

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

## Dimensions 2 Dunstans Drive

2 Dunstans Drive, Winnersh, Wokingham, RG41  
5EB

Tel: 01189795362

Date of Inspection: 27 January 2014

Date of Publication: February  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Cleanliness and infection control**

✘ Action needed

**Requirements relating to workers**

✘ Action needed

**Records**

✘ Action needed

## Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mr. Matthew Hull
Overview of the service	Dimensions 2 Dunstons Drive is a care home providing personal care and accommodation for up to four people who have learning disabilities or autistic spectrum disorder.
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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We carried out this inspection to check whether Dimensions 2 Dunstans Drive had taken action to meet the following essential standards:

- Cleanliness and infection control
- Requirements relating to workers
- Records

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 27 January 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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During our inspection we found the provider had put measures in place to improve the recruitment and selection process. The manager told us existing staff recruitment files had been reviewed to ensure the required pre-employment checks were completed. When we checked staff recruitment records, however, we found all the required information checks were completed with the exception of two staff members. We found these files did not contain a full employment history. The provider was unable to provide a satisfactory written explanation for these gaps in employment histories. For one of these two staff members, proof of conduct checks from previous health and social care employers were not completed. This meant the provider did not have an effective recruitment process, to ensure that people who use the service were not placed at risk of being cared for by staff who were not suitable.

People were protected from the risk of infection because the guidelines published by the Department of Health had been followed.

We found the provider had put measures in place to improve standards of cleanliness and hygiene in the shower and bathroom areas of the home. However, the provider had not maintained appropriate standards of cleanliness and hygiene in one of the shower rooms in the home. We observed a clean environment throughout the rest of the home

People's records and other records relevant to the management of the service were not always accurate and fit for purpose. Records could be located promptly when requested. However, people's records and some confidential staff information were not securely kept.

There was a new registered manager at this service during this inspection. The previous home manager left the service in December 2013.

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

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

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We have asked the provider to send us a report by 13 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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.

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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

### Cleanliness and infection control

✘ Action needed

People should be cared for in a clean environment and protected from the risk of infection

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### Our judgement

The provider was not meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

However, the provider had not maintained appropriate standards of cleanliness and hygiene in one of the shower rooms in the home. We observed a clean environment throughout the rest of the home.

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

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### Reasons for our judgement

Our inspection on 9 October 2013 found people were not protected from the risk of infection because people were not cared for in a clean, hygienic environment when using the shower rooms. There was a risk that following the identification of an infection the wrong equipment could be used to clean isolated areas thereby not protecting other users of the service from the risk of infection.

Following that inspection, on the 9 October 2013, the provider sent us a report on the actions they planned to take to meet the requirements in relation to cleanliness and infection control. During our visit on the 27 January 2014, we saw evidence that the provider had taken action to address most of these concerns.

The previous home manager had implemented a system for recording the completion of cleaning tasks relating to the bathroom and toilet areas during the morning shift. Tasks were completed by care staff and recorded on the shift plan. Staff and the manager told us the staff member in charge for each shift would check that these tasks had been completed. We looked at completed shift plans from 1 January to 26 January 2014. We found all tasks relating to the cleaning of the bathroom and toilet areas had been initialled by staff as completed. There was an identified infection control lead for the home. We saw in staff meetings dated 15 October 2013 and 14 January 2014 that the lead had reminded staff to complete the cleaning tasks identified in the shift plans.

During our observations within the home we noted the home was clean and tidy. In one

shower room the commode (located over the toilet seat) had been replaced by a new one. We looked underneath and found this commode was clean. We noted the shower heads in both shower rooms were cleaned and disinfected on a weekly basis. However, during the afternoon of our visit we saw underneath the plastic shower mattress had not been cleaned following usage by a person using the service in the morning. When we looked at the shift plan for the morning we noted the shower rooms referred to as bathroom/toilet areas had been signed by a member of staff as completed. We informed the manager of this. They told us they checked all cleaning tasks had been signed as completed by staff in the shift plan record. However, they never actually checked the standard of cleaning in the bathroom/toilet areas. This meant people were not protected from the risk of infection because people were not cared for in a clean, hygienic environment when using this shower room.

