Review of compliance

Dimensions (UK) Limited Dimensions - 25 Corngreaves Road	
Region:	West Midlands
Location address:	25 Corngreaves Road Cradley heath B64 6BL
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Care home location providing accommodation and personal care to a maximum of eight people who have a learning disability.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Dimensions - 25 Corngreaves Road was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 December 2011, observed how people were being cared for, looked at records of people who use services and talked to staff.

What people told us

This location was registered in October 2011. Information we gained from staff and management confirmed that they were only going to look after the people at this location for a short time whilst their future accommodations are being refurbished. It is planned that by the end of January 2012 all eight people presently living at the location will have been moved to their new accommodations.

At the time of our inspection there were eight people living at the location all have a diagnosis of learning disability. These people were previously looked after by the NHS. Some of the people have lived in long term care provisions since they were seven years old.

Staff caring for the eight people during their temporary stay at this location were from a range of places. Some were formally employed by the NHS so they knew the people well. Others were employed by the provider from agencies and small proportion mainly senior managers are employed by the provider.

Because of limited communication and understanding due to learning disability and associated diagnoses we were unable to hold conversations with people. We met five of the eight people living at the location. Staff introduced us to people so we were able to have some engagement. We spent time in a communal area where we could observe and hear some staff and people interaction.

During our time at the location it was clear that staff had a good relationship with people in their care. Staff were patient and polite, in turn people responded positively when they were approached by staff.

We spoke to a number of staff. Generally, staff felt that they were doing a good job considering the rather unusual circumstances. One staff member told us;" I think it has been difficult for the people having to get used to a new environment and mostly new staff. We have worked well as a team to make sure that people are well looked after".

We found some areas that need to be improved upon to make sure that people are safe and free from harm.

Medication systems and processes need some improvements to make sure that they are robust and safe.

Safeguarding processes need some improvements to make sure that they are robust and safe.

Better, in-depth auditing would give people greater assurance that they are being safeguarding and that the service is being run in their best interests.

What we found about the standards we reviewed and how well Dimensions - 25 Corngreaves Road was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We observed many practices that were in place to promote choice and dignity. However, people can not always be assured that their care will be personalised and that their dignity will be maintained.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Better record keeping and evidence of some health monitoring would give people greater assurance that all their needs are being identified and staff are working to meet these.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Improvements in safeguarding processes will give greater assurance that people living at and visiting the location are safe and protected from harm

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Medication processes need some improvement to make sure that medication is stored at the correct temperatures and that records confirming medication totals are adequately maintained. These measures will reduce risk and assure peoples well being.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Without evidence to confirm that recruitment processes are robust and safe people can not be entirely assured that they are being properly protected.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems and processes are in place to monitor and ensure that people benefit from the service provided. However, people may be better assured and kept safer if more regular and thorough in-house checking processes were consistently undertaken by management.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Because of limited communication and understanding due to learning disability and associated diagnoses we were unable to hold conversations with people.

Other evidence
During our time at the location we found many examples of good practice regarding people involvement and the promotion of privacy and dignity.

All people have their own single bedroom and en-suite room. This promotes both privacy and dignity.

We looked at one person's bedroom. This was of a good size and was individualised with personal items and belongings.

We spoke with staff. We asked them how they promote dignity in everyday care delivery. All were able to give clear accounts. Staff told us that they always knock doors before entering rooms. Staff told us that they tell people what they are doing, that they give choices.

Records we looked at confirmed that staff take people shopping so that they can

choose clothing items for themselves. Staff told us that people are given the choice of what they want to wear every day.

One staff member told us that all people living at the location require help and support with personal care. The staff member said; "When supporting people with personal care we always encourage people to use their own en-suite rooms. Some people like their own space. They like to spend time alone in their rooms watching DVD's and they do".

Records we looked at confirmed that people's preferred form of address is determined and used. We saw that daily routines are also identified which include rising and retiring times.

During our time at the location we heard staff speaking to people. They did this in a patient polite way. We heard staff giving people choices and explaining things to them.

We did find that some improvement is needed to better promote people's dignity and enable choices to be made.

When we arrived at the location at 08.25 only male staff were on duty. These staff confirmed that they did not perform care to female people this was always done by a female staff member. Staff told us; "We could do with some more female staff as female people are not washed and dressed by male staff".

