



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**15 Hubbard Close**

**Flitwick  
Bedfordshire  
MK45 1XL**

*Lead Inspector*  
Neil Fernando

*Unannounced Inspection*  
6th March 2009      10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	15 Hubbard Close
<b>Address</b>	Flitwick Bedfordshire MK45 1XL
<b>Telephone number</b>	01525 717037
<b>Fax number</b>	
<b>Email address</b>	christine.dickinson@macintyrecharity.org
<b>Provider Web address</b>	www.macintyrecharity.org
<b>Name of registered provider(s)/company (if applicable)</b>	MacIntyre Care
<b>Name of registered manager (if applicable)</b>	Christine Dickinson
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	5
<b>Category(ies) of registration, with number of places</b>	Learning disability (5)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** 14th March 2007

## Brief Description of the Service:

15 Hubbard close is a residential care home for up to five people with learning disabilities. The registered provider is Macintyre Care; a national provider of care and Aragon Housing owns the property.

The home is a purpose-built residential care home situated in the town of Flitwick. The first floor offers four bedrooms, bathroom with toilet and a walk-in shower room with toilet facility. The staff office has an en-suite shower/toilet, which is also located on this floor. The ground floor consists of a good size lounge and kitchen/diner, laundry room and a conservatory. There is also a bedroom with en-suite shower facility. The home has a large, sloping garden at the back with an attractive patio.

There is a range of facilities within walking distance of the home, including a supermarket, library, health centre, public houses and a railway station, which allows easy access to Bedford and Luton. The home has a vehicle, which is used for outings; parking facility is available.

A copy of the service user's guide and last inspection report from the Commission is kept in the lobby area for anyone to read. The fees charged range between £798:45 and £940:30 per resident per week.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 stars. This means the people who use this service experience good quality outcomes.

We, the Commission for Social Care Inspection, undertook this unannounced key inspection on 6 March 2009, the last having occurred on 14 March 2007. We spoke with three residents, the manager and two staff. We had a look round the home and viewed a range of records the service must keep. At the time of the visit, there were five residents accommodated with no vacancies.

We have received a completed AQAA (Annual Quality Assurance Assessment) – a document, which gives the manager the opportunity to tell us how the home is meeting the standards and regulations. We have also received surveys from five residents, three staff and one professional.

The manager was present throughout the inspection.

An annual service review was carried out on 6 March 2008.

## **What the service does well:**

Residents consistently expressed a great deal of satisfaction in respect of the quality of care and support they receive. Their views/comments including those of staff have been reflected throughout the report.

The care planning process is comprehensive and effective. The implementation of health and personal care needs is being monitored internally through a six monthly review system; the placing authority undertakes its own annual review for each resident, in order to ensure that identified needs are being met and unmet needs, monitored. Both review systems focus on the individuals living in the home, thus ensuring that they are fully involved in all aspects of their lives and supported in making decisions and choices.

Activities offered are wide ranging and include work, education and leisure. This ensures a good level of stimulation for residents, which promotes their development and welfare. Quality and diversity issues are being promoted and residents are treated with respect. 'I like living here. I get respect here', reflected a resident in their survey.

Care and staff management systems are being implemented to good effect. NVQ training for staff is being given a high profile, which means that staff have the skills and knowledge to deliver a good service to residents.

## **What has improved since the last inspection?**

There were no requirements or recommendations arising from the last inspection report dated 14 March 2007.

The home has a new registered manager since 1 October 2008.

The home is being managed well by the new manager. The residents' interests are the main focus of the decision making process. This is clear from documentation viewed, discussions with staff and people using the service and observations of care practices.

Evidence demonstrates that the overall standard of care and support for the residents has continued to improve, a view echoed by the manager, staff and residents spoken to. 'The service meets the service users' needs and respect their wishes. The service maintains good contact with family and other agencies' reflected one staff in their survey.

## **What they could do better:**

There is one requirement and one recommendation arising from this inspection report. The things the home must do better include:

Staff recruitment files maintained at the home must include a current photograph and two references in all cases. This would ensure the protection of residents and staff.

### **Recommendation:**

Staff should, where appropriate, obtain the name and signature of the resident, and their representative in the care plan. This would demonstrate their involvement and agreement with its content.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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## Choice of Home

### The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

### The Commission consider Standard 2 the key standard to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 1, 2, 3 and 4.

Quality in this outcome area is **good**.

The home is careful to only offer a place to the resident whose needs and aspirations it can meet.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The statement of purpose and service user's guide have been recently reviewed and updated by the manager. A copy of the service user's guide and the last inspection report from the Commission is available at the home for any residents and visitors to read.

