

# Review of compliance

<p>Dimensions (UK) Limited Dimensions 22 Mill Croft</p>	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	22 Mill Croft Scunthorpe South Humberside DN16 1QL
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	22 Mill Croft Road is a purpose built single storey home for up to six people with a learning disability. It is situated in a residential setting and close to local facilities. The home has six single bedrooms, a bathroom, a kitchen, a laundry and a large lounge/dining room. One of the bedrooms has been reorganised into a sensory room. There is a garden at the rear of the property and car parking at the front.

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

## Our current overall judgement

**Dimensions 22 Mill Croft was meeting all the essential standards of quality and safety inspected.**

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 13 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and reviewed information from stakeholders.

### What people told us

We used a number of different methods to help us understand the experiences of people who used the service, because the people who used the service had complex needs which meant they were not able to tell us their experiences.

There were four people who used the service and all had complex needs associated with learning disability. We were unable to communicate verbally with people but we were able to observe how they interacted with staff and each other and how they were supported in their daily lives.

We observed a calm and relaxed atmosphere in the home. People had their own specialised chairs to sit in and their own routines throughout the day. People were able to move about freely throughout the home. There was a restriction into the kitchen when members of staff were not present. This was to be the subject of a meeting with the local safeguarding team next week.

We observed lunch being served and saw that people enjoyed their meal. We also observed that staff supported people to eat their meal in a way that promoted their dignity and encouraged their independence.

We observed that people were dressed in an individual way and staff had supported people with their appearance.

### What we found about the standards we reviewed and how well Dimensions 22 Mill Croft 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**

People's privacy, dignity and independence were respected. The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

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

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

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

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider was meeting this standard.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

There were four people who used the service and all had complex needs associated with learning disability. We were unable to communicate verbally with people but we were able to observe how they interacted with staff and each other and how they were supported in their daily lives.

We observed a calm and relaxed atmosphere in the home. People had their own specialised chairs to sit in and their own routines throughout the day. People were able to move about freely throughout the home. There was a restriction into the kitchen when members of staff were not present. This was to be the subject of a meeting with the local safeguarding team next week.

We observed lunch being served and saw that people enjoyed their meal. We also observed that staff supported people to eat their meal in a way that promoted their dignity and encouraged their independence.

##### Other evidence

During the visit we looked at records and spoke to staff members. We also observed staff interaction with people who used the service. People were supported in promoting their independence and community involvement.

We observed that staff knew people very well. They spoke to people in a calm and pleasant way and they ensured people were able to make choices about aspects of their lives. For example, at lunch one person had an object in their hand and a member of staff asked if she could put it away. The person held on and non-verbally told the staff they wanted to keep the object. This was respected by staff.

We observed staff support people to eat their lunch. The staff sat next to people and spoke to them during the meal. One staff member supported a person to hold the spoon by holding her hand over theirs and guiding them. Two people were able to eat their meal without staff assistance. One person had equipment such as a plate guard to aid their independence.

In discussions staff described how they read care plans and assessments to ensure they knew people's needs and how to support them. They described people's needs and how they promoted privacy, dignity, choice and independence.

People had their own bedroom and we observed these were decorated in an individual style and personalised. There were four people who used the service so one of the two remaining bedrooms had been changed into a sensory room. During the inspection we observed one person spending quiet time in this room.

Records evidenced that people's wishes and preferences for care and support had been obtained from discussions with relatives and knowledge of the person over time. The records contained plans for daily activities and outings. There was evidence that people took part in a range of activities and had enjoyed an annual holiday. Some people participated in household tasks such as laundry and baking.

Staff told us that recently some outings had been postponed or cancelled due to staff shortages. We checked this with the registered manager and they told us a recruitment drive was underway, which would resolve staffing issues.

Records also showed that assessments of capacity and best interest meetings had been completed when decisions had to be made for the person.

### **Our judgement**

People's privacy, dignity and independence were respected. The provider was meeting this standard.

## 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We observed that people were dressed in an individual way and staff had supported people with their appearance.

##### Other evidence

During the visit we looked at assessments and care plans. We also spoke with staff members and observed how care was provided to people.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that assessments had been completed that highlighted people's needs. Care plans had been produced to provide staff with guidance in how to meet people's needs. The care plans were personalised and contained wishes and preferences. They described what would be a good and bad day for the person and what would be their perfect week. The care plans also described the communication methods the person used to make their needs known.

