

Review of compliance

MacIntyre Care Hubbard Close	
Region:	East
Location address:	15 Hubbard Close Flitwick Bedfordshire MK45 1XL
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	15 Hubbard Close provides a service for up to five adults with a learning disability. It is registered for the regulated activity of: Accommodation for persons who require nursing or personal care. It currently does not provide nursing care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hubbard Close was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Hubbard Close had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 09 - Management of medicines

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 March 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

When we visited the service on 26 March 2012 only two people were at home. One person spent much of the time asleep when coming in from work. Both people communicated to us that they were well looked after and we heard appropriate rapport with the member of staff supporting them during their evening meal. We noted that people were responding appropriately with the staff and were relaxed in their presence.

What we found about the standards we reviewed and how well Hubbard Close was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was compliant with this outcome.

The care planning processes had been strengthened. People using the service were involved in their care planning to ensure that their care was delivered in a personalised way. These new processes needed to be embedded.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was compliant with this outcome.

Staff had received additional training about their responsibility to report incidents of concern. These systems need to be embedded.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was compliant with this outcome.

Additional training and a new medication system had been introduced to support people using the service to receive their medications correctly. The Quality Audit systems that had been introduced must be continued to ensure any problems are identified in a timely fashion.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was compliant with this outcome.

The staff team were able to meet the needs of the people using the service satisfactorily.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was compliant with this outcome.

The manager had strengthened the quality audits she undertook in order to ensure all areas of care were regularly reviewed.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

When we visited the service on 26 March 2012 only two people were at home. Both people communicated to us that they were well looked after and we heard appropriate rapport with the member of staff supporting them during their evening meal.

Other evidence

When we visited this service on 19 December 2011 we found that the staff were struggling to meet the needs of one person using the service whose condition had deteriorated over a short period of time. This person's behaviour was having a negative impact on other people living in the home. At that time the care records for this person had not been updated and it was not possible to see how staff were managing this person or ensuring quality time for other people living in the home.

When we visited the home on 26 March 2012 the person whose needs had changed so dramatically had been moved to a more appropriate service, and the other people living in the home were relaxed and happy.

The manager who had been new in post at our last visit had introduced new care plans which were personalised and detailed. Staff told us that they were responsible for keeping them updated at least every three months or as people's needs altered. However, because the care planning system was new and one person's care plan had not been fully completed we had yet to see that these processes were embedded and were significant in improving people's lives at 15 Hubbard Close. The care plans that we reviewed were personalised and were written with the involvement of the person.

The manager told us that this was why they were taking longer than expected to complete. We also saw that staff were keeping detailed daily records for each person which were linked to their care plan for continuity. There was a need to archive some of the 'old' information to avoid confusion.

Our judgement

The provider was compliant with this outcome.

The care planning processes had been strengthened. People using the service were involved in their care planning to ensure that their care was delivered in a personalised way. These new processes needed to be embedded.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

When we visited his service on 26 March 2012 we saw that people were relaxed in their surroundings and at ease with staff. There was a good rapport between the staff member and the people using this service.

Other evidence

During our last visit on 19 December 2011 we spoke with staff who had a good understanding of their responsibility to deal with any safeguarding issues that were raised. However we saw a copy of an incident record, which appeared to be a safeguarding concern, which had not been referred correctly to the Local Authority safeguarding team.

Also at that time some of the people living at the home complained about the behaviours of one person that made them feel unhappy. We saw no evidence that staff had responded to their concerns.

During this visit people living at the home were very happy about the care and support they received and appeared relaxed. Staff had been provided with additional safeguarding training and reminded about their responsibility to record incidents within the home correctly, both internally and externally. Staff told us that there had been no untoward incidents since the person whose needs had altered had moved elsewhere. Therefore we did not see that practices had changed, but staff told us that they now realised they should have sought appropriate help sooner, and would do so in the future.

Our judgement

The provider was compliant with this outcome.

Staff had received additional training about their responsibility to report incidents of concern. These systems need to be embedded.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

When we visited the service on 26 March 2012 there were only two people in the home and one was sleeping, so we did not discuss medication with them.

Other evidence

When we last visited this service, on 19 December 2011, we saw that the person whose needs had increased had been seen by the doctor and prescribed additional medicines to be taken twice a day. The medication chart had not been correctly completed to instruct staff when these medications should be given and the staff who were spoken to were unsure of when the medication should be given.

Since that visit the home had changed the pharmacy that provided the medication and we saw that people's individual medication charts (MAR sheets) detailed the time of day a routine medication should be given.

At the time of our visit none of the people living at the home had been prescribed any PRN (as required medication) so we could not check if these would be given correctly. However the medication folders included details of the medications that were issued and information for staff about their use, including the side effects. Staff told us that they had received additional training about administering medication. We saw that medication records were audited by the manager to ensure that the staff gave the medication according to instruction and signed to confirm that they had been taken. The records that we reviewed during our visit showed that medications were received into

the home correctly and recorded correctly.

Our judgement

The provider was compliant with this outcome.

Additional training and a new medication system had been introduced to support people using the service to receive their medications correctly. The Quality Audit systems that had been introduced must be continued to ensure any problems are identified in a timely fashion.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

During our visit on the 26 March 2012 people using the service were responding appropriately with the staff and were relaxed in their presence.

Other evidence

When we visited this service on 19 December 2011 we had concerns that the staffing levels, because of the increased needs of one person, were insufficient to ensure the safety of the other people living at the home. We were also concerned that because of this person's increased needs the night staff, who had worked a late shift, and was employed to sleep-in, was awake most of the night. This staff member was then expected to continue to work the day shift.

We were told at this visit that following our last visit, until this person had moved to more suitable accommodation, additional staff had been employed to cover the night shift to ensure that everyone received the care and attention they needed. This also ensured that this person, who needed moving and handling support, had this support given correctly by two people.

Currently the staff had been reduced again to one sleeping night staff. The staff member we spoke with told us this was sufficient to meet the needs of the current group of four people living at the home. Discussion with the manager, who was not available when we visited, highlighted that she was aware of the possible changing needs of the people using the service and would keep this decision under review and discuss it regularly with her line manager.

Our judgement

The provider was compliant with this outcome.

The staff team were able to meet the needs of the people using the service satisfactorily.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

During our visit we did not discuss this outcome with either of the two people using the service we met.

Other evidence

During our visit to this service on 19 December 2011 we found issues of concern that had not been identified by the manager or a representative on behalf of the provider as part of their regular audit visits.

The manager told us that at the time of our first visit she had been new in post and had not established robust quality audit systems but had taken on those she inherited from her predecessor. She told us that she had now strengthened the audit processes and felt confident she would identify any concerns. We were told that there was a new operational manager in post and they would be responsible for doing the audits on behalf of the provider.

Our judgement

The provider was compliant with this outcome.

The manager had strengthened the quality audits she undertook in order to ensure all areas of care were regularly reviewed.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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