

Milton Keynes Council

Bletchley Community Hospital

Inspection report

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2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Bletchley Community Hospital is part of the Milton Keynes Intermediate Care Team. They provide personal care to people in their own homes, to enable them to become more independent. People are supported to achieve goals they set for themselves to enable to improve their independence and confidence at home. The service provides short term support, usually up to six

weeks, by which time people are independent or are referred to more long term care provision. At the time of our inspection, care was being provided to approximately 50 people.

The inspection was announced and took place on 16, 17 and 18 December 2015.

The service had a registered manager in post. They had been on maternity leave prior to our inspection, so in the

Summary of findings

interim, management cover had been provided by an acting senior practitioner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe using the service and were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures. Systems were in place to identify and manage risks within people's homes. Staff recruitment procedures were in place and were being followed to ensure only suitable staff were employed at the service. There were appropriate numbers of staff available to provide the care and support each person required. People were encouraged to be independent with medicines management and staff understood how to support them with this.

Staff had received training and demonstrated an understanding of people's individual choices and needs and how to meet them. Staff understood the importance of treating people with dignity and respect and people confirmed this. We found the service to be meeting the

requirements of the Mental Capacity Act 2005 (MCA). People using the service had capacity to make decisions for themselves and the registered manager and the staff understood their responsibilities in line with the MCA requirements.

People received the support they required to meet their nutritional needs. Input from health and social care professionals could be accessed as part of the reablement process and systems were in place to respond to people's healthcare needs.

People were content with the care they received from staff. They were treated with kindness and compassion. They were respectful of the decisions people made.

Care records reflected the care and support people needed to regain their independence. Staff understood the importance of meeting people's individual needs and provided the care and support they required. The service had systems to obtain people's feedback and provide them with opportunities to raise concerns.

There was an open and positive culture at the service, with a clear set of values which people, staff and the management all worked towards. Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Risks had been assessed and action put in place to minimise these.

Staff recruitment procedures were in place and being followed. The service had enough staff to meet the needs of people using the service.

Staff understood medicine management procedures and provided the support people required to take their medicines.

Good



Is the service effective?

The service was effective.

Staff received training so they had the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and supported them to regain their independence.

People were supported to maintain appropriate nutritional intake. People had access to health and social care professionals and these were accessed when needed to promote good health.

Good



Is the service caring?

The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion. Staff ensured they promoted people's privacy and dignity.

Care records reflected people's individual wishes and staff understood the care and support people needed to regain their independence.

People had the opportunity to express their views regarding their care.

Good



Is the service responsive?

The service was responsive.

People's planned goals gave staff detailed information on how to support people and meet their needs.

People were aware of how to raise any concerns or complaints, which were addressed using the appropriate procedures.

Good



Is the service well-led?

The service was well led.

Systems were in place to ensure people and staff were supported by the management and the provider. Staff felt valued and well supported by the management team.

Good



Summary of findings

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Bletchley Community Hospital

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16, 17 and 18 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection supported us by making phone calls to people who used the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

We spoke with nine people who used the service. We also spoke with the registered manager, the acting senior practitioner, two team leaders and three carers.

We looked at seven people's care records to see if they were reflective of their current needs. We reviewed six staff recruitment files, staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People confirmed they felt very safe with staff. They explained to us that they felt that staff would keep them safe from accidental harm or abuse, which helped them to feel comfortable in their presence. One person said, “I definitely feel very safe with the carers who come to see me.” Another person told us, “The carers who came were brilliant and we felt very safe with them.”

Staff understood their role in keeping people safe. They were clear around identifying and reporting any suspicions of abuse to the team leaders or registered manager. One carer said, “If I had any concerns at all, I would report them straight away.” Another told us, “We have a responsibility to make sure people are kept safe.” Staff told us they had undertaken safeguarding training and the training records we saw confirmed they had received this. The service followed local multi-agency policy and procedures to safeguard adults from abuse, with local authority policies for safeguarding and whistleblowing also in place. Staff understood whistleblowing procedures and knew the agencies they could contact if they had any safeguarding concerns, including the Care Quality Commission and the local authority safeguarding team.