We observed a female who was walking around in an all male environment dressed in their night clothes. We could not determine if this was their choice or not. However, the staff rota confirmed that a female staff member was not due on shift until 09.00 when the person's personal care needs could be met. We looked at records and found that some days the person got up at 07.30 so could have a long wait to get dressed if female staff do not come on duty until 09.00. This situation does not demonstrate that staff always actively promote dignity or provide personalised care.

We identified that information was not available regarding people's terms and conditions and what they should expect the provider to deliver. The registered manager confirmed that this information was not available.

Our judgement
We observed many practices that were in place to promote choice and dignity. However, people can not always be assured that their care will be personalised and that their dignity will be maintained.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Due to limited communication and understanding we were not able to discuss with people the area of care and welfare.

We spoke with staff who told us that all people living at the location were well cared for.

Other evidence
The location is registered to provide accommodation and personal care to a maximum of eight people. Eight people were living at the location at the time of our inspection. People living at the location predominately have a diagnosis of learning disability.

We found some good examples of how people's care needs and risks are being managed.

We looked at care plans for two people. A care plan should provide sufficient information so that staff know how to meet people's needs and in general we found that they did.

The care plans that we looked at were detailed and personalised. Efforts had been made to find out as much as they could about each person so that their needs would be met. Care records for one person highlighted that they liked going to church to sing hymns as that made them happy. Staff confirmed that the person had attended a recent memorial service and links had been made with a local church that they could visit.

We saw that processes were in place to assess any risk with the aim to reduce or prevent harm and injury. These included risk assessments for daily living and going out in the community.

Staff informed us that many of the people had lived in long term institutional care all of their lives. They told us that they had worked to introduce people to the community and local facilities. Records we looked at confirmed this further. Records highlighted that most of the people went out regularly shopping, out for meals and other places of interest.

We identified that some improvement was needed.

One person has a long history of weight loss. We looked at records for this person and one other but could not find records to confirm that their weight was being monitored. We spoke with a staff member about this. The staff member confirmed that they were trying to secure weighing provision in the community as they did not have any equipment for weighing people at the location.

One person had a family history of diabetes. Records highlighted that their urine should be checked. However, there were no instructions to confirm how often the urine should be checked or who should check it. There were no records available to confirm that the person's urine had been checked since the provider took over their care in October 2011.

Record keeping regarding health care input was difficult to track as there were no records dedicated to this task. The manager told us that other locations have better record keeping systems for this purpose and that they would put these into place.

Our judgement
Better record keeping and evidence of some health monitoring would give people greater assurance that all their needs are being identified and staff are working to meet these.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We did not talk to people about safeguarding.

Other evidence
This location has only been registered since October 2011. We have not to date received any safeguarding alerts or learnt about concerns from external agencies. We found however, that some improvements are needed to ensure that people living at and people visiting the location are safe.

A short time after arriving for our inspection one person living at the location led us to their bedroom. Later we looked at records for the person and found that they had been previously involved in an incident concerning a person visiting the location. Records we looked at confirmed;' There are presently risk assessments in place regarding new visitors visiting the building. Staff to ensure that visitors are informed that there could be a possibility of people we support displaying aggression'. Staff did not inform us about this.

We asked staff direct questions about incidents between people who live at the location. Staff told us that they had been made aware from former staff that there was a history of aggression between two people. Staff told us that there had not been any incidents other than finger pointing and verbal exchanges. We looked at the accident and incident book and found that there had been recent incidents between people. One person had been hit and another pushed to the floor. When asked management confirmed that these incidents had not been reported to the local authority safeguarding

team.

We asked to see Sandwell Council's 'interagency safeguarding' procedures. As these are the processes that staff should follow if an incident of abuse occurs or if staff have concerns. The manager confirmed that these procedures were not available at the location. The manager told us that they would obtain some that day.

There was no training matrix on site at the time of our inspection so we were unable to determine how many staff have received safeguarding or adult abuse awareness training. Managers and staff told us that they had received this training in the past.

We found some good practice concerning protection.

Staff and records we looked at confirmed that people are seen by specialists dealing with learning disability.

All people are reviewed regularly regarding their present state of well being.

We checked two people's money to make sure it was correct. We found that it was. The money available matched the balance shown in the records.

Our judgement
Improvements in safeguarding processes will give greater assurance that people living at and visiting the location are safe and protected from harm

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We did not discuss the area of medication with people who live at the location.

Other evidence
We looked at medication for the people whose care we looked at. We did this to assess whether or not medication systems were safe. We found a number of things that needed to be improved upon.

We found that boxes and bottles containing medication were not always being date labelled when opened. Medication remaining from previous cycles was not always being carried over so medication totals do not balance. These shortfalls prevent effective audit trails and can prevent effective audits being carried out.

