

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

Dimensions 30 The Dock

30 The Dock, Catshill, Bromsgrove, B61 0NJ

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Date of Inspection: 20 May 2014

Date of Publication: June 2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Managers	Mrs Julie McGirr Ms Lisa Wadlow
Overview of the service	The Dock provides personal care and accommodation for people who have a learning disability.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Management of medicines	11
Supporting workers	13
Assessing and monitoring the quality of service provision	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 unannounced 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 20 May 2014, observed how people were being cared for 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 considered all of the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well led?

This is a summary of what we found-

Is the service safe?

We saw that interactions between staff and people they were supporting were positive and enabled them to make decisions and choices. The staff understood and were able to explain the background of each person, and the support they needed. The staff demonstrated that they cared for the people they supported and it was evident that people felt safe and comfortable with the staff. We heard frequent laughter and smiles from people throughout the day.

The staff we spoke with knew and understood their responsibilities with regard to safeguarding people from abuse and harm. There had been no reports or safeguarding concerns raised since the last inspection. A safeguarding policy and local authority guidance was available and on display in the office. This meant that people could be confident that they were protected because the staff team knew how to recognise and respond to abuse.

Staff administered medications for the two people living in the care home. We saw that the MAR charts were completed accurately and that staff signed to confirm that the medications had been taken by the person. The provider's policy required two staff to sign

for medication administration, and a lone worker form was completed for occasions when staff had administered on their own.

Is the service effective?

People referred to the service were assessed by a senior staff prior to being admitted to the care home. Introductory visits called 'taster sessions' were also arranged if appropriate for that person. We were told that this had been useful by a family member who said: "We were all involved in the decisions about the move and (person who used the service) visited a few times. We had enough information, and we felt it was right".

Is the service caring?

We spoke with one person who told us how they had been supported when they moved into the care home. They said they had visited before they actually moved. During these visits, the person was introduced to the staff, assessments and support plans were commenced and they decided how they would like their bedroom to be decorated and furnished. This meant that people were given choices and enabled to make decisions about their care and treatment.

Is the service responsive?

We spoke with a person who discussed and read through some of their support plan with us. We saw that the support plan was detailed and included involvement of other health professionals. This person also showed us their emergency plan which was displayed on their bedroom wall. This meant that people could be confident that their needs would be met in the event of an emergency situation.

We saw that people were supported to attend medical appointments outside of the home. One person attended a dental appointment on the day of our inspection. We read the care documentation which confirmed that there was support from other health professionals and recommendations were implemented. This meant that people could be confident that they received continuity of care as their needs changed.

Is the service well led?

Staff told us that they had supervisions with the manager every three months and they had annual appraisals. Actions were agreed and progress was monitored. We saw that the records were in place, up to date and that planned meeting dates were agreed.

We looked at the on line training records and saw that mandatory training was up to date. Staff told us: "We also do other training if we ask for it", and: "Dimensions (the provider) try to make sure that people have the best quality, they really do want the best for people".

We found that three monthly quality assurance audits were undertaken by the provider's compliance team. A service improvement plan was generated and actions monitored. The most recent audit was completed in March 2014. This confirmed that most of the previous actions had been achieved and the manager informed us that they would be considered for a 'light touch' audit in June 2014.

The provider may wish to consider why their quality assurance system had not identified and addressed the unsecure storage of care records which we were told were for archiving in the room designated as the staff room, and the hole in the door where the lock had been

drilled out. We were told that actions would be taken to address these concerns as a matter of urgency.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Two people were living in the care home when we completed our inspection. We spoke with one person who told us how they had been supported when they moved into the care home. They said they had visited before they actually moved. During these visits, the person was introduced to the staff, assessments and support plans were commenced and they decided how they would like their bedroom to be decorated and furnished. This meant that people were given choices and enabled to make decisions about their care and treatment.

A copy of the service user guide was given out, and this contained details about what could be expected from the care home, and gave information about how people could raise issues or concerns. Large print and pictorial versions of this document were available.

