Milton Keynes Council

Bletchley Community Hospital

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Bletchley Community Hospital reablement at home team are part of the Milton Keynes Reablement and Rehabilitation Service (Intermediate Care). The service provides short term support with personal care to people in their own homes. The service usually works with people for a maximum of 6 weeks to enable them to reach their short term goals and become more independent. At the time of our inspection 89 people were receiving support from the service.

At the last inspection, on 16, 17 and 18 December 2015, the service was rated Good. At this inspection we found that the service remained Good.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Risk assessments were in place to manage risk within a person's life. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People received their medicines as prescribed and staff supported people to access support from healthcare professionals when required. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the senior management team and had regular one to one supervisions.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing support.

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff with appropriate guidance regarding the care and support people needed to regain their independence. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. The provider had systems in place to monitor the quality of the service and had a process in place which ensured people could raise any complaints or concerns.

The service notified the Care Quality Commission of certain events and incidents, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bletchley Community Hospital

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This second comprehensive inspection took place on the 7, 11 and 14 December 2017 and was announced. We gave the service 48 hours' notice of the inspection to ensure that staff were available to support the inspection.

The inspection was undertaken 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. The expert by experience for this inspection had experience of using services regulated by CQC due to a long term health condition.

Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including questionnaires that had been completed by people who used the service, staff and community professionals. We also reviewed statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During this inspection we visited two people who used the service and spoke with them and their relatives.

We also spoke with six people and five relatives on the telephone. We spoke with seven members of staff at the office location and three members of staff on the telephone. Staff spoken to included; reablement assistants, team leaders, the registered manager and head of service. We also spoke with an occupational therapist who worked alongside reablement staff to provide therapeutic assessments and support to people. We looked at five records relating to the personal care support of people and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff, staffing schedules and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "I'm very much at ease and feel safe with them." All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One of the team leaders told us that they had reported concerns in the past, which had been responded to appropriately by the registered manager; they said, "I discussed my concerns with the manager and we raised a safeguarding alert, which was then assessed by the local authority safeguarding team."

People had risk management plans in place to mitigate the risks in different areas of their lives. Staff told us that the assessments and plans in place provided them with the guidance they required to support people safely. One member of staff said "The assessments are reflective of people's needs, any changes we document and let the team leaders know so they can do another assessment with the person." We saw that assessments were completed in a way which promoted people's choices and independence.

There were enough staff deployed by the service to cover all the support visits required. To enable the service to be flexible to people's reablement needs, visits were not allocated at set times. People were provided with a "window" of time during which their support visit would take place, dependent on their reablement needs. People told us that this had been discussed with them before they decided to use the service. One person said, "Timing can be a bit up and down, but it was explained to us that they could not give a specific visit time." Staff told us that there were enough of them to cover all the calls that were needed, and that any unexpected shortfalls were managed effectively by the team leaders. Safe recruitment processes were followed to ensure that staff were suitable for their role.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received the support from staff they required and they were happy that this was done safely. The staff completed medicines training and had their competency assessed prior to undertaking medicines administration.

People were well protected by the prevention and control of infection. One staff member said, "We have everything we need, we have gloves, aprons, hand sanitiser and shoe protectors. We've provided support for people with different infections in the past and we've been given clear instructions and guidelines to follow." We saw that staff members had all received training in infection control and food hygiene.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. One member of staff said "We have paperwork to record falls or accidents and always report to a team leader, as there may be changes to the person's care needs." We saw that updates on people's support needs were regularly shared within the staff team to enable learning and improvement around people's safety.

Good

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. Team leaders carried out a detailed assessment of the person's reablement needs and goals, with family members present to support when required. Follow up reviews would then take place at regular intervals to track people's progress, so that their support visits could be amended as required.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "They have had lots of good ideas and advice to keep me safe and make things easier for me." Staff received training, supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of staff said, "The induction was thorough, it included classroom sessions, practical manual handling, time in the office and shadowing. I hadn't done this type of work before so asked for extra shadowing and they were supportive of that." New staff completed the Care Certificate, which covers the fundamental standards expected from staff working in care.

People could receive support with eating and drinking when required. Most of the people we spoke with said that either they or family prepared meals for them, but staff did help sometimes. We saw that information around food preferences was recorded in people's files so that they could be supported correctly. Food and fluid monitoring was recorded when required for health monitoring.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services, therapy services and social workers who could support people to access longer term services. We spoke with an occupational therapist, who worked as part of the wider Milton Keynes Reablement and Rehabilitation Service (Intermediate Care) as part of the rapid assessment and intervention team. They told us "Staff will tell us if people have deteriorated and need different equipment, they follow the advice given and work with us to support people."

