

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

Dimensions 40 Cody Road

40 Cody Road, Farnborough, GU14 0DE

Tel: 01252372057

Date of Inspection: 25 September 2012

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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
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Monja Gregory
Overview of the service	40 Cody Road, Farnborough, Hampshire, is a service that provides accommodation with personal care for up to five adults with learning disabilities and who may have physical disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 25 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

Five people live at this service and one person was able to verbally communicate with us. Other people used noise, gesture, body language and facial expressions. The staff knew people well enough to interpret their choices, moods and feelings. We used a variety of methods to gain an understanding of people's experiences including observation, talking to staff and relatives and reviewing the records.

We observed that the staff treated people with respect and dignity. They used appropriate physical affection and touch and responded to people's needs. The staff told us that all the training they completed included how to treat people with dignity and most staff had worked at the service for a number of years so they understood people's communication. The one person and one relative we spoke with said the staff listened to them and responded quickly if things needed to improve. They said they felt their relative felt safe at the service and they did not have any complaints.

The one person we spoke with and one relative said they had been asked their opinion of the service and there had been opportunities to attend meetings. We saw minutes of these meetings which demonstrated people had an opportunity to contribute to the running of their home.

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 privacy, dignity and independence were respected.

Reasons for our judgement

We spoke to one person who was able to verbally communicate with us and we also spoke with one visiting relative.

People told us that the staff were kind and caring and their relative had their needs met in a way that suited their preferences.

We saw two care/support plans which contained support agreements and these included pictures and symbols to support people's understanding. Staff told us they included people as much as possible in decision making and every day choices and they consulted family members. One relative confirmed they had been asked to contribute to the care plans and that staff asked their advice about their family member's preferences.

The care plans included people's preferred routines and choices and the staff were able to describe these. Our observations confirmed that the staff delivered care that met these recorded routines and preferences such as offering people the food they liked, in a way that met their needs and at a time they preferred.

Each care plan detailed what people were able to do for themselves. Our observations showed that the staff put this into practice and encouraged people to be as independent as possible.

People were involved in a variety of activities both in the home and in the community. Some people had advocates who supported them to make decisions and to access the community.

We found, therefore, that people were supported in promoting their independence and community involvement.

The care plans included information about privacy such as when people preferred to relax in their rooms without being disturbed. We saw that the staff ensured people's privacy was maintained during the delivery of personal care and they supported people to discreetly adjust clothing or to keep clean during lunch.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

Reasons for our judgement

Four out of the five people who use this service had been at the home for many years. We saw a fully completed pre-admission assessment for one person. This contained a detailed assessment of their needs. A member of staff described how they had gone to visit the person, several times, in their previous home and the person had visited this home prior to moving in.

We saw two care plans. These were written in a person centred way and described all aspects of each person's personal and health care needs and how these were met. The care plans included details such as ' what I like' and 'what I don't like'. The staff maintained a detailed daily record of the care and any changes to people's health or welfare. Each care plan had been regularly reviewed and updated and staff included people in understanding their care as much as possible and in decision making. The staff told us they had read and understood people's care plans. The signatures in the plans and the way staff described the care confirmed this.

Each person had a health action plan which included symbols and pictures. This supported people in understanding their health needs and their medication.

The staff were able to clearly explain the care each person required and how they met those needs. We saw the staff offered support and care in a way that matched the recorded information in the care plans.

We found, therefore, that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke to two visiting health care professionals. They told us the staff had sought their advice in managing people's care and wellbeing. As a result people had been referred to other services such as physiotherapy and speech and language therapy. Both of the health care professionals said their impression of the care people received was positive.

The care plans included risk assessments for daily living activities and for using the community. Staff were able to describe how they provided safe care to people.

One person told us they enjoyed taking part in their chosen activities and hobbies and the staff supported them with these. This person said the staff were kind and friendly and they particularly liked their key worker.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People who use 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.

Staff told us they had been trained to recognise and respond to any allegations of abuse. We saw staff training records that confirmed this. The staff could describe how they would report any concerns to senior staff.

The staff had access to the multi agency local authority procedures for managing allegations of abuse as well as telephone numbers they would use to report concerns. The care plans included an assessment of each person's vulnerability to different types of abuse, such as harm by others or financial abuse.

We saw one record of an injury to one person. The staff explained how this had occurred but there was no record that this had been concluded. The provider may find it useful to note that proper records had not been maintained to determine the cause of the injury or why this had not required a referral to the local authority.

The staff understood the Mental Capacity Act 2005 and they had in the past referred people for best interest decisions if people had lacked the capacity to make their own choices.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The premises are suitable to meet the needs of the current people who use the service. The home is a purpose built bungalow with suitable built in equipment such as a specialist bath. The home is generally well maintained and we saw records that confirmed repairs were carried out within a reasonable timescale. Staff said they can report any defects and these were repaired.

The home had suitable exits and a secure garden area. We saw a fire evacuation plan and other environmental risk assessments. The staff had been trained to maintain safety in the home.

The provider carried out a quarterly audit which included various aspects of the premises. This had been developed into an action plan and the manager showed us examples of how these actions had been completed.

We found, therefore, that the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that appropriate checks were undertaken before staff commenced employment. We saw a sample of three staff files. These all contained the required checks prior to people commencing employment, such as two references, a completed application form with full employment history and a criminal records bureau check.

We spoke to a member of staff who described their previous work experiences, these demonstrated this person had the skills to competently care for people who use this service. We observed that this member of staff knew each person well and they offered support in a way that met people's individual needs.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that people who use the service, their representatives and staff were asked for their views about the care and treatment delivered and those views had been acted on. The provider and manager assess and monitor quality using a number of different methods. These included seeking people's views during resident meetings. We saw minutes that confirmed action had been taken as a result such as changes to the food choices and holidays people had chosen.

Each person had an annual review and they could invite anyone they choose to support and represent them. This was an opportunity for people to review the year and make changes to their care.

Relatives views were sought using regular questionnaires. One relative confirmed these had been sent to them. They also said they were able to approach the staff and manager at any time to seek improvements to their family member's care and the staff responded positively.

One member of staff told us the manager listened to their suggestions for improving the service and there were regular staff meetings.

The provider carried out quarterly audits of all aspects of the service. We saw the latest results from May 2012 and a service improvement plan had been developed as a result. Actions from this plan had been completed, including increasing the frequency of audits on people's money and easy read information being made available to people to help them understand their medication and its side effects.

All accidents and incidents had been recorded and all but one had been notified to the appropriate authorities. One person's care had been changed as a result of a health crisis incident in the last twelve months.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments people made were responded to appropriately.

Reasons for our judgement

We saw there was an easy read format complaints procedure kept in each person's file and displayed in the hall of the service. One relative told us they could make a comment or complaint and when they had made suggestions these had been responded to positively and changes had been made.

Staff knew how to respond to and record complaints although no complaints had been made in the last 12 months.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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