

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

Bletchley Community Hospital

Whalley Drive, Bletchley, Milton Keynes, MK3
6EN

Tel: 01908363070

Date of Inspection: 11 December 2013

Date of Publication: January
2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	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 announced 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 11 December 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 eight people that used the service and they all told us they were happy with the service they received. People told us that staff were polite, friendly and kind. One person told us "I'm very happy with the service, all of the staff are polite, friendly and helpful". Another person told us "I can't fault them".

We spoke with two relatives of people that used the service. They told us that they found the service to be very good. We spoke with three members of staff from the service who enjoyed their work and felt well supported in their roles.

We found that people's needs were assessed and a care plan was put in place to ensure that their needs were met. We found that staff from the service carried out the assessment and ensured that people consented to the care described in the plan. We found that where additional services were involved in people's care that appropriate information was shared and where referrals to other services were required that the staff ensured that these were made.

We found that appropriate checks were carried out on staff before they started work and that there was a detailed complaints policy in place and that a copy of it was given to people when they started to use the service. We found that people were asked for feedback about the service and that the provider took action to address any areas for improvement that had been identified.

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

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

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.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We found that staff from the service met with people that had been referred, discussed their expectations and carried out an assessment of people's needs. A staff member that carried out the assessments told us that they met with people, discussed their needs and expectations and carried out a physical assessment to ensure that people had the right care in place to meet their needs. They told us that following the assessment a care plan would be agreed with the person and signed by both the person using the service and the care staff member to demonstrate people's consent.

We looked at the care records of five people that used the service and we saw that aims and objectives of people's care packages had been identified and people had signed the records to show their consent with the care that was described.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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 looked at the care records of five people that used the service and we saw that people's needs had been assessed and care plans had been put in place to ensure that people's needs were met. We looked at the daily records of people's care and support and we saw that people's care was delivered in line with their care plan. We saw that during the six week period of people receiving care staff monitored people's welfare and where people were able to manage more of their daily tasks for themselves their care plan was reviewed and appropriate changes were made.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that health and safety assessments were carried out to ensure people's welfare and where equipment was required appropriate assessments were in place.

We spoke with two relatives of people that used the service. One relative told us "They provide enough care to meet (my relative's) needs and exercises to build (my relative's) confidence".

We spoke with eight people that used the service who were all happy with the care that they received. One person told us "I've had the service for about a month now and they don't do that much for me anymore, I'm managing well".

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

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.

Reasons for our judgement

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. We saw that following people's initial assessment that was carried out by the provider that if any additional services were required by people that appropriate referrals were made. We saw that the provider asked people for their consent to share their personal information in line with the Data Protection Act with other professionals as required. We saw that people were asked to sign consent forms to show their agreement with their information being shared.

We saw that the provider had operating principals and procedures in place as the service was jointly funded by Milton Keynes Council and the NHS Milton Keynes Clinical Commissioning Group and a service specification that identified the roles and responsibilities of all of the services within the Intermediate Care Team that were involved. This meant that there was a framework in place and guidance for staff to follow to allow the services to work in co-operation with each other.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We found that the provider had a detailed recruitment and selection policy in place that provided information about the whole of the recruitment process. We looked at the records of three members of staff and saw that the recruitment procedure had been followed.

Appropriate checks were undertaken before staff began work. We looked at the records that were kept for three people that worked at the service. We found that photographic identification was in place and Disclosure and Barring Service (DBS) checks had been carried out. We saw that references from people's previous places of employment had been obtained and personal health checks had been carried out. The provider might like to note that we were not able to evidence from people's records the reasons why they had left previous employment where their duties had involved working with children or vulnerable adults and people were asked to provide this information. We spoke with the providers Human Resources department who told us that this was the reason why for some people additional references were sourced. We looked at the some of the additional references that had been provided and they only contained factual information about dates of employment and no information about why people had left the position.

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 saw that following the end of the short-term care that the service had provided people were asked to complete a satisfaction survey about their experience of the service. We saw that the results were analysed and we saw that where one area had been identified as requiring an improvement to be made the manager had implemented a change to service and reviewed the comments received to ensure people's satisfaction improved.

We looked at the satisfaction surveys that had been completed over the past four months and we found that people were overall satisfied with the service and would recommend it to a relative or friend. Comments received from the survey included 'All of the staff are very efficient' and 'Several different carers attended and they were all very helpful, friendly and professional'.

We spoke with three staff members who told us that they had hand-over meetings at the start and end of each shift where they contributed to discussions and provided feedback about the service to more senior members of staff about people's care and treatment. Staff told us that they were listened to and their feedback was acted on.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We found that the provider's statement of purpose that was provided to people when they started to use the service included information about their compliments and complaints procedure and that it was documented that it was also available in audio, large print, braille and other languages. We also saw that a leaflet about how people were able to make a comment, compliment or complaint was provided in people's care files that were given to people when they started to use the service. The leaflet contained details of the three stages of the complaints procedure and contained contact details of where people were able to refer their complaint to if they were not satisfied with the providers response.

We saw that there was guidance and procedures relating to complaints available for staff to follow and there was also a protocol in place for the handling of inter-agency organisational complaints. This meant that there was a protocol in place to ensure that where different services were involved in delivering care or treatment the provider had guidance to follow to ensure that appropriate action was taken to co-ordinate a response to the person raising the complaint.

We spoke with eight people that used the service who told us that they had received an information file about the service which included information leaflets about how to make a complaint. They told us that they had the information to be able to contact the service if they had any concerns or complaints. We looked at the care records of five people that used the service that had been brought to the office from their homes. We saw that a statement of purpose and a complaints leaflet were available in each.

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.

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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