In the second shower room we saw action had been taken to remove the area of mould on the ceiling above the shower area. The commode (located over the toilet seat) had been replaced by a new one. This was clean. People were protected from the risk of infection because people were cared for in a clean, hygienic environment when using this shower room.

The provider's policy for infection control and protection was dated January 2013 and based on the Department of Health Code of Practice on the prevention and control of infections and related guidance (2008). We looked at the provider's 'Infection Control' folder and found there were guidelines for staff about how to recognise, control and manage symptoms that may indicate a possible outbreak of an infection. Guidance for staff to refer to for infections such as Norovirus (winter vomiting virus) were available on the provider's intranet.

In the provider's 'Infection Prevention and Control Policy' reference was made to green cleaning equipment for the kitchen, blue for general areas, red for toilet /bathroom floors and yellow for isolated areas following identification of an infection. We saw this equipment was available for staff to use as appropriate. Guidelines for staff on the usage of the correct cleaning equipment for different areas of the home were displayed in the utility room. Staff we spoke with knew which equipment to use for the different areas within the home. This meant people who use the service, staff and visitors were protected from the risk of infection

There were antiseptic hand washing gels and paper towels in the toilet and shower areas. Protective clothing such as plastic aprons and gloves were available for staff use when doing personal care tasks. Staff we spoke with told us that gloves and aprons were used when providing personal care for people living at the home. Hand washing guidelines were displayed in the kitchen. Such guidelines were also available for staff to read in the provider's 'Infection Control' folder kept in the office and on the provider's intranet.

There was written guidance for staff on cleaning up spillages. Staff we spoke with knew the correct procedure to follow when dealing with bodily fluid spillages and handling laundry. Guidelines for handling soiled laundry were displayed in the shower and utility rooms. Staff told us they had received infection control training. We looked at the home's training records which showed all staff had received training in infection control, including hand washing technique. The manager told us there had been no outbreaks of health care associated infections in the home

In the provider's 'Infection Prevention and Control Policy' reference was made to the

requirement for managers to produce a Control of Substances Hazardous to Health (COSHH) assessment on body fluids for their service. The purpose of this assessment was to identify the risks to staff and the precautions to be taken. We noted such assessments had been completed for people living, working and visiting the home in provider's COSHH folder we looked at. This meant people who use the service, staff and visitors were protected from the risk of infection.

During our visit we saw clinical waste was stored in a locked yellow waste bin kept outside the home. This meant clinical waste did not present a risk to people's health and safety. Unauthorised people did not have access to waste materials.

**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 not meeting this standard.

The provider did not have an effective recruitment process to ensure that people who use the service were not placed at risk of being cared for by inappropriate staff. All the required information checks were in place prior to the employment of staff with the exception of full employment histories and proof of conduct checks from previous health and social care employers. This meant that the provider could not be sure staff employed were suitable to provide care.

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

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## **Reasons for our judgement**

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Our inspection on 9 October 2013 found appropriate checks were not always undertaken by the provider before staff began work. Missing documentation included gaps in employment history in all of the four records we reviewed. There were no written explanations for these gaps in the documentation we looked at. The manager was unable to provide a satisfactory explanation for these gaps. This posed a risk that people who use the service could be cared for by staff who were not suitable to provide their care and treatment. Following that inspection, on the 9 October 2013, the provider sent us a report on the actions they planned to take to meet the requirements in relation to requirements relating to workers.

During our visit on the 27 January 2014, we saw evidence that the provider had taken action to address most of these concerns. The manager told us existing staff recruitment files had been reviewed to ensure the required pre-employment checks were completed.

We reviewed seven out of nine staff recruitment files. We found the following pre-employment checks were carried out: proof of identity, recent photographs and DBS criminal history checks. Other pre-employment checks included, checks on the right to work in the United Kingdom and confirmation of qualifications and experience. We saw a completed assessment of fitness to work in each staff file. These checks were completed to ensure that people who use the service were not placed at risk of being cared for by staff who were not suitable for the role. We noted proof of conduct checks were obtained from previous health and social care employers where appropriate, with the exception of one staff member. This posed a risk that people who use the service could be cared for by a member of staff who was not suitable to provide their care and treatment.