There have still been no new admissions to Hubbard Close since the last inspection in March 2007. Indeed, all of the five residents have lived at this home for about thirteen years. The home has an admission procedure, which would be followed in the event of any changes; this would include consultation with the remaining residents, in order to ensure that they are happy with any planned changes. The manager said that 'when a placement is available, the prospective resident and their representative would be encouraged to visit the home as part of the assessment process, so that their need's could be fully assessed'

Case files for three residents were viewed. Evidence on files indicates that the home has links with placing authorities and has their continued support throughout the placement. Appropriate assessments were completed prior to admissions and this ensured that the residents' identified needs could be met.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

**The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 6, 7, 8 and 9.

Quality in this outcome area is **excellent**.

The clarity of the care plans for each person living in the home means that staff can assist them to be as independent as possible.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The care plans for three residents were examined. Information in the care plans is clear, specific and comprehensive. Any specialist requirements are detailed and the input from other services acknowledged.

Records show that each resident has their care plan reviewed six monthly. Residents also have an annual review each, which are undertaken by the social worker from the placing authority. Staff members spoken with were aware of the identified needs of residents and how these needs are being addressed. The key worker takes time to explain the outcomes of reviews, thus ensuring

they are aware of changes and how they would be addressed. The care plan should however reflect the name and signature of the resident and their representatives where appropriate. This would demonstrate their involvement and agreement with its content.

There is information on files to show how staff could recognise how individual residents make choices. This was clearly demonstrated during the inspection and confirmed by the residents and staff members spoken with. Daily routines are in place and each of the residents has time during the week to undertake domestic tasks such as house chores, including washing and shopping. On the day of the inspection, one of the residents had been out shopping. 'I enjoyed my shopping today' said the resident.

Appropriate action is taken to minimize identified risks and hazards. Residents are supported to understand the reason specific risk reduction strategies are used. Risk assessments are in place and these have been reviewed and updated regularly.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

**The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 12, 13, 14, 15, 16 and 17.

Quality in this outcome area is **excellent**.

Residents have the opportunity to participate in a range of activities that develop and enrich their social and personal lives.

This judgement has been made using available evidence including a visit to this service.

## **EVIDENCE:**

Residents have access to an excellent variety of social and recreational activities, which promote their development and maintain a good level of stimulation. Activities programme is organised on a weekly basis. Activities that have occurred regularly include swimming, shopping, bus rides, discos, visiting family and friends, trips to the local pubs and clubs, line dancing, pool, various board games and music and television. Four of the residents also have various days' attendance at colleges and day centres. A minibus belonging to the home enables easy access to various community facilities.

Residents' needs in respect of quality and diversity are being identified through ongoing assessments and reviews. The residents are viewed as a part of the local community. Staff take steps to minimise risks, whilst allowing residents to maximise their independence as far as possible.

Files viewed indicate that good contact is maintained with family and friends. Some residents have frequent overnight stays with their family. Since moving to the home two of the people living there have married, and evidence indicates how their new situation was addressed, accommodation reviewed and support put in place. 'I am happily married and staff respect us, they always knock and wait for a reply before entering' said one person.

Staff members and other residents only enter rooms when invited. Residents are able to spend their time as they wish. Staff members respect residents' right to live as they like in their own space. 'We always respect the rights of residents', said a staff.

The menu is planned weekly at the residents' meetings. Regular shopping trips are organised and this ensures that fresh food is cooked. Healthy eating is being actively promoted.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 18, 19 and 20.

Quality in this outcome area is **good**.

Residents receive appropriate support with their personal and healthcare in the manner they prefer; this ensures that their identified needs are being met in a dignified and respectful manner.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The AQAA states 'Comprehensive care plans detailing support needed and how the individual chooses for the support to be facilitated'. Evidence shows that people using the service are consulted about how they choose to receive the support they need. All five people living in the home are able to manage their own personal care needs, but need varying levels of supervision and prompting.

All residents are registered with a GP from the local surgery. A variety of healthcare specialists are also accessible when required including speech and occupational therapists, dentist and optician. Health care support is detailed in

individual care plans. There have been no further significant changes to healthcare arrangements in the home since the last inspection in March 2007. All staff have received training on medication. Records are kept when medication is administered to residents. One of the residents continues to administer their own medication and appropriate risks assessment is in place.

Residents expressed satisfaction with the way staff provide their care and comments include 'I am very happy', 'I am enjoying myself' and 'I have lived here for thirteen years and I have a doctor I can see if I'm not well'; 'The patients visit the opticians regularly with their carers' reflected a professional in their survey.



## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 22 and 23.

Quality in this outcome area is **good**.

