

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

Bletchley Community Hospital

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6EN

Tel: 01908363070

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Milton Keynes Council
Registered Manager	Miss Michelle Smith
Overview of the service	Bletchley Community Hospital are part of the Milton Keynes Intermediate Care Team. They provide short-term assessment and care to people in their own homes to enable them to become more independent. More information about the service can be found in the provider's statement of purpose or directly from the provider.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 8 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four people who used the service. They all spoke positively about the service and told us that they felt well supported. One person told us "They are very, very good" and another person told us, "They are always friendly and polite".

We spoke with two relatives of people who used the service who told us "We're very pleased with them" and "We're very satisfied".

We spoke with four staff members who all told us that they felt well supported. One staff member told us "I'm proud of the service that we offer". We found that staff attended a handover meeting at the beginning of their shift which enabled them to be kept up to date with information and provide any feed back to the team leaders.

We found that people received an initial assessment where the aims and objectives of their care were discussed and identified. A care plan was then put in place to ensure that their needs were met. We saw that the provider took appropriate steps to ensure that peoples welfare and safety.

We found that the provider ensured that staff received suitable training and support during their employment. We found that people who used the service were asked for their feedback about their care and support.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The nature of the reablement service is such that people who use the service do so for a maximum of six weeks. The service provided is multi disciplinary and involves Therapists, District Nurses and Care Support Workers. The service is intended to assist a person with support following a recent injury or illness.

People expressed their views and were involved in making decisions about their care and treatment. The provider told us how an initial assessment was carried out with each person where the aims and objectives of people's care were discussed and identified with them. We looked at the care records of four people that used the service. We found that aims and objectives had been recorded and a plan of care put in place to help them to achieve them. We spoke with six people who used the service or their representatives who all told us that they had a meeting with provider when the service first started. The provider may wish to consider that people who used the service did not get a choice of the time that their carers came. Although we did see that some requests where there were medical reasons for a specific time call that these had been accommodated.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that people were provided with a folder of information about the service. It provided them with contact telephone numbers for the service and other services such as the out of hour's emergency social work team. It also provided people with a copy of provider's complaints procedure and contact details of long term care providers.

People were supported in promoting their independence. We spoke with four members of staff who all explained to us how they encouraged people to do as much for themselves as possible while assisting them with their care. We spoke with three people who used the service who told us that the staff had been very supportive and their care had now been reduced because they were able to manage more on their own. This meant that staff were actively promoting people's independence and people did not become reliant on the care staff.

People's diversity, values and human rights were respected. We spoke with four staff members who all gave us examples of how they would respect people's privacy and dignity while they were assisting them with personal care. People told us that staff were always polite and respectful.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found that people had a care plan in their file that it provided staff with information about their needs. We spoke with people who used the service who told that staff always looked at the file at their house. Staff told us that they were always verbally told about any changes to people's care plan.

Staff all attended a meeting at the start of their shift to ensure that they had up to date information about people's needs, as due to the nature of the service there were regular changes. We observed a handover meeting where team leaders provided staff with information about the needs of people who used the service and care staff provided feedback from their previous shift.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care records of four people who used the service. We saw that people's abilities had been assessed and referrals made to other health professionals where required. We saw that a member of care staff had identified a need for additional equipment for one person to enable them to be more independent. We saw that a referral to the appropriate service was then made. This meant that people's needs were identified and met.

We found that there was a health and safety checklist completed prior to people receiving services. We saw that where any areas of risk had been identified a thorough risk assessment was then carried out. This was to ensure the safety and welfare of the people who used the service.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with staff members who had all attended safeguarding training and were able to tell us about their roles in reporting abuse. The care staff told us how they would identify and report any allegations or concerns to the team leader or manager. The team leader provided us with a more detailed explanation about the referral process and was able to explain a summary of the policy. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and to prevent abuse from happening by ensuring that staff had a detailed knowledge of abuse and their responsibilities in reporting it.

We spoke to people who used the service and asked them if they felt safe. They all told us that the staff looked after them and that they felt safe.

We saw that the provider had a detailed multi agency safeguarding adults policy in place. It provided details about the safeguarding process and relevant contact telephone numbers. There was also a whistle blowing policy in place. Staff were aware of the whistle blowing policy and their rights and responsibilities within it.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We looked at the records of four staff who worked at the service. We found that staff received regular one to one supervision and that where staff had been employed for over a year they had received an appraisal. We spoke with four staff members who all told us that they received regular supervision and an annual appraisal.

We looked at the staff training records and saw that staff were supported to attend a number of courses on annual basis to ensure that they had right knowledge to carry out their role and that their practice was kept up to date. We spoke with staff members who told us that they received regular training.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with one staff member who told us that they had been supported to obtain a National Vocational Qualification (NVQ) in Health and Social Care at level two and three while working for the provider and was now completing a long distance learning course in Dignity and Respect. Another member of staff told us how they had completed a Qualification Credit Framework (QCF) Diploma level three in Health and Social Care and had also completed a certificated course. This meant that staff were supported to obtain additional qualifications. We spoke with the manager who told us that all staff were encouraged to complete a level two qualification.

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 receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found that the provider sent out a questionnaire to each person who used the service when their service was coming to an end. This meant that the provider was receiving regular feedback about the service as people moved on after approximately six weeks. We looked at report from the questionnaires received in November and saw that all of the comments received were very positive. We saw some questionnaires that had just been received from December that were also extremely positive.

We discussed the questionnaires with the manager and asked if they had any people who reported negative experiences or where the provider had taken any action as a result of the questionnaires. The manager told us that they had received a comment from somebody about not receiving enough notice when they can to the end of the six week period as they were not eligible to receive ongoing services from an alternative provider. The manager told us that they now ensure that they visit everybody one week before the end of their care to ensure that they are fully aware that their care with the service will be finishing.

We saw that there were regular spot checks carried out by the provider to check on the quality of the service that staff were providing. Spot checks were either conducted while a care staff member was providing a service or shortly after they left. As well as observing practice people were given the opportunity to provide feedback on their care.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that as people did not need as much assistance that their care was reduced. This was discussed with people on an individual basis and regular feedback was provided from the care staff through handover meetings about people were managing.

About CQC inspections

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

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

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.

How we define our judgements

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

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

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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