

Review of compliance

<p>Dimensions (UK) Limited Dimensions East Anglia Domiciliary Care Office</p>	
Region:	East
Location address:	Rowan House, 28 Queens Road Hethersett Norwich Norfolk NR9 3DB
Type of service:	Domiciliary care service Supported living service
Date of Publication:	April 2012
Overview of the service:	Dimensions East Anglia Domiciliary Care Office is owned and operated by Dimensions (UK) Limited. It is registered to provide the regulated activity of 'Personal Care.' It provides care and support to people living within the community.

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

Our current overall judgement

Dimensions East Anglia Domiciliary Care Office was meeting all the essential standards of quality and safety.

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 to check whether Dimensions East Anglia Domiciliary Care Office had made improvements in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 February 2012 and talked to staff.

What people told us

We did not speak to people using the service during our visit on 28 February 2012.

What we found about the standards we reviewed and how well Dimensions East Anglia Domiciliary Care Office was meeting them

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

The provider is compliant with this outcome.

People receive effective and appropriate care. Risk assessment and risk reduction plans are in place.

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

The provider is compliant with this outcome.

People are protected from abuse by staff who are well trained.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome.

Staff are employed in sufficient numbers and with the right knowledge to adequately support the people using services.

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

The provider is compliant with this outcome.

People are supported by staff who are properly trained, supervised and appraised.

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 is compliant with this outcome.

Systems are in place to monitor the quality of the service provided.

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 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 did not speak with people using the service about how their care and welfare is supported during our visit on 28 February 2012.

Other evidence

At our last visit on 03 June 2011, we found that some records were incomplete or were inaccurate. The manager sent us an action plan telling us what actions would be taken to improve.

On this visit we spoke with the manager, who told us that new care documents were currently being introduced that would enhance the way people's care needs were assessed and delivered. We looked at the new format and saw that it incorporated good practice in respect of planning and recording individualised and appropriate care. A guidance document named 'Getting to know you' had been produced for staff and this gave them the information they needed to produce person centred support plans that accurately reflected the needs of the person.

Assessments of risk were completed and this informed a document named 'Support I need.' This gave comprehensive information about the support needed and how it should be delivered. Action plans reflected how and when support and care should be provided. We looked at a completed plan and could see that risk reduction plans were in place to help protect the person and staff. They were specific to the needs of the person, for example about taking medication. We saw plans in place for issues such as

mealtimes and night support and we saw that the person had been involved as there was a signed decision making agreement on the plan.

We were told that all plans were being kept under review, including those plans not yet changed over to the new format. We saw evidence reviews were taking place and relevant actions being recorded.

The manager said that all decision making was based on the requirements set out in the Mental Capacity Act. The service liaises with social services where best interest decisions were being made. Where necessary, this leads to the case going through the Court of Protection to ensure the best interests of the client. The Mental Capacity Act and Deprivation of Liberties policies were seen during this visit.

The manager told us that all staff had received training to use the new support plan and guide and this was also being discussed during staff supervision. This was to ensure that the support plans were completed to a consistent standard.

Our judgement

The provider is compliant with this outcome.

People receive effective and appropriate care. Risk assessment and risk reduction plans are in place.

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

We did not speak with people using the service about safeguarding people from abuse during our visit on 28 February 2012.

Other evidence

At our last visit on 03 June 2011, we found there was inconsistency in the training staff received about safeguarding people from abuse. We also found that there were inadequate recording systems in place. The manager sent us an action plan detailing the actions they would take to improve.

On this visit the manager told us that a new complaints procedure had been produced. It had been provided to all the services and each of them had a copy of the complaints procedure in easy read format so that people using the service could understand what it said. The procedure was also displayed in each service.

The manager said that all staff received training about safeguarding people from abuse when they did their induction training. It was provided on a separate day to the other induction training so that staff focused better on the content. Further safeguarding training had also been provided to keep staff up to date. This had included a training session with a person from the safeguarding team for all service managers.

We saw that the service had produced a wallet-sized card that contained the details

about safeguarding people and who should be contacted if they had concerns. This card was given to all new staff when they started their induction training. The card was seen attached to the new starter welcome packs.

The manager told us that all policies about safeguarding people from abuse were sent out to each service, together with a copy of the whistle blowing policy. The manager said that these policies were also being sent to each service in easy read format so that staff could go through them with the people using the service.

Our judgement

The provider is compliant with this outcome.

