

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

Dimensions 44 Castle Road

44 Castle Road, Cookley, Kidderminster, DY10
3TF

Tel: 01562852405

Date of Inspection: 09 September 2013

Date of Publication: October
2013

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

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ 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. Jamie Lawrence
Overview of the service	44, Castle Road is located in Cookley near Kidderminster and provides accommodation and personal care for up to four people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Four people lived at the home when we carried out this inspection.

We spoke with the registered manager and three support workers. We spent time with people who used the service. We were unable to speak in detail with people who used the service due to their level of complex needs and communication difficulties. We also spoke with three relatives of people who used the service.

We observed how staff interacted with people. We saw that staff spoke with people in a respectful manner. We observed that people appeared comfortable with the care provided. Comments from relatives included: "No problems with the care", "I have no complaints whatsoever" and: "Couldn't ask for more help and kindness. I have no fear about the care".

We looked at the care records for two people and found that their needs had been assessed. The records showed that care and treatment was planned and delivered in line with people's individual need. Staff told us that they were aware of each person's needs and how to give care and support to meet these needs.

We found that people who used the service were protected from the risk of abuse. We saw that staff had a kind approach to people and were aware of how to report any abuse.

Sufficient staff were on duty at the time of our inspection. We were told that interviews were scheduled to take place to increase the times where staff numbers were low.

Systems were in place to assess and monitor the quality of care provided and as a means to identify.

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

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

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 found that people's needs were assessed and care and treatment had been delivered in line with their individual care plan. We saw that staff had a kind and caring approach towards people they supported. People looked happy, comfortable and relaxed in their home.

During the inspection we spent time in the communal areas of the home so we could observe what happened. Most of the people who used the service had limited communication skills. We did not see any indication through either body language or gestures that people were not at ease with the staff members on duty. We saw that people responded positively to the interactions from staff. We saw staff spent time to reassure people who used the service when they showed signs of anxiety.

One relative told us that staff were: "So caring" and added: "I don't know how to thank them". Another person told us that their relative: "Always looks smart and happy" when they visited.

We looked at the care records for two people and saw how their care had been provided and managed. We saw that these care records had been reviewed and reflected any changes in people's care needs. We were informed that relatives and advocates were invited to review meetings to discuss the care provided. This was confirmed by relatives we spoke with. This meant that care and treatment was planned in a way that was intended to ensure people's safety and welfare.

Staff told us that medical support had been sought for people who used the service from doctors, physiotherapists, chiropodists and psychologists. One member of staff told us that speech and language therapists were involved in the care of people who used the service due to their risk of choking. During our inspection staff contacted a doctor due to a health care concern regarding one person who used the service. Staff told us that people who used the service attended annual well man clinics. Well man clinics offer a range of health checks for men. Relatives we spoke with confirmed that people who used the service

received appropriate medical support and that they were kept informed of how people were. This meant that the service used other health care agencies as needed to make sure people's health care needs were met.

We found that staff had a good knowledge of the care needs of people who used the service. The information given by staff was consistent and matched what we saw happened during our time at the home.

During our inspection we saw that staff involved people in the daily tasks around the home. For example staff encouraged people assist to take crockery to be washed up. This meant that people were supported to remain as independent as possible.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risk of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that people were protected from the risk of dehydration and inadequate nutrition. We observed how people were supported over the breakfast and lunch time periods. We saw that people had been given a choice of food and drinks. We saw staff explain to people who used the service what the meal was and that they checked with them what they wanted. For example at lunch time we saw that staff showed people a choice of fillings for a sandwich and a range of different drinks. Staff took time to ensure that people understood what was available to them.

We saw that people had been supported with their meal as needed. When people needed assistance this was provided sensitively and was unhurried. We saw staff ask people if they needed assistance before they cut items up for them.

We saw that staff encouraged people to remain as independent as possible. We saw people were encouraged to place butter on their bread and add the filling. We saw the use of adapted equipment as described within care plans to enable people to be more independent.