Risks were assessed to keep people safe. Staff told us that the risk assessments guided them to minimise possible risk factors for people. One carer said, “Anything that helps us keep people safe is good.” Staff said that the risk assessments identified each area of risk to a person and the action to be taken to minimise them. For example, risks associated with moving and handling constraints. Staff described the care and support people needed to improve and maximise their independence whilst maintaining their safety. They said if they identified any risks following the initial risk assessment they would inform the team leader who would make required changes. Where the risks changed the records showed that necessary changes were made to the required care and support. This ensured that staff were up to date in the support and enablement they gave to people.

The registered manager told us the service responded to weather alerts and travel disruption and took action to provide continued care and support to people safely. Contingency plans to respond to emergency situations were in place. The provider also had a system to monitor accidents and incidents and staff were aware of the

reporting processes they needed to follow if either occurred. Accidents and incidents were recorded in detail and investigated. The registered manager ensured that recorded actions were taken and learning points identified to try to avoid recurrence.

Recruitment procedures were in place to ensure only suitable staff were employed by the service. The registered manager and acting senior practitioner told us that staff would only be allowed to commence employment following receipt of all relevant documentation. We saw that prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out which included Disclosure and Barring Scheme checks, health clearance, proof of identity documents including the right to work in the UK and two references. Staff files demonstrated that staff members had been safely recruited and that appropriate steps carried out, to ensure staff were of suitable character to work with vulnerable people.

People were positive in their comments about the numbers of staff on duty. One person said, “They always come at the same time each day both morning and evening and always stay for the full time.” Another person told us, “They come twice a day and at a time that I want them to come. They are always on time.” The service had a stable staff team, most of whom had worked for the local authority for many years. Staff felt there were enough of them to cover the people using the service. One carer told us, “I like how we don’t have time specific calls. We have the freedom to stay and do what we need to, if we see that people have almost achieved their goals, we can spend more time working on that, to give them the time to become independent.” The registered manager told us that rotas were designed to be flexible, so that staff had the time to spend with people and work on their enablement goals. Cover was provided for staff holidays and sickness and the team leaders had the training and experience to provide cover in the event of any situation where a carer could not attend. There were appropriate numbers of staff employed to meet people’s needs.

The service helped some people with their medicines if this was part of their assessed package of care. Those people who were supported to take medication had no concerns with the way in which this was managed by staff. One person told us, “I do my own tablets but they do check I

Is the service safe?

have taken them and then they record it in the book.” Staff told us that they could only give people their medication if they had received appropriate training and oversight. They explained that this included competency checks, to make sure they were giving people their medication correctly. There was a detailed medication procedure which clearly outlined the responsibilities the service would take with

regard to medication. It instructed staff in what they could and couldn't do. The help people needed with their medicines was clearly described on their plans of care which were supported by risk assessments. All staff had received up-dated training and their competence to administer medicines was checked.

Is the service effective?

Our findings

People told us they felt that staff were knowledgeable and able to meet their needs. All had very positive comments about the staff that supported them. One person told us, “They know exactly what to do and how to do it.” Another person said, “They are certainly well trained and know what they are doing.” We were also told, “All the carers who come are well trained and know how to do their job and I can’t fault them.”

Staff received training to provide them with the knowledge and skills to support and care for people effectively. New staff were working to complete the Care Certificate to ensure they had suitable skills and knowledge when they started supporting people on their own, and said they also shadowed and worked alongside colleagues as part of their induction. One carer said, “The induction was good for me, it helped me feel more confident about what I was going to do.” The process was designed to give staff the basic skills they needed to support people and to engage within the enablement process.

Staff told us that they also received regular on-going training and refresher sessions, to help keep their skills up-to-date. One carer told us, “Training here is really good, we get a lot but it does help.” Another carer said, “We get a lot of training, but it is good and it all helps.” Staff told us that they completed a mixture of mandatory refresher sessions, as well as specific courses, such as dementia, to give them the skills and knowledge required to meet people’s specific needs. In addition, staff told us that they were able to complete additional qualifications, such as Qualification Credit Framework (QCF) diplomas in health and social care. Training records showed that staff received regular training from the service and were encouraged to develop their skills. All staff were knowledgeable about their work and their understanding of meeting people’s needs.

