quality and risk, policies and procedures and minutes of meetings 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 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 safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure there were sufficient staff to fully meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

### Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. People had the support they needed at mealtimes and we saw call bells were responded to in a timely manner. People told us staff responded quickly when called for. One said, "They [staff] come very quickly when I ring the bell". Another commented, "The carers come right away, they never miss".
- People were supported to engage in meaningful activities. The registered manager told us a newly recruited activities coordinator commenced work at the service to ensure people received support with hobbies and interests, which promoted their wellbeing".
- Most staff told us there were adequate numbers to meet people's needs. One raised concerns about staffing at night. We spoke to the registered manager about the concerns raised and she told us staffing at night had been assessed as safe and she often worked a night shift so was aware if there were any issues or concerns.
- We looked at four weeks of staff rotas and saw that staffing was consistent. All staff had been supportive, working extra shifts and regular agency staff were used if there were gaps on the staff rota that could not be covered.
- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service (DBS) check. Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of harm. People and relatives felt that Becket House was a safe place to live. One person said, "Yes they look after me." Another told us, "I definitely feel safe." They commented that the maintenance person would keep testing the fire alarm and this made them feel safe.
- Staff were trained in how to keep people safe from potential harm and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and

whistleblowing policies and procedures.

#### Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Risk assessments had been completed to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, risk of falling and nutritional risks.
- Referrals were made to an appropriate health care professional where risks to people's health and welfare had increased. For example, when people were at risk of choking, they were referred to a speech and language therapist, and where people lost weight a dietician was contacted.
- Equipment used by staff to promote people's health and welfare, for example pressure relieving mattresses, hoists and other moving and handling equipment were maintained and used in line with manufactures' recommendations.
- An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

#### Using medicines safely

- People's medicines were managed safely. People told us staff always remembered to give them their medicines at the same times each day. One person said, "They [staff] give me medication, they stay and witness me take it."
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- The provider completed medicines management audits and any actions were identified and addressed. Staff received annual medicines updates and a competency assessment.

#### 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 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff were open and honest about incidents meaning lessons could be learnt.
- The service had a system in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.



- Staff told us the management team were open and shared learning from incidents with them, such as revised measures to reduce risks to people and staff training.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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 service had a positive ethos and open culture. People and their relatives knew who the registered manager was and were very positive about the leadership and management of the service. One relative told us, "We have a good manager, she is extremely kind and compassionate." Another relative commented, "The manager is incredible, very kind and the nursing and care staff, equally, they listen to me."
- Staff told us they felt well supported by the registered manager. One told us, "I have never seen a manager like her, like a mother, always willing to listen and offers a lot of support." Another commented, "The manager is always willing to listen, and she always asks us if we are alright."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.
- The manager was 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.

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

- The registered manager understood their role and responsibilities and sent us the information we require. Notifiable incidents were reported by the registered manager to the Care Quality Commission (CQC) and other agencies.
- The quality of service provided to people was monitored. There was a vast range of regular audits that were completed, and action plans were put into place when areas needed to be addressed.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- Records showed the involvement of a variety of health and social care professionals that were regularly involved in people's care to ensure continuous good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had effective systems in place to involve and engage with people. People and relatives were provided with satisfaction surveys to record their views and feedback about the service. People we spoke with confirmed they had completed a satisfaction survey. We looked at the outcome of the most recent survey in 2021 and saw feedback was positive.
- Staff meetings took place to communicate updates and enable an exchange of information and learning. Staff were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Information had been shared with relatives via telephone calls and emails. Relatives felt communication had been good throughout the pandemic. One person described how they had been supported to keep in constant touch with their family member via telephone.
- The service worked with local services such as the local church, so people could follow their chosen faith.
- The provider was transparent, open and collaborative with external agencies. The management and staff team worked in partnership with other professionals and agencies such as the GP, speech and language therapist and the local authority to ensure people received joined up care.