

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

Hubbard Close

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	MacIntyre Care
Registered Manager	Miss Frances Barnes
Overview of the service	Hubbard Close is a small residential home providing personal care for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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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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 3 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found.

Is the service safe?

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Suitable risk assessments had been carried out and staff were knowledgeable about the content of these. People who used different types of equipment had these regularly checked and properly maintained. Health and safety audits were carried out by the registered manager on a quarterly basis as part of a system for monitoring people's safety.

Members of staff had been through an appropriate recruitment process. This included carrying out background checks, for example, through the Disclosure and Barring Service. This meant the provider could demonstrate that the staff they employed were suitable and had the skills and experience needed to safely support the people living in the home.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. None of the people who used this service had had applications submitted under this system. However, we saw evidence that staff had received training in relation to the operation of the DoLS and there were appropriate policies in place.

Is the service effective?

The service promoted people's independence and ability to make choices as much as possible. Members of staff described a person-centred approach to care and demonstrated a good working knowledge of the contents of people's support plans. We saw that people were engaged in a wide variety of activities. Suitable equipment was provided and maintained in order to promote people's independence. People were also effectively protected from the risks of inadequate nutrition and dehydration. One person told us "I watch what I eat because of my diabetes. The food is lovely and I get a choice. Sometimes I help with the cooking."

Is the service caring?

We observed that people were relaxed and confident in their interactions with staff. For example, we observed that people were often engaged in sharing jokes or lightly teasing members of staff. All of the members of staff responded positively to this type of interaction. We spoke to three of the people using this service. They all told us that they were happy with the care being provided. One person said "This has been my home for ages. The people are great. I like it here."

Is the service responsive?

People's support plans carefully described their preferences, likes and dislikes and included a personal development plan. People met regularly with key workers to discuss any changing needs and had access to the activities that they wanted to engage in.

There were no records of any formal complaints having been made by the people using the service. However, people were encouraged to attend a weekly meeting where they could discuss any concerns that they had. Those who did not wish to attend the meeting were encouraged to contribute in other ways. One person told us "I don't join in with the meeting, but I can say what I want to say. There is nothing wrong at the moment."

Is the service well-led?

The provider had an effective system to regularly assess and monitor the quality of service that people received. People using the service met weekly and could discuss potential improvements to the service. Members of staff were invited to attend monthly meetings where they could raise any concerns and the quality of care being provided was addressed. An area manager visited the service each month and carried out a series of checks to ensure that the quality of care was maintained.

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

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that each person had a detailed, written support plan which contained information about their needs, as well as their personal history and likes and dislikes. Risk assessments had also been carried out to ensure people's safety.

We examined two support plans in detail. These showed us that each person had a key worker with whom they had discussed personal development goals for the year. We also saw that each person had a health action plan. This contained information about people's appointments with a variety of health care professionals such as GPs, dentists, opticians and chiropodists.

We spoke with three members of staff, including the registered manager. They were all familiar with the contents of each person's support plan. Members of staff demonstrated detailed knowledge about the likes and dislikes of the people that they supported. They described a person-centred approach to delivering quality care through the promotion of choice and the maintenance of independence.

We saw that people were engaged in a wide variety of different activities. On the day of the inspection two people visited a lifelong learning centre, one person went to football training, another went out on a bicycle ride and another was engaged in craft activities. We examined two support plans and saw that they contained weekly routines with planned activities, as well as plans for holidays and other ad hoc activities, such as birthday parties. This meant that people's welfare was being promoted through the provision of engaging social and physical activities.

On the day of the inspection we met all five of the people using this service. We spoke to three people in more detail about their experience of the care provided. They all told us that they were happy with the care being provided. We saw that people were generally relaxed and confident in their interactions with staff. For example, we observed that people

were often engaged in sharing jokes or lightly teasing members of staff. All of the members of staff responded positively to this type of interaction. One person told us "I really like it here." Another person said "This has been my home for ages. The people are great. I like it here."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. None of the people who used this service had applications submitted under this system. However, we saw evidence that staff had received training in safeguarding procedures. This included training in DoLS. We additionally viewed a written safeguarding policy. The service also used a checklist procedure for monitoring any more minor restrictions that had been put in place in order to keep people safe.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence from an online training system that staff had received training in relation to fire safety and first aid. A fire alarm was situated in the hallway of the house. Fire extinguishers were placed throughout the building and there was a fire blanket in the kitchen. First aid boxes were located in the kitchen and in the office on the first floor. People who used the service had an individual evacuation plan. The staff we spoke with were aware of these plans. We saw a log which showed that the fire alarm and first aid kit were checked on a weekly basis.