Staff were supervised and their care provision observed to ensure they were caring for people effectively. The registered manager confirmed that spot checks were carried out in people’s homes so the team leaders could observe care, support staff and get feedback from the person about the care they received. All the staff told us they received supervision on a frequent basis and found these sessions productive and felt able to discuss any

points they wished to. Annual appraisals were also carried out for staff, to discuss their progress and any training and support needs. Staff said the training and supervision they received was appropriate and helped them with their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person’s fluctuating capacity.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person’s best interests. They respected people’s rights to make choices for themselves and encouraged people to regain their independence. Staff said if they had any concerns that someone became unable to make decisions for themselves, they would inform the team leaders or the registered manager so action could be taken to reassess the person. Staff understood mental capacity assessments could be undertaken to identify if the person could make their own decisions. This meant staff understood people’s rights to make choices and the action to take if someone’s mental condition deteriorated.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The service offered up to six weeks care and support to people to regain their independence. The registered manager and acting senior practitioner understood Deprivation of Liberty Safeguards (DoLS).

People said that staff supported them with their food preparation as described in their plan of care. One person said, “I do all my own meals but they do make a cup of tea before the leave each time.” We were also told, “They also make all my meals for me. The main meals are all frozen and I would choose which one I wanted.” Staff told us care

Is the service effective?

plans specified how much help people needed and these were up-dated as people became more confident. Staff told us they worked in partnership with people and prompted them to help people to make progress towards dealing with their own nutritional needs. Risk assessments were implemented for people with special nutritional needs, should this be required.

Information regarding people's healthcare needs was recorded in the care records, so staff had this information to hand and knew people's medical needs. We discussed with staff the action they would take if someone was

unwell. They said they would seek medical help and, depending on the seriousness of the situation, they would contact the person's GP or the emergency services for assistance. They also said they would record the event and report it to the team leaders or registered manager. Where referrals were required to other professionals, including physiotherapists or occupational therapists, we found this was done in a timely manner. This meant people's healthcare needs were identified and input sought from healthcare professionals when needed.

Is the service caring?

Our findings

People made positive comments about the staff that supported them. They were complimentary about the care and support they received and confirmed staff were always caring and compassionate. One person said, “The carers I had were fantastic.” Another person told us, “The carers who came to me are very caring and nothing is too much trouble and they made the change from hospital home so much better. They are all so polite and courteous. They all made sure I did a little bit more each visit.” We were also told, “The care I get is excellent and would be hard pushed to fault it.”

People told us that they had developed good relationships with staff, which helped them to feel at ease when they received care. One person said, “They are always polite and courteous when they work with me.” Staff also described how they managed to build relationships as part of the provision of care as they felt this went some way towards helping people reach their goals and become more independent. Staff told us that they felt it was important to get to know people and spend time talking with them during visits. They said that this helped people to feel comfortable, as well as making sure that people received the care they wanted.

Staff kindness towards people and their ability to empower them were evident in the conversations we had with people about their care. One person said, “The carers are so polite and nothing is too much trouble, whatever I ask for.” People told us that staff had spent time with them, getting to know them and what they liked and disliked. People also told us they had been provided with information on the first visit so that they knew what would be provided and their expectations of the service. Staff acknowledged they had been given appropriate time to get to know a person who was new to the service.

Care plans had been produced to provide staff with guidance about how people wanted to receive their care. People told us that they had been involved in this process,

to make sure the care plans were reflective of their wishes and contained information which was relevant to them. One person told us, “My care was planned when I was in the care home after coming out of hospital and my son was involved.” People were aware of their care plans and the content of them.

Staff told us that it was important that people were involved in planning their care, and they worked to ensure their views and wishes were accurately represented. One carer told us, “We always make sure we speak to people. To gauge how they feel about things. We are here to get them back on their feet if we can so it is important that we ask them at every step of the way.” We looked at people’s care plans and saw evidence that they had been involved throughout the care planning process. In addition, useful information about the provider and the services that people and their families could expect to receive had been made available. This included information about contacting the service and how to provide feedback or make complaints. People we spoke with said they were able to advocate on their own behalf, or would request their relatives to be included in the conversations. There was evidence that this was the case and people were able to verbalise their needs.

