

**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: 09 October 2013

Date of Publication: October 2013

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

<b>Cooperating with other providers</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</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

*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 9 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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When we visited Hubbard Close on 9 October 2013, we spoke with three people who use the service and two staff members. We also used a number of methods including observation to help us understand the experiences of people who used the service. We found that people looked relaxed and comfortable in the company of staff who were supporting them. One person said, "I'm happy here."

We found that people received treatment from a wide range of professionals. One person told us, "I see the doctor when I need to." This meant that people's health and well-being was protected against the risks associated with unsafe or unsuitable care and support.

We found that people received their medicines at the appropriate time. The medication administration record (MAR) sheets were fully completed in line with best practice.

People were supported by staff that were appropriately trained, supervised and appraised. Staff said that the training equipped them with the skills to do their job effectively.

The home had effective systems in place to ensure that both staff and people's records were stored securely and accurately maintained so that confidentiality was protected.

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

### Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

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### Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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### Reasons for our judgement

We looked at the communication records between the home and other services, including local GP practices and other professionals. We found information was clearly documented to support people's care requirements. During part of our visit, a representative from the local outreach team was at the service. We observed that care staff interacted well with them and were able to provide them with any information they required.

We looked at five care records and saw written evidence that the service linked into people's GPs and that clear records were maintained of these visits. One person told us that they saw the GP when they needed to. There were records of visits with dieticians, opticians, dentists and learning disability services and records relating to external visits when required, for example, to the local hospital.

In discussion with staff it was evident they were knowledgeable about the needs of the people they cared for, and were able to tell us about the procedures to be followed if emergency help was required. This meant that people living in the service were cared for by staff who knew how to contact other healthcare professionals if the need arose.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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During our inspection, we saw evidence that effective systems were in place to reduce the risk and spread of infection. We noted that in all areas of the home, there were sufficient supplies of personal protective equipment, such as gloves and aprons. We were told that staff wore this equipment at appropriate times, such as when providing personal care. This demonstrated that people were protected from the risk of infection because appropriate guidance had been followed.

We were told by staff that they received regular infection control training and saw from the staff files and training matrix that this was the case.

We saw evidence that waste was carefully disposed of in separate disposal bags. Systems were in place for cleaning the premises to prevent the risk of contamination.

People told us that the home was kept clean and tidy, and during our inspection we found the building was clean and smelt pleasant throughout. We looked at two of the six bedrooms and observed these to be clean.

We saw that the service had a robust infection control policy which staff followed. We saw on-going cleaning taking place within the home and found that any odours or spillages were dealt with promptly. This meant that people were cared for in a clean, hygienic environment.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining medicines and the recording and administration of medicines.

We saw medicines were stored securely conforming to best practice. We found that the majority of the medicines were administered from a monitored dose system. This ensured people received their medicines safely and at the appropriate times.

We observed from the records that people's medication was regularly reviewed by the GP. We found that the home had a system in place to record the receipt and disposal of medicines. We saw records which showed that medicines were checked on a regular basis. This ensured the home's medicines could be accounted for and were disposed of appropriately.

We saw the home had a copy of staff names and sample signatures of staff qualified to administer medicines in the medication folder. These ensured discrepancies could be dealt with without delay. The provider might like to note that daily temperature checks relating to the rooms where some medication was stored were not undertaken. This would ensure medicines were stored in appropriate conditions.

We found that there was a risk assessment in place to support a person who was self-administering their medicine. This meant that they were supported to be as independent as possible. We examined the medication administration record (MAR) sheets for the five people who used the service. We found that the sheets were fully completed with staff signatures. This meant that people had their medicines as prescribed.

We noted from training records that staff had been provided with regular updated training in the safe handling of medicines. This meant that people received their medicines from staff whose knowledge and skills in the safe handling of medicines were regularly updated.

**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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We looked at training records which showed staff received appropriate professional development. We were told that new staff completed an induction in line with the organisation's induction training. New staff were supported by an experienced worker until they felt competent to work alone, in line with the provider's policy.

We found that staff had access to a range of training, including safeguarding, moving and handling, infection control, fire safety awareness, first aid, epilepsy and medication. Training that was relevant to the service area could also be accessed, either on a face to face basis or via e-learning. We were also told that if staff saw a course of interest, then the manager could be approached in respect of staff attending this.

We spoke with staff about the support they received. Both said that the training equipped them with the skills to do their jobs effectively. Staff said that regular supervision and staff meetings were held. We saw evidence of the minutes from staff meetings.

We looked at staff supervision records and found that staff received regular supervision. It was evident that people were supported by staff who were appropriately trained, supervised and appraised.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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During this inspection we had open access to all files we requested as part of this inspection. We found that records were being accurately maintained for all aspects of the home. We saw that records in relation to staff and other records relevant to the management of the services were accurate and fit for purpose. We looked at records and saw that regular audits were conducted, and any identifiable issues were highlighted and managed appropriately.

The personal records for people who used the service, including medical records were accurate and fit for purpose. We found that they were well maintained and provided staff with an accurate view of people's care needs. For example, people who had experienced weight loss, had accurately recorded weights and people who experienced behavioural issues had been referred to appropriate professionals. This meant that the home ensured the health and well-being of the people who lived there was promoted.

Records were kept securely and could be located promptly when needed. Personal information relevant to both staff and people was kept in a locked room. This meant that records were stored safely and maintained confidentiality.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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