Although we saw that a care plan regarding meals had been produced we could not locate any nutritional screening or assessment of people's nutritional needs. In discussions staff were able to describe the signs and symptoms of someone at risk of poor nutrition and the actions they would take. For example, contact with the GP and dietician, close monitoring of weight, food and fluid intake and good communication between staff.

Care and treatment was planned and delivered in a way that ensured people's safety

and welfare. Risk assessments were completed for a range of issues and there was evidence that staff had discussed and recorded the measures they were to take to minimise the risks. Staff accurately described how they prevented pressure sores from developing and also what they would do if one did develop.

Records evidenced that assessments and care plans were kept under review and updated when needs changed. Staff spoken with told us they had time to read care plans. New booklets had been introduced for daily recording. These covered the care and support provided each day, contact with others, general health and monitoring charts such as bowel care, seizure activity and meals taken.

Records evidenced that people had access to a range of health and social care professionals for advice and treatment. Each person had a health action plan that detailed their health needs and how these were to be met. Staff documented when visits from health professionals had taken place or when the person had attended health services in the community such as their dentist and GP.

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

## 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

Our observations of people and their interactions with staff showed us staff treated people with respect and dignity.

##### Other evidence

During the visit we spoke to staff about their understanding of safeguarding people from abuse and we checked staff training records. We found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

In discussions staff were able to accurately describe the different types of abuse and what they would do should they witness any poor practice or abuse. They were aware of policies and procedures and confirmed they had completed safeguarding training. A senior staff member was aware of the alert procedures to the local safeguarding of adults team.

The registered manager described how they protected one person who entered the kitchen and sometimes sat against the oven door. A restrictor had been placed at the entrance to the kitchen to be used when staff were not present. However, they were concerned that this potentially restricted other people from accessing the kitchen independently and they had arranged a meeting with the local safeguarding team to discuss. This showed staff were mindful of protecting people but also concerned that the protection did not unduly cause restrictions for other people.

We spoke with the local safeguarding team and they confirmed they are to visit the service, at the request of staff members, to discuss a restriction placed at the entrance to the kitchen. They had no other safeguarding concerns about the service.

The registered manager described how staff supported people to manage their finances and what checks were in place to ensure this was completed safely and appropriately.

The service had a complaints policy and procedure and staff were aware of the action to take should someone make a complaint.

**Our judgement**

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

## Outcome 14: Supporting 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

The observations we made about how people interacted with staff did not cover this outcome area.

##### Other evidence

During the visit we spoke with staff and checked training and staff supervision records. There were two to three staff on duty during the day and one waking and one sleep-in staff at night. There were four people who used the service.

We found that staff received appropriate professional development. Records evidenced that staff had completed a range of training to provide them with the skills required to support the people who used the service. Training consisted of a mixture of e-learning, internal company trainers and external facilitators. A training matrix highlighted the courses staff had undertaken and when refresher training was due. Certificates were maintained in staff folders.

Staff had annual appraisals where training needs were discussed. Staff supervision records evidenced that training was on the agenda each time. The staff supervision took place every two months or more often if required.

In discussions, staff confirmed they had access to training and described the courses they had completed. They also confirmed they received staff supervision. Staff spoken with said they received good support from their line managers and were able to see senior managers when they regularly visited the home.

They said they liked working at the home, as it felt like a family and they felt that the people who lived there received a good service. This, they said, was helped by consistent staff who knew people's needs well and a nice, comfortable environment.

**Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

The observations we made about how people interacted with staff did not cover this outcome area.

##### Other evidence

During the visit we spoke with staff about quality monitoring and looked at the audits that were completed to ensure the service was safe. We found that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Staff told us they held weekly house meetings where they discussed activities and meal planning with people who used the service. They used specific communication methods to gain people's views as much as possible. Questionnaires were sent out to people each year. These were in an appropriate format to suit the person's needs and relatives or staff could go through the questionnaire with them. There were also questionnaires to relatives.

There were monthly staff meetings, which were well attended and enabled staff to express their views about the service. Minutes were held of the meetings and evidenced a range of discussion topics. Staff had the opportunity of completing an annual on-line questionnaire and a representative from each staff team attended a regional corporate consultative group to express the views of their team.

Audits were completed by a senior manager in the company and covered care provision

such as, information, involvement, planning and delivery of support to people. Also audited were staff issues such as recruitment, training and supervision and other areas such as finances, medication management, general house keeping and health and safety. There was also an observation audit of how staff interacted and supported people. Scores were provided and action plans were formulated for any shortfalls.

The registered manager told us that the action plan was checked with the senior worker during their supervision to look at progress and ensure that any shortfalls were addressed.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider was meeting this standard.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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