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

People were provided with a choice of suitable and nutritious food and drink. Each week people using the service held a meeting where they discussed the menu planning for the following week. We observed that the service used a large number of images of different types of food and drink to facilitate these discussions. We also observed that people were able to visit the local shop to purchase their own snacks. A fruit bowl was placed in the kitchen and people could help themselves to fruit throughout the day.

We examined the menu plan for the week. We saw that it recorded special requests from different people so that they could have an alternative meal to the one planned by the group, if they chose to.

The service was responsive to the needs of people who requested special diets due to other health-related reasons, such as controlling their diabetes, or the need for pureed or soft foods. This demonstrated that people were actively involved in choosing what they would like to eat and drink, and those special diets were accommodated.

We asked the registered manager how the people using the service were encouraged to eat suitable and nutritious foods. She told us that one member of staff had recently taken on the role of 'nutrition champion' with the remit of helping people to understand the benefit of eating a healthy and balanced diet. The nutrition champion also engaged people using the service in cookery lessons. Another member of staff described the role of the nutrition champion and commented that this had positively impacted on their own eating habits, as well as those of the people using the service. One person that we spoke to told us "I watch what I eat because of my diabetes. The food is lovely and I get a choice. Sometimes I help with the cooking."

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that people's weight was monitored and a record was kept in their support plan. People who were at risk due to being over or underweight, or because of a diabetic condition, were carefully monitored. Additional advice from other healthcare professionals, such as the GP or diabetic nurse, was sought appropriately. Staff were well-informed about each person's nutritional needs and described strategies for supporting people. For example, in one case where someone found it difficult to eat sufficient quantities, staff had been careful to elicit their meal preferences and were actively engaged in encouraging that

person to eat and drink more. In another case, we saw that the record kept of someone's diabetic condition had shown a significant improvement over the course of the past year.

This indicated that people's nutritional needs were being well met.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider ensured that equipment was properly maintained and suitable for its purpose. Some people required specialist equipment such as walking aids, wheelchairs or stair lifts. Other people also needed to use devices such as hearing aids or spectacles.

We spoke to three members of staff who could all describe people's different support needs in terms of the equipment that they used. They told us that they checked equipment, such as walking aids and wheelchairs, in terms of maintenance and safety, every day that they were in use. We also saw that records were kept of when equipment had last been checked. For example, we saw a record indicating that one wheelchair was being checked weekly in terms of its safety. The registered manager told us that staff also carried out a visual inspection of equipment on each occasion that it was used. Other members of staff could describe how they carried out this inspection. One member of staff gave a recent example where they had discovered that something had come loose on a walking aid and so they had arranged for it to be serviced. Other larger items of equipment, such as the stair lift, were being maintained under contract with an external company. We saw that the manager kept a record of when the next maintenance check was due.

In the main, staff did not need specialist training in relation to the use of the equipment used at this service because people were largely able to move around and transfer themselves between equipment independently. However, the registered manager and one other member of staff told us that they had received, and maintained up-to-date training in how to safely move and handle people in case someone needed this type of help. This training included information on how to move people safely between different types of equipment.

The support plans that we examined included information on how to support people and keep them safe when they were using any equipment. For example, one plan described the importance of encouraging someone to use the brakes on their walking aid and identified points of risk, such as the transition over the front door step. We discussed these issues with members of staff and they were able to describe the content of these risk assessments accurately, thus demonstrating that people's safety when using equipment was being maintained as far as possible.

We observed that some people used medical devices such as hearing aids. We examined two care plans and saw that people had regular interactions with other healthcare professionals who were qualified to assess the effectiveness of these devices. The manager also described a procedure for how they could check that a hearing aid was working.

There was enough equipment to promote the independence and comfort of people who used the service. Each person was provided with their own specialist equipment without the need for sharing. The service was responsive to people's changing needs. For example, the registered manager told us that they had recently held a discussion with someone about the possibility of arranging a fitting for a wheelchair for use on longer journeys. This could be used in conjunction with their walking aid. We examined this person's support plan and saw a record in relation to a request for an assessment for a new wheelchair. Therefore we found that people's needs were being met because the service ensured that suitable equipment was available.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We discussed the recruitment process with two members of staff. They both told us that they had been through a recruitment process that included a job interview and the taking up of two references. We examined the files that were kept for these two members of staff. We saw that a checklist was kept which also indicated that a job interview had taken place and that references had been followed up.