The temperature of medication storage areas should be monitored to make sure that medication is stored at the correct temperature. If medication is not stored at the correct temperatures it could be spoilt or not work as it is designed to do. The manager confirmed that temperatures are not being taken or recorded. The lack of recording prevents evidence of consistent, correct, medication storage temperatures. The manager told us that they would put processes in place that day to improve.

We saw a number of medication administration records that had been handwritten. Handwritten medication administration records should be checked and signed by two people to confirm what had been written was correct against prescriptions and the

medication dispensing label. This checking process could not be confirmed as there were not two staff signatures on the medication administration record.

We looked at care records for one person then checked their medication record. There had been a change in dosage for one medication. Although the medication administration record confirmed this, the care records had not which could lead to confusion about what dosage should be given.

We asked the manager if there was an example staff initial document available. The manager confirmed that there was not but would make sure there was one later that day. A staff example initial sheet confirms who has administered medication. This can be useful if there is a problem or error as it determines which staff member was responsible for the medication administration.

We found that there were some positive medication practices.

Medication records to show administration were all completed as they should be. Prescribed food supplement preparations were all included on the medication recorded and signed to show that these were being given as they should be.

Our judgement
Medication processes need some improvement to make sure that medication is stored at the correct temperatures and that records confirming medication totals are adequately maintained. These measures will reduce risk and assure peoples well being.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Due to limited communication levels we were not able to speak with people who live at the location about requirements relating to workers.

Management told us that they have robust recruitment processes to make sure that their systems are safe.

Other evidence
As a minimum we expect recruitment files to contain proof of a persons identity; a Criminal Records Bureau Disclosure (CRB); an application form containing a person's employment history (with an account of any gaps), qualifications and experience; a declaration relating to the persons physical and mental health; plus references to evidence their conduct in previous employment.

We were unable to look at recruitment information for staff as it was not available at the location. Staff at the location have been employed in different ways. A number are being supplied by agencies, others transferred from the NHS and a few staff have been employed for some time by the registered provider.

The manager told us that the organisation has robust recruitment processes. They told us about the recruitment processes and checks both for agency staff and permanent staff.

The manager told us that recruitment information is kept at their human resources

section. We asked for some information to be provided to us but at the time of producing this report we have not received this.

We highlighted to the manager that we can not make a judgement on recruitment processes as we do not have documentation to assess. We highlighted that they as registered manager need to assure their self that staff have been properly recruited and checked and that people are not at risk of harm.

Our judgement
Without evidence to confirm that recruitment processes are robust and safe people can not be entirely assured that they are being properly protected.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People living at the location did not speak to us about the quality monitoring of the service.

Other evidence
We expect as a minimum that systems and processes are in operation to monitor the quality and safety of the service being provided.

We take into consideration the proposed short term use of this location and the short time that it has been registered but needed assurance that people were safe. We did not have full assurance.

The manager told us that some checking processes have been undertaken but not in so much detail as they should. We found shortfalls with safeguarding and medication that may not have been apparent if robust audits had been carried out.

We wanted to look at service equipment to make sure that equipment and appliances were safe. Apart from hot water checking there were no current certificates available for other areas such as gas safety and the fire alarm system. The accommodation is owned by an external agency. The manager highlighted that they had been told that all services for equipment and the required checks were up to date. There was no evidence to confirm this. The manager told us that they would look into this issue that day.

We found some better practice.

The manager told us that they visit the location at least twice a week. Visits are also made by operations and other senior managers.

Our judgement
Systems and processes are in place to monitor and ensure that people benefit from the service provided. However, people may be better assured and kept safer if more regular and thorough in-house checking processes were consistently undertaken by management.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: No evidence to confirm non compliance.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Better record keeping and evidence of some health monitoring would give people greater assurance that all their needs are being identified and staff are working to meet these.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Improvements in safeguarding processes will give greater assurance that people living at and visiting the location are safe and protected from harm	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines

	How the regulation is not being met: Medication processes need some improvement to make sure that medication is stored at the correct temperatures and that records confirming medication totals are adequately maintained. These measures will reduce risk and assure peoples well being.	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Without evidence to confirm that recruitment processes are robust and safe people can not be entirely assured that they are being properly protected.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Systems and processes are in place to monitor and ensure that people benefit from the service provided. However, people may be better assured and kept safer if more regular and thorough in-house checking processes were consistently undertaken by management.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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