We saw all the required pre-employment checks were complete for the most recently

employed member of staff. This member of staff was employed in 2013. However, in two staff member's files we noted gaps in employment history. There were no written explanations for these gaps in the documentation we looked at. One of these staff members had recently transferred to this location and the manager confirmed they had not reviewed their file to ensure all of the pre-employment checks were complete. The manager was unable to provide a satisfactory verbal explanation for these gaps. This meant there was a risk that people could be cared for by staff who were not suitable for the role.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People's records and other records relevant to the management of the service were not always accurate and fit for purpose. Records could be located promptly when requested. However, people's records and some confidential staff information were not securely kept.

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

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## Reasons for our judgement

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Our inspection on 9 October 2013 found people's records were not securely stored. For example, we observed people's support plans and financial details were kept in folders on top of chests of drawers in an unlocked office when staff were not using this room. This meant there was a risk of access to confidential information by people visiting the home. There were incomplete records relating to people employed. This meant that the provider could not be sure staff employed were suitable to provide care.

Following that inspection, on the 9 October 2013, the provider sent us a report on the actions they planned to take to meet the requirements in relation to secure storage and, accuracy and fitness of all records relating to the service. During our visit on the 27 January 2014, we saw evidence that the provider had taken action to address some of these concerns.

The provider had a policy providing guidance on the storage and disposal of records. Records could be located promptly when requested. The provider had removed people's records from the shelving area in the office into a lockable filing cabinet. This was located in an unlocked office. However, when entering the unlocked office we noted the cabinet was unlocked and no staff were present. A staff member told us the key for this cabinet was kept in an unlocked, open key cupboard in this office.

We noted the unlocked cabinet also contained confidential information in relation to agency staff employed to work in the home, along with people's records. The home manager was unaware of the agency staff files being located in this filing cabinet. People's daily notes were kept unlocked in the lounge area. These records were left in an area that was accessible by anyone visiting the home. This meant there was a risk of access to confidential information by unauthorised personnel, including people visiting the home.

Care workers' personnel files were securely stored in a separate locked filing cabinet in the office. They could be located when requested. We saw these records could only be

accessed by the manager.

People's personal records were accurate and fit for purpose with the exception of people's daily notes. We saw people's personal records were kept updated and reviewed in a timely way. Where necessary these records were signed and dated by the management and care workers. Risk assessments and care plans were reviewed as needed or at set six monthly intervals by the care workers and manager. We saw the plans and risk assessments had been signed and dated by each person's key worker and the manager following an annual review of their care. However, one staff members written recordings in people's daily records were very difficult to read. This staff member had not always correctly dated or signed after each written recording.

There were incomplete records relating to people employed. For example we looked at the recruitment files of seven staff members and found there were gaps in employment histories in two files we looked at. This meant that the provider could not be sure staff employed were suitable to provide care.

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
Accommodation for persons who require nursing or personal care	<p><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Cleanliness and infection control</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>People were not protected from the risk of infection because the provider had not maintained appropriate standards of cleanliness and hygiene in relation to equipment and reusable medical devices used for the purpose of carrying on the regulated activity. Regulation 12(1)(a) (2)(c)(ii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Requirements relating to workers</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that information specified in Schedule 3(6), notably a full employment history, together with a satisfactory written explanation of any gaps in employment and, satisfactory evidence of conduct in previous employment concerned with the provision of services related to health and social care or children or vulnerable adults, was available in respect of a person employed for the purposes of carrying on a regulated activity. Regulation 21(b).</p>

This section is primarily information for the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p> <p><b>How the regulation was not being met:</b></p> <p>Service users were not protected against the risk of unsafe or inappropriate care arising from a lack of proper information about staff employed for the purposes of carrying on the regulated activity. Accurate records in respect of persons employed for the purposes of carrying on the regulated activity had not been maintained. Records in respect of each service user were not kept securely.</p> <p>Regulation 20(1)(b)(i)(2)(a).</p>

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 13 March 2014.

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.

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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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