We asked the registered manager if there were any other records of the interview process held by the service. She told us that these were held centrally by the provider. A copy of the notes held by the provider for the newest member of staff was then forwarded to us by email on the day following the inspection. We saw that the interview process for this member of staff was comprehensive. It covered staff motivation, competency based questions, and a scoring system completed by the interviewer at the end of the process to indicate their assessment of the candidate's suitability for the post.

The registered manager, and another member of staff, told us that following a successful interview potential new members of staff were invited to visit the service on a trial basis to see if they were able to work well with the people living there. We also saw written evidence from a survey that the people using the service had requested this level of involvement in the recruitment process, and that the service had been responsive to this request. Therefore we found that the recruitment procedures aimed to check that staff had the skills and experiences necessary for the work that needed to be performed.

The staff files we examined contained the names of two referees who had been contacted prior to that member of staff starting work. Criminal Records Bureau or Disclosure and Barring Service checks had also been requested and the reference numbers for these were held on file. Staff had also been asked to provide copies of their passports and a photograph for each member of staff was kept in their file. This demonstrated that the service was carrying out appropriate checks before staff began work.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with three people using the service. They told us that they had a house meeting every week where they could discuss any concerns that they had and could make plans to improve the service. One person told us "I don't join in with the meeting, but I can say what I want to say. There is nothing wrong at the moment."

The registered manager told us that a staff meeting was held on a monthly basis. Any issues that had arisen in relation to the care and welfare of the people using the service were discussed, and action plans made to resolve any problems, at these meetings. We examined the minutes from these meetings for the past three months. We saw that a range of issues were covered including care planning, training and maintenance issues. We asked the registered manager to demonstrate how action plans were followed up. They told us that any action points were followed up directly following the meeting and that they remained on the agenda if they had not been resolved. We saw one example where a maintenance issue had been raised at a recent meeting and could see that the problem had now been fixed.

We spoke with two other members of staff about how they could raise concerns about the quality of the care being provided. They both told us that they were confident that they could raise issues at the staff meeting or could approach the registered manager directly with any problems. They were also aware of whistleblowing procedures. We saw that the online training available to all members of staff covered the topic of whistleblowing. One member of staff described a recent issue where they had wished to bring a topic to the attention of the area manager and they had felt confident in carrying out this action.

The provider had a system in place to take account of complaints and comments to improve the service. We asked the registered manager if the service had received any complaints. She told us that no formal complaints had been made. We did view the complaints policy, which had last been updated in April 2013. We asked the registered

manager how people using the service would know how to make a verbal or formal, written complaint. She told us that verbal complaints were responded to without a record being kept in relation to these. However, people were made aware of the complaints procedure through discussion, for example, at the weekly house meetings. The manager commented that if someone made a verbal complaint then she was careful to check whether or not they wanted to carry it forward into a formal complaint. We reviewed the notes for the house meetings that had occurred over the past month. The minutes showed that general concerns were discussed and the procedures on how to make a complaint were also reviewed at the meeting.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We examined the support plans for two of the people using the service. We saw that advice was regularly sought from appropriate professionals in relation to the health and care needs of the people using the service. The registered manager was also aware of the boundaries of different members of staff in terms of their training. For example, they knew which members of staff had undergone specialist moving and handling training.

There was evidence that learning from incidents took place and appropriate changes were implemented. The registered manager showed us the files kept to record any incidents or accidents. Only two incidents had occurred; one from last year and one from this year. We saw that an initial written report was completed by the member of staff who had witnessed the event. The registered manager then showed us how she recorded this on to a central computer-based system used by the provider. The provider reviewed the incident and contacted the registered manager if they felt that additional actions, not yet identified by service, were needed.

The service had a number of other systems in place to regularly assess and monitor the quality of the care provided. For example, the registered manager carried out quarterly health and safety checks which covered a range of topics including the safety of equipment, maintenance issues, fire evacuation procedures, the monitoring of incidents and risk assessments. We additionally saw that audits in relation to administering medication were carried out monthly and that the risk assessments in each person's support plan were reviewed monthly. Finally the registered manager told us that the area manager visited the service to carry out a quality assessment each month. The area manager produced a comprehensive report which identified the need for any improvements. We viewed the most recent report from the area manager and saw that it was wide ranging and included notes checking whether or not actions that had previously been set were completed. Therefore people using the service were protected against the risks of inappropriate or unsafe care by means of the effective operation of systems to monitor the quality of the service.

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 other services less often. 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.

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.

 **Met this standard** 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.

 **Action needed** 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.

 **Enforcement action taken** 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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