

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

Dimensions East Anglia Domiciliary Care Office

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Lucy Campbell
Overview of the service	<p>Dimensions East Anglia Domiciliary Care office provides services to people throughout East Anglia in their own homes or shared tenancies. The agency supports people with learning disabilities.</p> <p>There is a registered manager in post who is supported by two assistant operations directors covering all services. Service managers provide further management support taking responsibility for up to four services, depending on the numbers of people using them.</p>
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Dimensions East Anglia Domiciliary Care Office had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records

This was an announced 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 24 July 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

We spoke with or visited ten people using the agency. We also spoke with nine relatives of other people using the service. People told us that staff supported them with the things they wanted to do and tried to involve them in decisions about their care. For some people this included using photographs and two people had made videos of their discussions about their support. One person said, "Staff ask me about the kind of things I would like, what I want for my lunch and where I'd like to go." One person told us, "I'm happy with everything and I've got no complaints. They're all pretty good." Another told us about their support and said that the staff "...have got used to me." Our discussions with staff showed that they were aware of the needs of the people they supported, how to keep them safe and how to communicate with them.

Relatives spoken with were satisfied with the care that people received. However, it was clear that some felt this had not always been the case and that they had needed to complain in order to improve things and one was concerned that staff were not always available to provide the care expected. One relative described what they felt had been a 'rocky ride' with the agency. However, most felt that, where they had complained recently, improvements had been made. One said that there had been "...a lovely progression, to the point where it's working really well." Relatives and people spoken with knew how to complain if they needed to.

Systems for assessing the quality of the service, supervising and appraising staff and for maintaining records had improved since our last inspection.

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

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

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Some people were unable to respond to us other than regarding basic information about their care. They told us that staff were "good?" and helped them with things they needed. One told us about a holiday they were planning with staff support and how they had chosen where they wanted to go. Others told us that the staff helped them with all the things they wanted to do. They said that staff spoke to them about their plans and what they wanted to achieve.

Our discussions with people about their activities and the support they needed showed that their preferred routines were followed. This included support with their social and recreational needs. One said, "Staff ask me about the kind of things I would like, what I want for my lunch and where I'd like to go." Another person told us, "I'm happy with everything and I've got no complaints. They're all pretty good." Another told us about their support and said that the staff "...have got used to me." A relative told us that staff supported the person to be active and that they "...do something different every day."

During one of our visits two people told us how they had been involved in making videos where they were asked questions about their care and what they would like to do. A third person was working with the management team to develop their plan to include photographs so that they could be fully involved and understand the information in their care records.

Relatives spoken with were largely satisfied with the care that people received. One said that they felt staff looked after the person really well and kept an eye on their health so any concerns could be followed up promptly. They felt that it was important for the person to have a meaning and purpose in life to increase their self-esteem. They told us that Dimensions was trying to do that for the person.

Another relative told us that they felt it was important to give the person independence and choices. They felt that the service had become better at this and at sharing information about their relative with them so that they were kept informed about the person's health and welfare. Another relative told us that they were always informed of issues affecting the person and of any appointments or meetings so that they were able to attend and represent the person concerned.

Most relatives spoken with felt that people were supported by staff who knew them well and understood their needs. One relative told us that there was a core of experienced and skilled staff supporting the person and that they understood the person really well. They said that they felt the person's care was "...beyond all expectations..." and "...worked so well."

One relative did have concerns that staffing had not been supplied when it should have been to meet the person's care and welfare needs. They said that, although alternative arrangements were made to keep the person safe and ensure their welfare, these were not entirely suitable. We were not able to corroborate this but have referred our findings to the quality monitoring team for the county council who commission the care.

Staff gave us information indicating that they understood people's individual needs and felt that the care they delivered was focused on these needs. Staff told us how they sat with the people they supported to talk about their care, any goals or aspirations they had and the support they needed.