The home has a system for the protection of vulnerable adults; this should ensure the safety of people in residence.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The AQAA tells us 'To continue to develop 'Listen to me' process to high light any day to day issues that arise and to encourage staff team to work creatively to resolve issues as they arise'.

The home's policy and procedure on complaints is available to staff and residents. This ensures that any concerns are dealt with and actioned appropriately. The home has received one minor complaint from a resident since the last annual service review on 6 March 2008. This complaint was dealt with speedily and to the satisfaction of the complaint. The Commission has not received any complaints regarding any aspects of the service.

All three residents spoken with told us that they would not hesitate to speak with a member of staff or the manager if they had any concerns.

The home has a policy statement regarding safeguarding vulnerable adults. Conversations with staff indicate that they would have no hesitation in reporting any incidents of abuse or neglect to the manager. All staff have

received training on safeguarding of vulnerable adults. There were no safeguarding matters pending at the time of the inspection.

## Environment

### The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

**The Commission considers Standards 24, and 30 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 24, 25 and 30.

Quality in this outcome area is **good**.

The home provides a pleasant and safe environment for the residents to live in.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The surroundings at Hubbard Close are homely and comfortable. The bedrooms seen are comfortable, well personalised and suit the needs of the residents

The maintenance continues on a routine basis and the accommodation is in good order. The manager said that arrangements are in hand for the kitchen and ground floor toilet to be refurbished shortly. 'I am looking forward to a better kitchen', said a resident.

There is evidence that people using the service are involved in planning decoration, for example pictures they have done are on the walls. The home was clean, tidy and fresh. The home has a large sloping garden at the rear, with an attractive patio.

## Staffing

### The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

### The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 32, 34, 35 and 36.

Quality in this outcome area is **good**.

Adequate numbers of staff, with the appropriate skills are available to meet the needs of residents. Appropriate documentations must be maintained at the home, in order to protect residents and staff.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The service is currently fully staffed, and as well as the manager there are both full and part time staff to ensure that the needs of people accommodated are met. The staffing levels vary depending on what activities or events are taking place. There is an on call service, which operates overnight, with all staff close to the service if required. Night staff arrangements are always discussed at the weekly meeting to ensure all residents know what to do in the event of a problem during the night.

Of the current seven care staff including two bank staff, five hold an NVQ level 3; the two bank staff are scheduled to start NVQ level 2 by May 2009. This means that the home has already achieved a ratio of 71.4% of staff with NVQ

level 3, which exceeds the national minimum standard. The training and future development of staff is being given a high profile, thus providing them with the skills to deliver good quality service to residents.

Recruitment files for three staff members show that the required documents including proof of identity and Criminal Records Bureau clearance had been obtained. However, a current photograph and references were not available in one case; the manager said that she would obtain a copy of the references from the head office.

Staff said that they all receive supervision once every month. 'Very happy with my supervision', said two staff.

## Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 37, 38, 39, 40, 41 and 42.

Quality in this outcome area is **good**.

The home is well-managed and robust policies and procedures ensure that residents receive a good and safe standard of care.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The manager's application to become the registered manager was approved by the Commission on 1 October 2008. She is currently undertaking NVQ level 4 in management and care. Staff indicate that she is knowledgeable and very supportive. 'If we have any problem, we know we can go the manager', said a staff member.

A formal quality monitoring system (form of annual surveys), based on seeking the views of residents and other stakeholders, in order to improve the quality of its service for residents is in place. The next annual survey is due in March 2008; the manager is aware that a copy of the published survey report must be sent to the Commission.

Monthly visits have been carried out by the area manager to ensure that appropriate standards are maintained; reports on these visits are available at the home and are noted to be comprehensive.

A range of records was viewed and these are noted to be satisfactory. There are robust policies and procedures in place, which are being implemented to good effect. Evidence shows that staff have received mandatory training including health and safety, thus ensuring the safety of residents.



# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	2
<b>7</b>	4
<b>8</b>	4
<b>9</b>	4
<b>10</b>	X

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	4
<b>13</b>	3
<b>14</b>	4
<b>15</b>	3
<b>16</b>	4
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<b>Standard No</b>	<b>Score</b>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>24</b>	3
<b>25</b>	3
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	X
<b>32</b>	4
<b>33</b>	X
<b>34</b>	2
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>37</b>	3
<b>38</b>	3
<b>39</b>	3
<b>40</b>	3
<b>41</b>	3
<b>42</b>	3
<b>43</b>	X

No

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	YA34	19	Staff recruitment files maintained at the home must include a current photograph and two references in all cases. This would ensure the protection of residents and staff.	17/04/09

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA6	The care plan should reflect the name and signature of the resident and their representative. This would demonstrate their involvement and agreement with its content.

## **Commission for Social Care Inspection**

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