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "I have some sores that are getting better now, the district nurse was alerted. The care staff keep an eye on these." Staff were able to describe instances when they had accessed healthcare support for people. One member of staff said, "A key part of our role is alerting people's GPs and district nurses to any concerns. We were monitoring one person's legs and I could see they had deteriorated, so asked for an urgent referral to the district nurses."

People were encouraged to make decisions about their care and their day to day routines and preferences. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in the community fall under an order from the Court of Protection. People told us that staff sought their consent before carrying out any care. People had signed forms within their assessments and care plans to signify their consent to receiving the service.

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. People told us that they were happy with the support they received from staff, one person said "They are polite and respectful and with the majority you can have a laugh." Another person's relative said, "The team are great, very helpful, very understanding and very polite to [person's name], they always ask [person's name] what is needed."

People were able to express their views and be involved in their own care. All the people we spoke with told us they felt in control of what happened when staff went in to their home, and that their views were respected. One person said "They've always asked me what I need help with." Another person's relative said "They've been considerate in the house and respect us both." Nobody using the service required the use of advocacy services, but the service was able to source information for people should they wish to use them.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "When I needed some personal care it was provided with dignity." Another person's relative said, "The care is done with dignity and professionally, and they take trouble not to make [person] embarrassed." All the staff we spoke with understood how to respect a person's privacy and dignity. Care plans we saw described the support that people required in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

The aim of the service was to support people to regain as much of their independence as possible, following a stay in hospital or a general decline in their health and well being. We saw that people were supported to be as independent as they were able to be and staff encouraged each person to work towards clearly defined goals. One person said, "Staff have given me tips, like how to wash my hair. I can sit in the bathroom and I can do this now, but at first they did it for me then I gradually took over."

Good

Is the service responsive?

Our findings

People received care that met their individual needs and told us that they felt involved in decisions about how they would be supported by staff. People understood the purpose of the service and had been involved in setting the goals that they wanted to achieve to maximise their independence. One person said "I need the help with washing and dressing and undressing, but I'm making progress, they will remove the care soon, as its just short term and so far it's working well."

Care plans reflected the goals that had been agreed with people. The care plans we looked at contained personalised information about people's rehabilitation needs and wishes and preferences. For example one person's care documentation identified that they wanted to become more mobile and independent with personal care and be able to access the toilet independently. We saw that care plans were reviewed regularly with people to monitor the progress they were making towards their goals; the support provided was adjusted as people's needs changed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . The provider was able to access information regarding the service in different formats to meet people's diverse needs.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. One person's relative said, "The office are very easy to contact, very polite and approachable, we've had no complaints." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored electronically.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information.

The service had a clear vision and values, that all staff were committed to working together to achieve. One member of staff said, "We talk to people, to find out their specific routines, choices and likes and dislikes and we all make sure we follow their programme for reablement, to make sure we meet their needs properly." The head of service, registered manager and team leaders we spoke with, all had a good knowledge of the support requirements of the people that were using the service, and how to best meet these needs.

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. We saw that the atmosphere within the service was positive and friendly. People told us that the management team were approachable and supportive. One member of staff said, "[name of head of service] door is always open, there are a variety of senior staff we can go to." Regular team meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected a culture that was focussed on continuous improvement, with discussions about communication, medicines protocols and infection control.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people at the end of their time with the service, which enabled them to provide their view of the service they had received. We saw that feedback was positive. One person had written "Everyone has been very good; I am quite pleased, everyone has done their very best."

Quality assurance systems were in place to help drive improvements and ensure sustainability. These included a number of internal checks and audits of areas such as medicines, staff training and staff scheduling. These helped to highlight areas where the service was performing well and the areas which required development. For example, the registered manager had implemented an improvement plan for the administration of medicines in response to audit findings. The service had also recognised the need to improve the scheduling and monitoring of staff support visits and had recently implemented an electronic call monitoring system to help drive the improvements needed.

The service worked in partnership with other agencies in an open honest and transparent way. Working in partnership with other services within the Milton Keynes reablement and rehabilitation service (intermediate care) was integral to the service achieving its aims. We received feedback from people and staff that this partnership working enhanced people's experiences of the service. The provider was focussed on continuous improvement and was developing an integrated community service that would combine the reablement team at Bletchley Community Hospital with the nursing and therapy teams, to further draw on the benefits of partnership working.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.