We saw that staff used a thickener in people's fluids as recommended within guidelines from speech and language therapists. We viewed risk assessments about nutritional intake and found that staff had provided care that matched these. We saw that staff regularly recorded what people had eaten and drunk in order to ensure that people had received sufficient food and drink. This meant that people's health and welfare was protected because staff ensured people's nutritional needs had been met.

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

Our judgement

The provider was meeting this standard.

People who used 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

We found that people who used the service were protected from the risk of abuse. People who used the service were not able to tell us about their experience of the care provided. We observed what happened in the home. We saw that people were relaxed in the company of staff while they attended to their needs.

We saw that staff were trained in safeguarding people from abuse. Discussions with staff confirmed this. Staff spoken with had a good understanding of what abuse was and what they would do if they had any concerns. One member of staff described safeguarding as the: "Protection of vulnerable people". The same person told us that they would report any concerns to their manager or go higher in the organisation if needed. Another member of staff told us that they had been trained in safeguarding when they first started work and that they would be do refresher training in the future. This meant that staff were aware of their responsibilities if they needed to report abuse.

We saw that the organisational policy on safeguarding vulnerable adults was available to staff to read. Additional information on how staff could raise any concerns they had about the safety of vulnerable people was available.

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.

There were sufficient qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that there were usually sufficient staff on duty to meet the needs of people who were used the service. During our inspection we observed that staff spent time talking with people and responded to requests that they had made.

One member of staff told us that they believed the staff team to be: "Brilliant". Relatives we spoke with described the staff as: "Very good" and "Wonderful". The provider may wish to note that on arrival at the home we were informed that two members of staff were on duty. Staff told us that there were usually three but they were short staffed. We looked at the rota for the forthcoming week and saw that other days did have three people scheduled to work however there was a dependency on agency staff and relief staff. The registered manager told us that the majority of the agency staff had worked at the home in the past. Therefore they knew people who used the service and had an awareness of their individual care needs.

We spoke with staff on duty who confirmed that they had previously worked on shifts when two members of staff were available. One member of staff told us that it was: "Better when three of us are on". Another person told us that it was possible to meet people's needs with two people but that at times it meant people were not able to go out. One member of staff told us that: "At times we have plenty of staff. We do the best we can".

We were informed that the shortage was due to staff absences. The registered manager told us that they tried to use the same relief staff to ensure continuity of care. We were also told that management tried to ensure that people who used the service were not affected by a reduced staff number. We were informed that the reduced level on the day of our inspection was due to staff on annual leave. We were assured by the registered manager that interviews were scheduled to take place the following week and therefore they anticipated that the number of permanent staff on duty would increase.

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 the service that people receive.

Reasons for our judgement

The registered manager was able to show us systems that the provider had in place to monitor the quality of the service provided.

The registered manager told us about compliance audits undertaken on behalf of the organisation to monitor and assess the quality of the service provided. These audits were made available to members of staff for them to read. The most recent audit was carried out during June 2013. A further audit was scheduled to take place during October 2013. We saw that the audit carried out in June concluded that the score obtained was consistent with the previous score. We saw a comment written by the auditor which stated: "A great score – well done". This meant that staff were made aware of the organisations standards and of any necessary improvements. In addition to the quality audits the organisation carried out financial audits. The registered manager told us that no concerns were raised as part of the most recent audit.

We were informed that satisfaction surveys were periodically sent out to families or other representatives of people who used the service. Comments from these surveys were sent back to the organisation. The registered manager was not aware of any concerns from the most recent survey. This meant that relatives of people who used the service were given the opportunity to comment upon the service provided.

Audits were carried out on a regular basis to ensure that people had received their prescribed medication. We saw that these showed no cause for concern. This meant that people were receiving their medication.

We were told by staff we spoke with that staff meetings took place every two to three months. This meant that staff were given the opportunity to comment on the service provided.

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.

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