One person told us about their support plan, we read through it together, and confirmed that what was written reflected their needs wishes and desired outcomes. This person also had a documented activity programme. The person was excited and nervous about a show that they were involved in, and was going out for a practice session on the afternoon of the day of the inspection. The provider may wish to note that the activity programme for another person who used the service was not reflective of what was currently in place due to the home's vehicle no longer being available. Alternative transport options had been risk assessed but were not fully operational at the time of the inspection.

We listened to staff having conversations with the people who used the service. We heard kind, supportive and encouraging conversations. We heard a person being offered choice at mealtime. One staff said: "Would you like cheese or ham?". We heard the person respond to this question. We also heard friendly 'banter' between staff and one person, and the person evidently enjoyed this communication and laughed and responded enthusiastically.

The support plans provided detail about each person's preferences and choices. This included what the person liked to be called, how they liked to spend their day, activity programmes and personal care needs. Staff told us how they demonstrated respect for people they were caring for. Staff said: "I knock on the doors" and "Our training is about the person and how to make sure we always do the best we can". We saw that people's mental capacity was considered in planning and decision making and that where best interest decisions were made for one person, they were recorded in the support plan.

One person represented the home in the provider's regional forum called 'Everybody counts'. This gave people who used the service the opportunity to meet with the provider's directors and share their views about the service, on behalf of themselves and others in the care home. Written notes were taken with actions documented. This meant that people could be confident that they were involved in decisions about the service.

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 referred to the service were assessed by a senior staff prior to being admitted to the care home. Introductory visits called 'taster sessions' were also arranged if appropriate for that person. We were told that this had been useful by a family member who said: "We were all involved in the decisions about the move and (person who used the service) visited a few times. We had enough information, and we felt it was right".

Care was planned and delivered in line with people's needs. We saw that staff documented daily entries in to the support plan, daily records book. The provider may wish to note that the auditing sheet at the back of the book states that the entries should be audited weekly. These audits had not been completed.

We found that the support plan for one person had not been consistently updated so that the current needs of the person may not have been accurately recorded. Whilst the permanent staff clearly understood the current needs of the person, if temporary or relief staff were required, people may not have been cared for appropriately. The manager agreed that the support plan required updating.

Risk assessments were completed and updated when there were changes. One person with limited mobility had been assessed for use of public transport. Guidelines had been drafted but were not dated and signed. The provider may wish to note that not all staff felt confident that they would be able to undertake this activity and agreed that they would discuss their concerns with the manager.

We spoke with one person who discussed and read some of their support plan with us. We saw that the support plan was detailed and included involvement of other health professionals. This person showed us their emergency plan displayed on their bedroom wall. This meant that people could be confident that their needs would be met in the event of an emergency situation.

We saw that the people were supported to attend appointments and one person attended a dental appointment on the day of our inspection.

We saw that some of the activity plans had changed due to the change in transport arrangements, but these changes had not been consistently updated in the individual plans.

During the inspection we saw that interactions between staff and people they were supporting were positive and enabled them to make decisions and choices. The staff understood and were able to explain the background of each person, and the support they needed. We saw that staff cared for the people they supported and it was evident that people felt safe and comfortable with the staff. We heard frequent laughter and smiles from people throughout the day.

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

Our judgement

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.

Reasons for our judgement

We asked staff to tell us how they obtained, stored, recorded, administered and disposed of medications. They explained the procedures in place and showed us the supporting documentation and the storage equipment.

Medicines were prescribed by the doctor, and staff kept copies of the prescriptions in the care home. Medicines were received, in 'blister packs' or individual containers, if they were not suitable for blister pack storage. Staff recorded dates and amounts of medications received onto medication administration record (MAR) charts, and they were placed in the medication cabinet in the person's bedroom. The MAR charts recorded allergies and included a photograph of the person.

The doctor had agreed a list of 'homely remedies' which could be given for a short time if required without the need for a prescription. This medication would be purchased for the person and stored in their medication cabinet, however, we were told by staff that there were none being used at the time of our inspection.

Staff administered medications for the two people living in the care home. We saw that the MAR charts were completed accurately and that staff signed to confirm that the medications had been taken by the person. The provider's policy required two staff to sign for medication administration, and a lone worker form was completed for occasions when staff had administered on their own.

