Inspection Report

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

Dimensions 40 Cody Road

40 Cody Road, Farnborough, GU14 0DE

Tel: 01252372057

Date of Inspection: 08 November 2013

Date of Publication: December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mrs. Monja Julie Leontine Gregory
Overview of the service	40 Cody Road is a service that provides accommodation for up to five adults with learning disabilities and who may have physical disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

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 8 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. Observation during the inspection showed staff supporting people to make their own choices about what they had for lunch and what activities they took part in. Staff knew exactly how each person communicated which meant people's wishes were understood and respected.

We observed that staff asked people about how and when they wanted their care and support. This indicated that people were involved in planning their care on a daily basis.

People chose how to occupy themselves in the service. We observed that people were spending time in the communal areas watching television and interacting with staff. During our inspection we observed staff spending time with one person supporting them to participate in music therapy in the sensory room. We observed staff spending the majority of their time with people who used the service, going shopping, listening to music and attending art class. They frequently checked on them to ensure they were alright when spending time on their own.

During the inspection we observed staff spending the majority of their time with people who used the service. They frequently checked on them to ensure they were alright when spending time on their own.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care, treatment or support they were asked for their consent and the provider acted in accordance with their wishes.

Throughout the inspection we observed staff talking respectfully to people and gaining their consent to basic care and support. For example, people were asked what activities they wanted to participate in and were offered choices of meals and drinks. Staff were seen to ask people if there was anything they wanted, and we saw people's decisions were respected. Staff acknowledged people's ability to make decisions about ordinary day to day activities and to give consent to ongoing care and support.

We spoke with two members of staff who outlined how they gained people's consent when supporting them with personal care tasks, such as bathing and toileting. They told us if a person repeatedly declined support with personal care that was deemed to be in their 'best interest', they would try different approaches. This included trying again at different times of the day and with different staff. One member of staff told us "it is about getting to know each person and how they communicate. It is about spending time with them and learning their facial expressions, sounds and body language". They gained consent by simply finding out what people wanted and treating them "as individuals".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff and the manager explained that due to the nature of the service provided, people generally had capacity to be able to consent freely to care and support. We discussed consent and capacity with the manager, and they were aware of their legal requirements where people did not have the capacity to consent. They understood about statutory processes under relevant legislation, such as the Mental Capacity Act 2005. They knew about the Deprivation of Liberty Safeguards (DoLS), and knew when it would be necessary to instruct an Independent Mental Capacity Advocate (IMCA). The manager

had sufficient knowledge of their legal requirements to be able to ensure people who did not have capacity to consent would be appropriately safeguarded.

The service had formal processes to gain and record people's consent to care and support in different situations and circumstances. Forms detailing people's personal goals and wishes were completed upon admission with each person using the service. We reviewed three care plans and each person's records contained 'My Routines' pages that outlined the preferences and choices for how each person liked their day to go including what time they liked to get up, when and how they liked to receive personal care and what activities they liked to participate in.

Within the care plans there were easy read booklets for people using the service. These booklets provided guidance notes and information which enabled people using the service to understand what was meant by consenting to treatment and gave them an overview of the Mental Capacity Act. People at the service were treated as individuals and benefited from the service's in-built approach to gaining their consent to any care and support.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During the inspection staff explained how they assessed the needs of people in the service. Staff confirmed that they developed the care plan by talking to the person using the service and also gained information from family, friends and professionals. The care plans showed that family and health professionals were involved in writing the care plans to ensure routines were maintained and support was person centred.

We looked at three care plans that were personalised and detailed people's individual needs and preferences. There were 'My Support' pages that detailed how each person liked to be supported, what was important to them and how they communicated. This meant staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans included up to date risk assessments.

There were individual 'My Needs' booklets for each person using the service that were specific to the needs of the individual. Theses booklets included sections around eating and drinking, behaviour, communication, physical health and personal needs. There were risk assessments in place for each persons individual needs and they were reviewed regularly.

Each care plan included a 'one page profile' that was detailed and provided information around family history, lifestyle preferences and needs, relationships and the individual's history. This ensured that staff were aware of people's backgrounds, what was important to them and enabled meaningful conversations to take place. This information was also utilised to select the most appropriate member of staff to work with each person using the service.