Care records seen included assessments of risk to which people may be exposed. Our discussions with staff showed that they understood very well how to minimise these. Staff spoken with were aware of the sorts of things that caused anxiety or stress to the people concerned, so that they could take action to avoid them as far as possible. One relative told us that they felt staff were "...more than aware..." of risks to which the person may be exposed and were "...well set up..." for the person's safety. However, the provider may find it useful to note that we found that one person's assessments of risk contained no evidence of review for over a year, to ensure that these continued to reflect the person's needs.

Copies of care plans were held electronically at the main office so that the management team could see what was included and that they were kept up to date. Staff told us about records called "4+1", which they submitted to their managers each month. These contained information about what had worked, what had not gone so well, and what lessons could be learnt. This information was then used to see if any changes in care might be needed.

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

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. The provider responded appropriately to any allegation of abuse.

Records showed that staff received training to help them recognise and respond to abuse. Two staff members spoken with said they were confident that, if they needed to raise any concerns on behalf of people using the service, these would be responded to appropriately. The management team had notified us and local safeguarding teams when there was a suspicion of abuse and had cooperated with any enquiries that were needed.

People spoken with who were able to tell us verbally, said that they liked the staff and felt safe in their homes. We observed that other people interacted freely with staff on duty, with lots of smiles or laughter showing that they felt comfortable in the presence of the staff.

We asked relatives of people using the service whether they felt people were anxious about returning to their homes when accompanied by staff. We discussed that, if this was the case, this may indicate people did not feel safe or were not comfortable with staff. Relatives told us that people were happy to return to their homes after visits and showed no signs of anxiety around this.

Relatives of two people told us how they were trying to work out with the agency, different ways of ensuring people had access to their money so that it would be held safely, monitored and protected from misappropriation.

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

When we last visited this service we were concerned that staff were not supported properly in their roles, some training was out of date and that supervision and appraisal of all staff did not take place regularly. Supervision and appraisal were needed so that staff had the opportunity to discuss their work and performance and to identify training needs. At this inspection we found that improvements had been made and that staff received appropriate professional development.

People using the service, who were able to answer our questions, said that they felt the staff knew what they were doing and how to support them. Relatives felt that staff were competent in their roles. One relative told us that they felt staff knew the person they were supporting "...very well." They described staff as competent and said that "I have full confidence in them. They know what they are doing."

The manager had improved the way that supervisions given by service managers were monitored. There were records showing when supervisions and appraisals were booked and the dates they were carried out. Staff spoken with told us that they received regular support and supervisions from their service managers and had regular team meetings. We received information that this had not always been the case but a few staff told us there had been big improvements.

Staff spoken with told us that their training was up to date. They said that most of this was completed using e-learning, except for practical classroom training for emergency aid to resuscitate people and for moving and handling. The provider may find it useful to note that some staff felt that e-learning was not as beneficial as having the opportunity to discuss issues with colleagues in a classroom setting. However, others felt it was satisfactory as they could complete it at their own pace.

Systems for monitoring that training had been renewed and completed had been improved. We saw electronic records for staff which highlighted 'missing skills' and flagged these up for members of the management team. We were shown how managers could access information and an overview of training for their staff teams to ensure that staff were prompted to keep up to date.

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 service that people receive.

Reasons for our judgement

At our last inspection we had concerns about the way the quality of the service was assessed and improvements made to ensure it was effective and responsive to people's needs. Issues that had been identified as problematic were not followed up. Improvement plans were not updated to show what action had been taken. At this inspection we found that improvements had been made. We concluded that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The registered manager had introduced a system of regular reviews of the quality of the service with members of the management team. Team leaders and a service manager told us about action plans they needed to update to show where improvements had been made. We were able to confirm this from electronic records. An electronic tracking system had been put into place to monitor improvements with due dates and actions taken.

Records showed that meetings took place regularly between the registered manager and assistant operations directors. There were also meetings with service managers. We concluded, from the records of the content of these meetings, that they helped to ensure the management team was aware of issues and what they needed to do to improve the quality of the service people were receiving.