Information was available in the support plans which confirmed details and guidance for the administration of medications, including 'as required' medication. Details of how to support the person to take their medication was also recorded. The provider may wish to note that one support plan did not accurately reflect when there was a change in medication for one person, however, the actual MAR charts were up to date and accurate, so that people were protected could be confident that they would receive the correct medications at the correct times.

Staff completed medication stock checks on a weekly basis, and after each administration of an 'as required' medication. Medications no longer required were recorded and returned

to the pharmacy.

Staff training was completed before staff were allowed to administer medications. Staff were then supervised by senior staff on a six monthly basis. We looked at the training records and found that these had been completed and were up to date. The provider had a detailed medication policy that provided clear guidance for staff. This meant that people could be confident that their medications would be safely managed.

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

Our judgement

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.

Reasons for our judgement

We spoke with staff who told us that they had received an induction programme when they started work. This included theory based training followed by shadowing shifts, where they worked with experienced staff until they were assessed as competent to work unsupervised.

Staff told us that they had supervisions with the manager every three months and they had annual appraisals. Actions were agreed and progress was monitored. We saw that the records were in place, up to date and that planned meeting dates were agreed.

We looked at the on line training records and saw that mandatory training was up to date. Staff told us: "We also do other training if we ask for it", and: "Dimensions (the provider) try to make sure that people have the best quality, they really do want the best for people".

Staff were supervised as noted above, but there was little evidence of regular daily or weekly support and supervision and monitoring by senior staff. There were no senior staff employed on a full time basis at the care home. Support workers had telephone access to their manager mainly by telephone. They told us that their manager was approachable, they would not hesitate to contact them, and they provided advice and guidance whenever they had queries or concerns. They told us that it would be helpful for them if their manager was able to spend more time in the care home to provide day to day support and guidance. Staff told us that on call managers and senior staff who were shared across more than one service provided support and guidance if needed.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others

Reasons for our judgement

We found that three monthly quality assurance audits were undertaken by the provider's compliance team. A service improvement plan was generated and actions monitored. The most recent audit was completed in March 2014. This confirmed that most of the previous actions had been achieved and the manager informed us that they would be considered for a 'light touch' audit in June 2014.

The provider may wish to note that we found unsecure storage of care records for archiving in the room designated as the staff room. The manager was not aware and agreed to address the issue as a matter of urgency so that people could be confident that records about them were kept confidential.

The provider may wish to note that we saw a hole in the door of the staff room where the locking mechanism had been drilled out by a contractor. The manager was not aware and agreed to address this concern so that people would be appropriately protected in the event of a fire.

Feedback was sought from people using the service and their families and actions were confirmed and circulated. We saw the report and action plan for 2012- 2013 and were informed that the report for 2013-2014 had not yet been received.

One person had attended the provider forums called 'Everybody counts'. This forum was attended by the provider's directors. We spoke with the person who attended the forum. They were very positive and said that felt able to express their views. The only current concern they had was that they no longer had a designated car available to take them out. This concern was also expressed by staff and commented upon by a relative.

Staff were appraised and supervised and this was documented. Action plans were agreed and monitored on a regular basis.

The support plans had not been consistently updated, and the daily records had not been audit checked weekly as was in accordance with the provider's guidance. The manager

told us they would arrange for these checks and updates to be completed to ensure that people's assessed care and treatment was accurately reflected in the care records.

The provider had a complaints procedure, this was available in an easy read format. We spoke with a relative who said: "We would feel comfortable making a complaint if we needed to". The manager told us that no complaints or compliments had been recorded since 2010. This meant that people may not have been appropriately supported to make complaints because there were no designated senior staff fully trained in complaints management available in the home on a regular basis.

The manager collated accident and incident details and these were reported to the provider on a monthly basis. The last recorded incident was recorded in February 2014. This been reviewed by the manager who said that they reviewed accidents and incidents with the aim of making improvements if required. This meant that people could feel confident that the service learnt from incidents and accidents to establish a cause and prevent reoccurrence.

The staff we spoke with knew and understood their responsibilities with regard to safeguarding people from abuse and harm. There had been no reports or safeguarding concerns raised since the last inspection. A safeguarding policy and local authority guidance was available and on display in the office. This meant that people could be confident that they were protected because the staff team knew how to recognise and respond to abuse.

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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