

Review of compliance

Dimensions (UK) Limited
Dimensions - 66 Rectory Road

Region:	West Midlands
Location address:	66 Rectory Road Redditch Worcestershire B97 4LL
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	66 Rectory Road is located in the residential suburbs of Redditch. It provides accommodation for up to 4 adults with a learning disability.

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

Our current overall judgement

Dimensions - 66 Rectory 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 22 August 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

The people we spoke to were not able to talk in any detail about the care and treatment they receive due to their disabilities. For part of the day people were out with members of staff. We were able to observe the care and interactions both before and after the time spent out of the home. We saw that staff spoke to people in a calm and respectful manner and they managed to defuse a potentially volatile incident by diverting attention elsewhere.

The service has reported a number of incidents between people living at the home under multi agency safeguarding procedures. Staff had received training in safeguarding and were aware of their individual responsibilities.

During our visit we found some occasions where the management of medication needed to be improved.

What we found about the standards we reviewed and how well Dimensions - 66 Rectory Road was meeting them

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

Staff are aware that challenging situations may develop. Staff have received training regarding their responsibilities to ensure that they have the knowledge to protect people from abuse.

Outcome 09: People should be given the medicines they need when they need them,

and in a safe way

People are not fully protected against the risks associated with the unsafe use and management of medicines because there are not appropriate arrangements in place for the recording, safe keeping, dispensing and disposal of medicines.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People living at 66 Rectory Road are vulnerable due to their disabilities. We found that staff working at the home as well as more senior managers were aware of the importance of reporting incidents within the home. This is to the Local Safeguarding Authority at Worcestershire Adult Services in accordance with inter-agency procedures. We had received notifications regarding incidents between people living at the service which had been referred. We are currently awaiting the outcome of these referrals.

While we were at the service we witnessed an altercation between two people living at the home. The incident was unexpected and we were informed that a similar occurrence had not happened before. The situation was defused by staff in a calm manner and one person was taken out for a while to have a hair cut. Upon their return there appeared to be no further disagreements.

Other evidence

Staff on duty confirmed to us that they have received training covering the safeguarding of vulnerable adults. Staff explained to us that the training covered different types of abuse which people could experience. Staff told us that they would report any suspicions or knowledge of abuse taking place to the manager. We were told that staff have access to a confidential help line if they felt their concerns were not listened to. In addition staff are aware that they could report incidents to other authorities such as the Local Authority the Police or Care Quality Commission.

Care workers told us that they had recently taken part in sessions at the home

designed to look at the strategies to divert or defuse situations. This had concentrated on the individuals living at Rectory Road rather than a more general overview. We were informed that the agreed actions were recorded as part of the training however they were not transferred at the time of our visit to individual care plans.

Our judgement

Staff are aware that challenging situations may develop. Staff have received training regarding their responsibilities to ensure that they have the knowledge to protect people from abuse.

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 moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not speak to anybody using the service about their experience of medication management at the service.

Other evidence

During our visit to 66 Rectory Road we assessed the safe handling of medicines. Most of the medication currently in use is stored in people's own bedrooms. The administration of medication is recorded on Medication Administration Records (MAR) sheets. We checked the records and medication of three people.

Most of the MAR sheets we looked at were completed correctly indicating that people had received their medication as prescribed.

We did find some areas where improvement in management systems was needed. We found that medication in some boxes did not have the date of opening recorded on it. This made it difficult to check against the MAR sheets and meant we were not able to carry out full audits of medication.

People's care plans contained information about medication. However as care plans were not always up to date there was conflicting information about medication. One person had medication stored in their room which was originally prescribed on an 'as required' basis. This medication was now prescribed twice daily. There was therefore a risk that too high a dose could have been given in error, as the same medication was

amended to be administered on a regular basis..

We viewed the controlled drugs cabinet and audited the contents to ensure they balanced with the controlled drugs register. We found that staff had added up the amount of one drug incorrectly. It is vital that accurate records are maintained especially regarding drugs classed as controlled. We were unable to balance the amount of drugs of controlled drugs held as it became evident that staff had failed to record some items into the home.

Our judgement

People are not fully protected against the risks associated with the unsafe use and management of medicines because there are not appropriate arrangements in place for the recording, safe keeping, dispensing and disposal of medicines.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: People are not fully protected against the risks associated with the unsafe use and management of medicines because there are not appropriate arrangements in place for the recording, safe keeping, dispensing and disposal of medicines.</p>	

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 14 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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