People understood about the goals they had to achieve to reach their independence and were aware that their views were at the centre of the support provided. Information about people’s goals and risk assessments were on record and staff told us they read these each time they went into the person’s home. This meant people could be assured that the support staff provided was up to date.

People felt that staff and the service respected their privacy and dignity, and treated them with respect at all times. Staff confirmed that people’s privacy and dignity were important parts of their role, and that they worked hard to ensure people were treated appropriately. We saw that the service had a policy to guide staff in this area, and that training was provided, to ensure staff knew what was expected of them.

Is the service responsive?

Our findings

People told us the main aim of the service was to enable them to get their independence back, following either a stay in hospital or a decline in their general health and well-being. They told us they had been involved in every aspect of their care once the service was in place. People said they were involved in setting goals for their period of rehabilitation and had the full support of staff. The registered manager told us that people usually remained with the service for up to six weeks. If people were confident and able to be independent again they would be assessed and leave the service. If people required a little more time to reach their goals, then that would also be arranged.

People's care needs were fully assessed before the service began providing support. Initial assessments could be completed within a very short period of time. Assessments were often completed with the assistance of the hospital and social work team. One person said, "They asked me exactly what I thought I needed help with." Another person told us, "The care was planned in the hospital and we had a meeting at home when we arrived there to make sure it's suited our needs." People told us they had been involved in the initial assessments and the development of their care plans. We saw that staff visited the person at home, and wrote the goals for the person and detailed any risks involved for the person or staff. We saw that when there had been improvements in a person's mobility and health, the goals were reviewed and changed. People had updated support that was planned with them to ensure the service met their needs and their health and wellbeing had improved.

People were regularly assessed to ensure their changing needs were being identified and met. One person told us, "The carers who come to see me really understand my needs and what my personal preferences are. It is a really good relationship." Following on from initial assessments, reviews were carried out by the team leaders which identified a person's achievements and improvements during the first weeks of care provision. Further assessments were then done which identified improvements or any longer term care and support people might need. This enabled the service to monitor people's progress and adapt their package of care to meet their changing needs. Although for the majority of people progress was good, if someone was identified as needing long term care there was a process in place for signposting people to other support in the community when necessary.

People knew how to raise complaints with the service. One person told us, "I have no reason to complain." Another person said, "I have never complained and cannot see a reason to in the future." Staff told us that they encouraged people and their families to raise any concerns that they may have. We saw that the service had a complaints policy in place, as well as information in people's files, providing them with guidance about how to make a complaint. There was also information available about contacting the service, as well as external organisations, such as the local authority and the Care Quality Commission (CQC); in case they wanted to make an external complaint about the service they received. We saw that the service had received some complaints in the past 12 months. Those that had been received were investigated by the service, and actions implemented as a result.

Is the service well-led?

Our findings

The service had a positive and open culture. People told us they were treated as individuals and that staff were committed to their role. Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

People were positive about the service they received. One person said, "I am very happy with the service I have and the care I get. It is so vital to have a number to contact for support when you come out of hospital." Another person told us, "We were very happy with the service we got and the office was so helpful and all the help they provided." People who used the service told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews. We found that the registered manager reviewed the outcome of reviews to identify any possible improvements that could be made to the service.

The service had a registered manager in post. Staff told us that the registered manager, and in their absence, the

acting senior practitioner, offered support and advice and was accessible to both staff and people. We observed that they were flexible and hands on' in their approach, willing to support staff at any time.

We found that the registered manager was supported by a senior practitioner and team leaders along with a team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave ongoing advice and support and ensured that staff knew what was expected of them. We were told that if the registered manager was not available, then staff could contact the senior practitioners or team leaders, who would also offer support and advice.

The registered manager and acting senior practitioner told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

We saw that a variety of audits were carried out on areas which included health and safety, and care records. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement

Systems were in place for monitoring the service. The registered manager and other senior staff undertook quality monitoring which covered telephone spot checks and direct observations for staff, reviews for people supported by the service, complaints, compliments and safeguarding referrals. Policies and procedures were in place and were updated periodically to keep the information current.