People are protected from abuse by staff who are well trained.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about staffing during our visit on 28 February 2012.

Other evidence

At our last visit on 03 June 2011, we found there was a shortfall in staffing levels. The manager sent us an action plan detailing what actions would be taken to improve.

On this visit the manager told us that there had been a recruitment drive since our last visit and that this was continuing. It had proved to be successful, for example there had been 15 new staff starting work for the service in the last three months of 2011. We saw that a further 26 recruitment files were at various stages of completion.

Part of the recruitment drive was to build up a group of bank staff and a bank staff co-ordinator was now in post. Procedures were in place for booking bank staff and emergency cover requirements and these were known by all managers. We were told that there was still some agency cover required, particularly around the King's Lynn area, where it had proved difficult to recruit bank staff. Where possible, the same agency staff were requested so that continuity of support was maintained and people were supported by someone they knew.

Our judgement

The provider is compliant with this outcome.

Staff are employed in sufficient numbers and with the right knowledge to adequately support the people using services.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about how staff were supported during our visit on 28 February 2012.

Other evidence

At our last visit on 03 June 2011, we found that staff were not receiving the required training and support to carry out their role effectively. The manager sent us an action plan with the actions to be taken to improve.

On this visit we looked at staff training information and saw that staff had received training in the last quarter that included risk assessment, emergency first aid, Mental Capacity Act, epilepsy, nutrition and medication. All records were kept on computer so that staff were alerted in a timely way when they were due to attend refresher training. This meant that staff were kept up to date with their training.

The manager told us that all service managers were receiving formal supervision on a one-to-one basis four times per year. They were also receiving group supervision four to six times per year. We looked at the supervision records that were kept on computer and we saw that the records were very detailed and led to an action plan that set out how the person should improve their performance.

We were told that each service manager was providing supervision to the senior support workers and they in turn provided regular supervision to support workers.

The manager said that not all service managers were keeping their electronic calendars up to date so that staff knew where they were at any time. We looked at two calendars at random and these were up to date. The manager was able to confirm that all service managers were visiting their services regularly and the manager also did spot checks to ensure they were operating properly.

Our judgement

The provider is compliant with this outcome.

People are supported by staff who are properly trained, supervised and appraised.

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

We did not speak with people using the service about monitoring the quality of service provision during our visit on 28 February 2012.

Other evidence

At our last visit on 03 June 2011, we found that inadequate systems were in place to assess the quality of the service provided. The manager sent us an action plan telling us what actions would be taken to improve.

On this visit we were told the services kept most records on computer and this meant that it was possible to keep in touch with all services electronically. The manager told us that for example, support plans for people using the service were kept on computer and a hard copy was also kept within the service so that staff could access information quickly. All staff had access to computers at each of the services.

The service managers completed regular audits of the services and we looked at two on the computer. We could see that where shortfalls were identified, that improvement plans were in place. The improvement plans included the actions needed to be taken, who was responsible and the target date for completion. The manager said the audits were completed quarterly and the action plans were developed by her and her assistants. Most services had completed two audits and some were beginning their third.

The manager told us that there was a general review of all policies taking place and they were being updated as necessary. We looked at some of the easy read versions of policies for complaints and speaking out, abuse, medication, support plans and personal care. This meant that people using the services could better understand the support they were receiving

Service users had received a quality questionnaire in 2011 and although the results had been input into the computer, the report was not available for distribution at the time of our visit. We looked at the draft report on the computer. The manager said this had been written centrally by head office once all the raw data had been collected. The manager told us she was developing an easy read version of the draft report with details of actions taken as a result of the questionnaires. We saw some of the completed questionnaires and comments included "I find it difficult when my regular staff are sick. I would like regular staff who cover for any sickness or holidays who I already know." "I like my care team now that it is more settled." "I am happy in my house but several repairs need to be done and there seem to be arguments about who pays."

Satisfaction questionnaires had also been sent out to families in 2011 but these had not yet been collated. The manager described how she had already met with one family because of comments they had written on their questionnaire that suggested they were not happy with the service. She also told us that family consultants had been recruited to help with issues that may come up with families from time to time.

Staff completed a questionnaire on the computer every two years. The next questionnaire is due during 2012. A copy of the 2010 report was provided.

Our judgement

The provider is compliant with this outcome.

Systems are in place to monitor the quality of the service provided.

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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Author	Care Quality Commission
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