

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

Dimensions 2 Dunstans Drive

2 Dunstans Drive, Winnersh, Wokingham, RG41
5EB

Tel: 01189795362

Date of Inspection: 10 December 2012

Date of Publication: January
2013

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

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mr. Cosen Sayi
Overview of the service	Dimensions 2 Dunstans Drive is a care home providing personal care and accommodation for up to four people who have learning disabilities or autistic spectrum disorder.
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 reviewed all the information we have gathered about Dimensions 2 Dunstons Drive, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 10 December 2012. We observed how people were being cared for, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we observed a relaxed and welcoming atmosphere from the people living in the home and staff. People expressed their views and were involved in making choices about their care. One member of staff we spoke with said "we support people to live the life they want." Relatives told us staff treated the people living in the home with respect and supported them to make their own choices. One relative said "the staff talk to him, not at him." We observed staff communicating and listening to people in a respectful and meaningful way.

We spoke with staff and looked at people's support plans and daily records and found that their needs were assessed. People's care and support was planned and delivered in line with their individual support plans.

People living at the home were protected from the risk of abuse. During our visit we observed that staff had a good understanding of situations which could cause increased anxiety for individual people living in the home. Relatives felt that they would be comfortable to raise concerns with the manager.

Staff were supported to deliver care safely and to an appropriate standard. They had attended appropriate training and supervision. The provider had a system for monitoring the quality of service provided. There were processes in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care. People's bedrooms were personalised with items of their choosing. We observed staff offering meal choices to people. Staff we spoke with provided examples of how they helped people to make choices. Relatives told us the staff supported people to make their own choices. One relative said the staff "ask her what clothes she wants to wear."

Support plans we looked at were person-centred, and focused on the uniqueness of the individual. People's individual choices, wishes and preferences were fully documented. Each support plan included a full assessment of need which had been drawn up with the person living in the home and their family. Each person's preferred daily routine and how they liked things to be done was detailed in these support plans. Staff and relatives we spoke with gave examples of how people living in the home were supported to remain as independent as possible. This was evidenced by observations we made on the day of our visit.

People's diversity, values and human rights were respected. We saw the provider had a policy emphasising the importance of respecting clients' wishes, values and human rights. Relatives told us that staff treated people living in the home with respect. One relative, referring to a person living in the home, said "the staff respected his decision not to want to go to the club again." We observed staff communicating and listening to people in a respectful and meaningful way.

People were supported in promoting their independence and community involvement. Documentation we looked at showed staff encouraged people to complete domestic tasks such as cleaning their bedrooms and helping to prepare meals. Relatives we spoke with gave examples of when staff encouraged independence. We saw staff providing support and encouragement to the people to do things as independently as possible.

Staff we spoke with gave examples of how they supported people in their decisions to engage with community activities. This was detailed in their support plans and daily notes.

We observed some people living at the home going out to planned or just requested activities. Community involvement included using the local shops, leisure centre, cafes and day centres.

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 and protected their rights.

Reasons for our judgement

Documentation we looked at showed people's needs were assessed, and care and treatment was planned and delivered, in line with their individual support plan.

We looked at three people's support plans which provided details of their specific health and support needs. The support plans were clearly detailed and organised. The support plans were regularly reviewed and kept up to date. Where changes had been identified, appropriate actions had been taken, for example, consultation with, or referral to, an external health professional.

The manager told us he regularly monitored the quality of support plan documentation. This was confirmed by staff we spoke with. One member of staff said "the manager is always checking how we do care plans and assessments."

During the day of our visit we observed people living at the home communicating that they wanted assistance. We saw the staff providing whatever was wanted in a way that demonstrated a good knowledge of each individual person.

We saw that formal reviews of care took place annually and included the person living in the home, their key worker and their relatives or representatives. Relatives we spoke with confirmed that they were invited to attend those meetings. Easy read, pictorial documentation had been used when involving people in reviews of their care and support. Care plans and risk assessments we looked at were routinely reviewed on a six monthly basis and any changes were documented.

The manager told us he communicated any changes in people's care, health and support to relatives either by telephone or when they came to the home. Relatives we spoke with were always informed of any changes in people's health, care and support. One relative said "they telephone us if there are any changes, they are good like that."

Care was planned and delivered by appropriately trained staff in a way that was intended to ensure people's safety and welfare. Support plans contained risk assessments that were detailed and individualised. Risk assessments, risk reduction measures and reviews were in place to minimise risk and protect people from harm in the home and community.

There were arrangements in place to deal with foreseeable emergencies. Individualised

personal emergency evacuation plans were accessible within the communal area and office.

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

Staff we spoke with demonstrated knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and how to report concerns to the appropriate person. Staff were also aware of the provider's whistleblowing procedure. They told us they would feel comfortable using the process if the need arose. Staff training records showed staff had received training on safeguarding vulnerable adults.

Relatives told us they would be comfortable to raise any concerns with the manager. They were confident that any concerns raised would be effectively dealt with by the provider.

During our visit we observed that staff had a good understanding of situations which could cause increased anxiety for individual people living at the home. When introducing us staff took care to make sure that people living at the home understood who we were and why we were in their home. Staff always checked that people understood and were comfortable with what was happening.

We observed people living at the home looking to staff for reassurance when they felt concerned. We saw that staff were quick to react and skilled in finding out the reason for the person's concern. They offered assistance, reassurance or explanations as to what was happening as appropriate.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received professional development related to their roles. There was an induction programme for new staff in line with the Skills for Care common induction standards. Staff we spoke with told us they had undertaken training relevant to their role and in support of their professional development. Training records showed staff were up to date or had training planned where an update was required. All staff had attended training related to supporting people's specific care needs, for example, epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to swallow.

Staff told us they had regular supervision meetings and annual appraisals and we saw documentary evidence of this.

Staff felt supported and said they felt comfortable raising concerns with their manager.

They told us the training they had equipped them to do their jobs. Relatives we spoke with felt the staff had the skills needed to provide good care for people living in the home.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people living at the home and others. We looked at a variety of management audits and assessment tools including: health and safety audits, emergency evacuation procedures and reviews of people's risk assessments.

The home had developed monitoring systems to gather feedback on the quality of service which people received. These included a complaints procedure, annual reviews of care, quarterly provider quality monitoring visits and annual 'customer' and relative satisfaction surveys. Documentation we looked at showed feedback from provider quality monitoring visits was acted upon to improve the service. Examples included completion of mandatory training and involving people, who live in the home, in staff appraisals. Following feedback from one person's annual review of care a bathroom was converted into a wet room.

There were processes in place for ensuring that complaints were monitored and resolved. Relatives told us they felt able to make a complaint about the service if required. None of the relatives we spoke with had any complaints.

Relatives we spoke with felt their views were listened to and taken into account at people's annual reviews of care.

'Customer' satisfaction surveys we looked at showed people living in the home were satisfied with the quality of the service. People we spoke with expressed their happiness with the quality of care provided. One person said "Yes, nice here." One relative, referring to a person living in the home, commented "I have noticed that my relative is more happy and relaxed since moving into the home." Relatives we spoke with confirmed that they had been asked to complete satisfaction questionnaires. Relatives were happy with the quality of care provided at the home. One person told us "It is excellent there. I am very impressed with my relative's care there."

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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