Staff confirmed that they completed records showing what had worked well, what had been tried and what they could learn from these. We confirmed this in a sample of records we reviewed. Staff also told us about regional meetings involving groups of staff, service users and managers, where they discussed what was working well and what needed to be improved. The provider may find it useful to note that we received one comment indicating a senior manager had left one of these meetings before discussions about improvements had taken place and that the person concerned felt that this did not wholly value the process.

We found that there were more regular checks and audits carried out within people's homes to ensure that staff were following procedures, updating information and meeting expected standards. The registered manager showed us information with overviews of

services, what had been audited, and where improvements needed to be made. We also found that, where the audit team identified concerns needing to be addressed quickly, they issued an 'immediate concern notice'. We noted that one of these was around staff training for the administration of medicines. The manager was able to show us training records confirming that this had been addressed promptly.

A staff member also told us about the involvement of a 'performance coach' to work with their staff team and help to improve the way the team was working so that outcomes for people using that service were improved. This confirmed what the manager had told us.

Relatives spoken with said that they had been asked for their views about the quality of the service. Their views were included in discussions at meetings about what needed to be improved and how these improvements would be made. They told us that they had also been asked to complete surveys. We reviewed information relating to complaints and this showed that action plans were developed to address concerns. Most relatives told us they felt that, overall, there had been improvements as a result of the issues they raised. This showed that the provider took account of complaints and comments to improve the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

At our last inspection we had concerns that the system for monitoring and recording complaints, as well as learning from outcomes, was not sufficiently robust. We were not able to gather information about how many complaints had been received and what actions had been taken to resolve them. At this inspection we found that improvements had been made. This showed that people's complaints were fully investigated and resolved, where possible, to their satisfaction. We asked for and were shown a summary of complaints people had made and the provider's response.

The manager had implemented a system for recording all complaints electronically, with the nature of concerns, the investigation made and the actions taken as a result. This enabled tracking of the numbers of complaints, analysis of any common issues and their resolution. At the time of this inspection, this tracking system showed that one complaint was still being investigated and the progress that had been made to date. Records of service managers' meetings showed that action had been taken to ensure they were aware of this system for recording complaints.

Our discussions with staff showed that they were aware of the need to support people to make a complaint if necessary. One said that the registered manager responded quickly to concerns.

We asked people using the service and who were able to tell us, whether they knew how to complain. Those people told us that they did and who they would speak to. We were shown a folder in two people's homes containing information in an easy read pictorial format. This was designed to help people understand how to make a complaint. Staff on duty confirmed that they had recently spent time with people to remind them and explain the process. We also noted that other information from the provider indicated that the guidance could be made available in an audio format if this was needed. This helped to show that, as far as possible, people were made aware of the complaints system. This was provided in a format that met their needs.

People told us that they were satisfied with the service. For example, one said, "I'm happy with everything and I've got no complaints."

Relatives spoken with confirmed that they knew how to raise concerns and had been able

to do so. Three relatives confirmed to us that action had been taken and that there had been improvements in the quality of the service delivered to people. For example, one relative described what they felt had been a 'rocky ride' with the agency. They felt that, where they had complained recently, improvements had been made. They told us that there had been "...a lovely progression, to the point where it's working really well." Another relative told us that they felt confident they could raise any complaints with the service manager and that these would be listened to.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection we found that records were not always maintained as complete and up to date. Some records could not be easily located when they were needed. At this inspection we found that improvements had been made. People's personal records including medical records were accurate and fit for purpose as were other records relating to the management of the service.

Records relating to risks to each person, their care needs and progress were maintained electronically. We saw a sample of these on computer and also that there were paper versions within people's homes for staff and people using the service to refer to. The manager was able to locate all the records we requested promptly.

We noted that, in the majority of cases, records were up to date on both the computer and within people's homes. However, during our visits to people, we found one example of variable practice in record keeping. This was in relation to prompt completion of the records of care delivered to show that it matched what people required. Our discussions with a staff member and people being supported showed that the care they required was being delivered. We spoke with the manager of the agency about the records being maintained promptly and measures were taken to address this before we concluded gathering our evidence. We were not able to test that compliance was maintained.

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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