

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

## Dimensions 1 Abell Gardens

1 Abell Gardens, Maidenhead, SL6 6PS

Tel: 01628780975

Date of Inspection: 08 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mrs. Jacqueline Lewis
Overview of the service	Dimensions 1 Abell Gardens is a care home without nursing, which provides accommodation and care for up to six people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

We reviewed all the information we have gathered about Dimensions 1 Abell Gardens.

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### What people told us and what we found

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A relative of a person who lives at the home told us "without Abell Gardens I would be lost" as the home was "lovely and caring" and "a little bit of paradise" for their relative.

We looked at the care plans in place and found they were person-centred and individual. The care was planned to reflect individual people's needs and risk assessments had been carried out. Plans were in place to deal with foreseeable emergencies.

The premises were suitably designed and maintained with systems in place to ensure regular safety checks were completed. In a previous inspection we found the bath was not in use. This has been replaced and we saw people who live at the home were able to use this facility.

The provider had suitable arrangements in place to recruit suitable staff. One recently appointed member of care staff told us the recruitment process was "very thorough".

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We looked at two care plans. The plans were written in the first person and included detailed assessments of each person's health and social care needs as well as risk assessments. At the time of our inspection we saw people were involved in activities which were identified in their care plans as part of their social care needs. For example two people were going out to a hydrotherapy session. The care plans included descriptions of people's verbal and visual cues and their meanings. We saw people using these cues and staff responding appropriately.

One care plan documented that a person living in the home required a special piece of equipment due to a change in their health. We saw that this had been acquired and was in use. This showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with a relative of a person using the service who told us the home was "lovely and caring" and "a little bit of paradise" for their relative as they felt care was tailored to their needs.

Care plans had been discussed with relatives of the people living at the home where possible. We spoke with one relative who confirmed this and told us their care was "thoroughly" discussed with them and they were "kept up to date" with all aspects of their care. Care plans were reviewed every six months and we saw the care staff had made changes when necessary. A communications book was completed by staff to ensure all staff were made aware of any changes in people's health or care.

There were arrangements in place to deal with foreseeable emergencies. We saw that there was an evacuation plan in place. There were plans in place for each individual to address any significant disruption to the service.

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

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### **Our judgement**

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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 from happening.

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### **Reasons for our judgement**

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Staff we spoke with told us there were policies and procedures for staff to follow if they had any concerns. These included a whistleblowing policy which was there so that staff were aware of how to raise a concern if they thought the safety of a person was at risk.

Staff demonstrated a good understanding of safeguarding adults. Staff were able to describe to us how they would recognise the signs of abuse and how to report all cases of concern to the appropriate person. Training records we viewed showed staff had received training on safeguarding of vulnerable adults, which enabled staff to understand the aspects of protecting people which were relevant to them. This meant that people were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening.

Relatives of people who use the service told us they had been made aware of the safeguarding arrangements. One person said, "I have no worries..." about the safety of their relative. They felt they were always able to speak with the manager and the staff when necessary.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During a previous inspection we found the provider was not meeting this standard. This was because the bath was broken and not in use. The provider supplied an action plan which indicated the bath would be replaced. At this inspection we saw the bath had been replaced and the people living at the home were able to use it.

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. At the time of our visit the premises were clean and tidy. The design of the building was suitable for the people who lived there. The home was a single storey building and so bedrooms were located on the ground floor. Although not all of the people who lived at the home were mobile everyone was able to access all areas of the home. There was a communal lounge area which we saw was used by the people living at the home. There was a large garden which the staff told us people liked to use in the warmer months.

The premises were accessed via a main entrance. There was a bell to alert the people in the home to visitors. All visitors were required to sign in the visitors book. This showed that the people living at the home were protected from the risk of unwelcome visitors.

There were systems in place to ensure the premises were well maintained. There was a maintenance log book which showed when repairs to the premises or facilities had been requested and when they were completed. The manager also maintained a home maintenance file which contained details of the regular maintenance carried out at the home. These included fire extinguisher and fire system checks, legionella testing and appliance testing. We saw these were up to date.

The home had procedures to be followed in the event of various emergencies: These included fire, power failure, individual evacuation plans and emergency accommodation arrangements. Procedures were also in place to deal with gas and water leaks.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We looked at the home's recruitment and selection procedures. The location used the provider's corporate employment procedures to recruit new care workers and place them into work. Potential care workers submitted applications to the provider. Background and document checks were undertaken by the human resources department.

We looked at two staff recruitment files and saw care workers completed an employment application form, attended an interview and had documents checked and copied by the manager. We saw the provider had obtained proof of identity including a recent photograph and had carried out criminal record checks.

The manager described the process for obtaining references for staff and showed us evidence that references had been obtained for the most recently recruited member of staff. We saw that the provider made efforts to obtain satisfactory information about any physical or mental health conditions which were relevant to the care workers' ability to carry on the work.

We spoke to a member of staff about the recruitment process. They told us this process had involved an interview, written tests and time spent interacting with the people who live at the home. They described the process as "very thorough". We saw the feedback forms completed after this process which rated applicants on their suitability. The forms also included information which documented any gaps identified in applicants' employment histories. This meant that there was an effective recruitment and selection process in place.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The manager told us the provider was currently carrying out a survey of people who use the service and their families as part of the launch of a Family Charter. The Family Charter is a document which sets out the expectations of both the provider and the people who use the service and their families. The manager told us they were planning to meet with relatives in order to obtain their views about the service.

The provider ran a service -user led forum called Everybody Counts led by the people who use the service. One of the people who lived at the sister home to 1 Abell Gardens was the representative for this home. They showed us the minutes from the recent meetings. The minutes were in an easy read format and the minutes were included in the residents meetings at 1 Abell Gardens. This showed that people who use the service were asked for their views about their care and treatment and they were acted on.

The provider carried out quarterly compliance audits at the home which looked at a range of topics including planning and delivery of care, recruitment and training and premises, health and safety. The manager told us they received a written report after each audit and an action plan was put in place where any findings were identified. We looked at the most recent report and found the audits were up to date and action had been identified and acted upon.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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