

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

## Dimensions West London Domiciliary Care Office

Craneshaw House, 8 Douglas Road, Hounslow,  
TW3 1DA

Tel: 03003039010

Date of Inspections: 05 July 2013  
07 June 2013

Date of Publication: August  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Staffing</b>	✓ Met this standard

## Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Kelly Crisafi
Overview of the service	The service is registered to provide personal care to people in their own homes. At the time of the inspection it was providing care and support to people with a learning disability who lived in supported living accommodation..
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

## Contents

*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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Staffing	10
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 7 June 2013 and 5 July 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We spoke with one or more advocates for people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider, reviewed information sent to us by commissioners of services, reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with commissioners of services, talked with other authorities, talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

---

### What people told us and what we found

---

We previously inspected Dimensions West London Domiciliary Care Office (Dimensions) on 11 and 18 December 2012 and found the provider was not meeting the essential standards in respecting and involving people who use services, care and welfare of people who use services and staffing.

On our inspection of 7 June 2013 and 5 July 2013 we found the provider had made improvements in the areas that had been identified. Care plans had been revised and updated. These incorporated people's individual support needs and consideration had been given to involving people in the development of their care plans.

We found one location where people lived was being managed by the Assistant Operations Director on a temporary basis until the newly appointed manager commenced employment in July 2013. Experienced staff had been designated to work with people and support them according to their care plan.

During the course of our inspection we received concerning information from the local safeguarding team regarding two people who used the service. We visited some people in their homes to talk to them and to find out about their care. We found that the service was failing to ensure their safety and welfare. We have referred our concerns to the police and local safeguarding authority for further investigation. We will continue to monitor the service to ensure improvements are made.

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

---

## **What we have told the provider to do**

---

We have asked the provider to send us a report by 20 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning, Local Authority: Safeguarding and Police. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

## **More information about the provider**

---

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

**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.

---

### Reasons for our judgement

---

We inspected Dimensions West London on 11 and 18 December 2012 and found that the provider was not meeting the standards required for this outcome. We asked the provider to make improvements to ensure people were involved in the planning of their care and in individual activities.

The provider sent us report on the action they planned to take to meet the standard required they told us improvements would be made by 31 May 2013. We were informed that people would be involved in their care planning and the allocation of staff would be reviewed to ensure people were supported in their activities.

People expressed their views and were involved in making decisions about their care and treatment. During this inspection we were informed people had been given individual support to participate in their care plans. Each person was involved and their capacity and communication skills were taken into consideration. The 'Dimensions' format for care plans had been introduced and people's care plans had been reviewed and updated. We looked at two care plans which indicated people had been involved in the care planning process. Each care plan had a section with the heading 'How my care plan was completed and how I was involved'. There was a decision making agreement, and where possible people had signed their care plan.

The staff roster has been reviewed and revised since the last inspection. We were informed there had been a reduction in the use of agency staff, and experienced staff from other Dimensions services were working with people. Revised rotas ensured provision had been made to enable staff to give people the support they needed.

**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**

---

We inspected Dimensions on 11 and 18 December 2012 and found that the provider was not meeting the standards required for this outcome. We asked the provider to make improvements to ensure people's care plans were reviewed and updated.

The provider sent us a report on the action they planned to take to meet the required standard. We were informed that care plans would be reviewed and people's specific information would be updated particularly in relation to continence management, caring for people with epilepsy, and nutrition.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During this inspection we found the care plans we looked at had been recently reviewed and updated. Care plans included an assessment of people's care needs, for instance mental capacity, mobility and self-help skills. Care plans included information on choices and preferences and the support needed for personal care, daily routines activities and medication. We saw information was included on people's continence management, epilepsy management, and dietary needs. We were informed that work was underway to discuss with people, or their families, end of life care and to ensure that this information was included in their care plan.

Due to a staff reorganisation, experienced staff from other services were working with people and had been given the responsibility of developing the new care plans. This meant that these staff were aware of the needs of people. An audit tool was in place to monitor the safety and quality of care and audits were undertaken three times yearly. We were informed records, including care planning were part of this audit. Senior managers were therefore able to ensure care plans were correctly completed and updated.

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

---

**Our judgement**

---

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

**Reasons for our judgement**

---

During the course of our inspection we received information from a local authority safeguarding team relating to the care and welfare of some people who use the service.

We carried out some home visits to meet and to get feedback from people who used the service. Many could not talk to us due to their complex needs, to tell us about their experiences of using the service. We looked at their care records and spoke with staff to understand how people's needs were being met.

We found that people were cared for and supported by a limited number of regular staff and most of the care and support were provided by staff who worked for a few agencies. We looked at incident records the provider held and found that people were not protected from the risks of abuse because the provider had not taken proper steps to identify the possibility of abuse and prevent it from happening.

We looked at the incident records relating to one person and found issues regarding possible medication errors that had not been recorded on the providers systems or reported to the relevant local authority. We spoke with staff at the service who informed us that due to difficulties in staffing arrangements it was unclear whether the incident had been appropriately reported. Therefore the information about incidents relating to people's safety and well-being were not being captured to enable a full investigation to be completed to protect people from the risk of further harm.

We looked at the daily care records relating to one person where significant incidents had happened. We found the quality of the recording of information was inadequate. There was no detail regarding the incidents in the providers records which meant it had been difficult for the provider to ascertain how the person received serious injuries and what action had been taken as a result. The provider has acknowledged our concerns regarding this and has confirmed that staff would receive further training in the recording of information to ensure that where significant incidents occurred, these were fully recorded

so the incidents could be investigated appropriately.

We spoke with one member of staff working during our visit. We asked them about reporting incidents of serious concerns and found they was able to tell us how they would report any concerns to managers within the organisation but they had limited knowledge of the external agencies they could approach if they had concerns relating to people's safety and welfare.

Matters relating to the serious incidents which have occurred were still being investigated during the writing of our report. We are continuing to monitor the service to ensure people's safety and welfare.

## Staffing

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

here were enough qualified, skilled and experienced staff to meet people's needs.

---

### Reasons for our judgement

---

We inspected Dimensions on 11 and 18 December 2012 and found that the provider was not meeting the standards required for this outcome. We asked the provider to make improvements to ensure there were enough qualified, skilled and experienced staff on duty to meet people's needs.

The provider sent us a report on the action they planned to take to meet the required standard. We were informed that a new temporary manager would be overseeing the service, the use of agency staff would be reduced and experienced staff from other services would be seconded to cover shifts where shortfalls had previously been identified.

There were enough qualified, skilled and experienced staff to meet people's needs. During this inspection we were informed that the action plan had been implemented. Rota's had been revised and people were receiving the support they required. Changes had been made to the staff team with the employment of three new full time staff.

The use of agency staff had been reduced, and only agency staff experienced in their work with Dimensions were employed in permanent positions. We saw a record of the agency staff used on a weekly basis, which showed that the provider was reviewing and monitoring the use of agency staff to make sure people were cared for in a consistent manner by the same staff. However the provider may wish to note we did find two people who used the service and who did not have a permanent staff team and their needs were regularly being met by agency staff. The care records for one person clearly stated that having a permanent staff team was important to ensure their needs were consistently met.

Bank staff employed and trained by Dimensions were being used to cover vacant shifts. One location where people lived did not have a manager and we were informed that a new manager had been appointed from one of the care homes where Dimensions provided care and was due to start their post on 1st July 2013 We looked at the staff rota's and found that consideration was being given to ensure staffing levels met people's needs.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b> <b>How the regulation was not being met:</b> People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Regulation 11 (a) (b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

---

**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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---