Daily records were completed during each shift and included any observations throughout the day and any actions taken. These evidenced people received support and care that was specific to their needs and wishes. Records we looked at, discussion with staff and observations showed that people's wishes were respected and acted upon. People took part in varied activities that were meaningful to them.

Each person had a section in their care plan which evidenced regular contact with medical professionals. This helped to ensure health care professionals knew about the needs of the individual. Incident reports were completed for all accidents, incidents and near misses, including episodes of falls. The records we looked at evidenced that they were monitored and actions taken. This showed that the care and treatment of people using the service was planned and delivered in a way that was intended to ensure people's safety and welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The manager confirmed that they worked very closely with the local general practitioner and community learning disability team to ensure that the dietary and nutritional needs of people using the service were met. Following a person being discharged from hospital after suffering a stroke, the manager contacted the local speech and language therapist attached to the community learning disability team and requested their support. The manager worked closely with the therapist to create care plans around the consistency of food and obtained information on how to enhance meals, and how to ensure they were nutritional.

We looked at care plans for three people that evidenced regular involvement from speech and language therapists and doctors around meeting their nutritional needs. All care plans included a section that covered eating and dietary needs. Daily food and fluid charts were completed to evidence what had been consumed throughout the day. These charts also recorded when food and drink had been declined and what had been offered as an alternative.

During the inspection we observed that people had a choice of meals for breakfast and lunch. The food was presented well and the lunch consisted of a hot meal that included a variety of potato, meat and vegetables. The portion sizes were good and people were offered more if they were still hungry. People were not interrupted whilst they were eating except to offer more food or drink. Throughout the day we observed people being offered a variety of beverages both hot and cold.

During the inspection we observed staff recording the hot food service, the temperatures of the food, fridges and freezers. We also observed all items that were opened were labelled with the date opened and the use by dates. This ensured that people using the service received ingredients that were safe for consumption.

Staff confirmed that food was discarded at the end of each meal and was not reheated. This minimised the risk of contamination and people becoming ill within the service. During the inspection staff advised us that they provided a balanced diet that included a lot of variety and this was observed on the day. Although there was not anyone in the service that had specific dietary needs, staff were able to provide examples when they had supported people who had required a soft, moist diet. Staff were able to give examples of food they would provide in order to cater to people needs.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had in place arrangements and systems for staff support and supervision. The manager told us that staff received supervision every two months or more often if required. We looked at the supervision records for three staff that showed staff received regular support and supervision. Supervisions looked at areas that were working and those that were not, they also showed discussion around training, people using the service and feedback from colleagues and people using the service.

The two members of staff we spoke with told us they received regular, one to one support and supervision and told us that they could approach the manager at any time as there was "an open door policy" which enabled them "to raise concerns at any time". One member of staff said "it is a pleasure to work here, we have a lovely team who are extremely supportive" Another member if staff told us "the team works well together and we are extremely supportive of one another - I am very happy here".

Staff received mandatory training as part of their induction and were able to obtain further relevant training and qualifications upon request. Staff spoken with told us they got all the training they needed to carry out their work properly. One member of staff said "I can speak to my manager or the training department if I want to obtain additional training or qualifications".

The manager told us "all staff complete mandatory training and additional training that is specific to the needs of the service and the people who live here". During the inspection we saw evidence of staff completing training that was specific to the needs of people using the service around communication and epilepsy. Staff we spoke with confirmed that there was an open and supportive atmosphere at the service. People using the service benefited by receiving care and support from staff who were in turn supported to carry out their work effectively.

During the inspection we saw a copy of the training schedule for 2013 that showed training provision covering several areas including epilepsy, Mental Capacity Act, deprivation of liberty safeguards, nutrition, medication and safeguarding.

New staff joining the service went through the provider's induction process, which included

the shadowing of experienced staff and observations for the first two weeks. One member of staff told us "although I completed my induction in 1998 I also attended the newer induction recently. The new induction process is more detailed and includes a workbook for staff to complete". During the inspection we saw evidence of completed induction paperwork within the three staff files that we looked at. People at the service were supported by staff who were in turn properly trained to carry out that support effectively.

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

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