

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

## Hubbard Close

15 Hubbard Close, Flitwick, MK45 1XL

Tel: 01525717037

Date of Inspection: 10 January 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited Hubbard Close on 10 January 2013 and found a very friendly, welcoming environment. At the time of our visit four people were living in the home.

We spoke with two people who told us they enjoyed living in the home and that staff were kind and supportive, assisting them to maintain their independence wherever possible. We observed positive engagement and interactions between staff and residents and saw people were treated respectfully at all times. The people who lived at Hubbard Close had lived together for many years.

We also spoke with two members of staff on duty who had worked at the home for a number of years, and also the head of service. Staff were knowledgeable about people's needs and preferences and we saw these were responded to appropriately.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

During our visit on 10 January 2013, we saw evidence of processes in place to obtain people's consent, to ensure their welfare and rights were protected.

We saw staff spoke with people and gained their consent before providing support or assistance, and this was done respectfully. We spoke with two of the four people living in the home who told us staff always asked them before care was provided.

We reviewed the consent policy and procedures within the home and found these gave clear guidance to staff. An easy read, pictorial format was also provided for people who lived in the home to understand and follow. We looked at two of the four care plans and saw evidence of consent being gained from people, with the person signing to say they had agreed to the aspect of care or treatment.

Where people were unable to give their own consent due to their disability, we saw clear assessments for people under the Mental Capacity Act (2005) and Deprivation of Liberties assessments recorded. An example included the assessment of people to manage their finances. Where possible, the person themselves had also signed their assessment records.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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During our visit, we saw evidence that 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 for two of the four people who lived at Hubbard Close. We saw these contained detailed information about people's assessment of needs, and any support required to meet these needs. We saw these were regularly reviewed.

Clear risk assessments were in place for people and we saw these had been reflected in the person's individual care plan. We saw evidence that these were also regularly reviewed and staff involved in the person's care had signed the risk assessment to say they had read any changes following review. We noted that the template used within the service included a scoring system for identifying the severity of risk although these scores were not always completed. We discussed this with the head of service at the time who told us this would be addressed.

The head of service also told us the care plans were due to be re-designed into a single 'My One Plan' which would contain all relevant information in a concise, easy to follow format.

Care records were provided in an easy read, pictorial format to enable each person to be involved and understand their records.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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Hubbard Close is a purpose built small residential home for people with learning disabilities. We saw the layout of the home and the facilities within it enabled people to maintain their independence as much as possible in a safe environment.

We were told three of the five bedrooms had recently been refurbished and that people had been involved in choosing the colour scheme and furnishings to suit their wishes. The head of service told us the house was due to be re-furbished throughout to brighten the living environment.

There was a conservatory area which people could access whenever they wanted, which also allowed people to enjoy the outside without getting cold.

The garden had a patio and raised lawn area with seating for people to enjoy sitting outside. Steps and a grab rail were in place to assist people's mobility as necessary. We were told this area was also to be redesigned in the near future to enhance people's enjoyment of the garden.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our visit, we reviewed the training records for staff as well as supervision and appraisal processes. There were five members of staff employed to work in the home at the time of our visit, which included the head of service.

We saw a clear record was maintained by the head of service for all staff training, with a system in place to identify when staff were in need of refresher training. We saw that all staff had received training in key areas: examples included safeguarding vulnerable adults, the Mental Capacity Act (2005) and Deprivation of Liberties assessments, and medication. We saw the record for staff completing dementia awareness had not been completed. The head of service told us this had been recently delivered and we saw a copy of the training pack for dementia training used within the service. We were also told that no-one living in the home had dementia. However, the head of service said they felt it was important for staff to receive refresher training to maintain knowledge and skills.

We were told staff supervision occurred every six to eight weeks, which staff we spoke with confirmed. A change of appraisal system had also been introduced since our last visit in March 2012 and all staff had received an appraisal. We saw an electronic copy of a completed appraisal form for one staff member, with areas of learning and future objectives.

We spoke with two members of staff during our visit who had worked in the home for several years. They told us how the current head of service had made improvements in the home and how they felt supported in their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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During our visit, we reviewed the processes and records for monitoring and managing complaints or comments within the service.

We saw examples of the forms people completed whenever they had a complaint or a comment about the service and the template for how this was responded to. Within the care records we reviewed, we saw this information had been given to people living in the home in an easy read, pictorial format. We spoke with one person who lived at Hubbard Close who told us they knew how to raise any concerns if they arose.

We saw clear procedures for managing complaints and comments and noted the log was empty. The head of service explained that whilst all complaints would be investigated and responded to, including a response from the area manager, the home had not received any complaints.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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