Care Quality Commission

Inspection Report

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

Dimensions Rushmoor & Basingstoke Domiciliary Care Office

1 Alexandra Terrace, Alexandra Road, Aldershot, GU11 3HU

Tel: 03003039007

Date of Inspection: 05 March 2014

Date of Publication: March 2014

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
Cleanliness and infection control	✓ 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. Jay Benjamin Dixon
Overview of the service	Dimensions Rushmoor & Basingstoke Domiciliary Care Office provides care and support to people living in their own homes. The agency provides support to people with a range of learning disabilities and associated disorders. They provide support to adults of all ages. Services include support with daily living skills, health needs, personal care and finances. Care packages range from a few hours per week to 24 hours, seven days a week.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 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 5 March 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the time of this inspection we were informed that the agency was providing personal care to 12 people. We asked the manager to contact all of the people who were being provided with personal care, and offer them the opportunity to either meet or speak with us by telephone. One person who received a service met with us and told us about the service they received. We also spoke with a relative of another person who received a service on the telephone. Whilst we were at the agency office we also spoke with two members of the management team and two care workers.

We found that people who used the service understood the care and treatment choices available to them and they were involved in making decisions about these. One person told us, "We make agreements and stick to them".

We found that people received safe care and support. People expressed satisfaction with the support provided and the care workers who supported them. One person had recorded in a review of their support, 'I have increased my independent living skills and can now walk to the local town centre unsupervised'.

Suitable numbers of care workers with the necessary skills were employed to provide consistent support. One care worker told us, "I've never missed a shift. I'm flexible and if hours need cover I pick extra up". A relative told us, "We have regular care workers and have a rota for the month ahead so that we know who is coming. They even try and match workers of a similar age to my family member. The relationship is lovely".

Overall, the service had effective systems for monitoring the quality of care and risks, and responded appropriately to concerns, complaints and incidents.

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes. The manager told us that people's views with regard to the care they were to receive were obtained during the initial assessment process and thereafter during the care planning review process. We were informed that care planning was centred on people's individual needs, choices and preferences. We looked at the care records of four people. All included evidence that people's needs had been assessed by the agency and that the individual, or their representatives, had been involved and consulted. For example, one person's records included the statement, 'This plan was completed through discussion with X, from having X's notes and wishes from review meetings, asking other staff and through our knowledge of supporting X over the last few years'.

We met one person who received a service. They were being supported by a care worker. During the meeting we observed that the care worker sought the person's agreement to speak on their behalf when needed. The person who received a service confirmed to us that they had consented to the care they received. They told us that care workers checked with them that they were happy with the support being provided on a regular basis. When looking at another person's records we saw that the person had written, 'I give permission to hold my savings book in a lockable draw'. Therefore, the agency obtained people's consent when supporting them.

We were informed that the agency monitored that people's wishes were respected and acted upon during care reviews and staff supervision. Records that we viewed and discussions with care workers confirmed this. The provider may find it of use to note that staff supervision did not include spot checks, when their practice was formally observed at people's homes. As a result, monitoring was based on verbal information only.

Care workers that we spoke with demonstrated understanding of supporting people with regards to consent. As one care worker explained, "Everything is person centred and as such everything is their choice".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The agency had a policy in place for consent. This also detailed steps that should be taken if a person did not have capacity to consent. The policy included reference to the Mental Capacity Act 2005 (MCA). We were informed that care workers had received MCA training. Records that we looked at and discussions with care workers confirmed this. We also noted that information about the MCA and people's rights was available in an easy to read, pictorial format. This meant people who received a service had information provided in a format that they might find helpful to understand.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The agency had policies and procedures in place for assessing, planning and delivering people's identified needs. We looked at four people's care records. Assessments and support plans were in place that detailed people's needs, their wishes, what level of support they wanted from care workers and their outcome goals for the future. These included areas such as finances, medication and personal care. We saw that the support plans and associated risk management plans were reviewed on a regular basis and amended according to changes in needs.

We spoke with two care workers about the support they gave to people. Both described actions that they undertook which reflected the contents of people's support plans. Both care workers told us that people were encouraged to do what they could for themselves, so that they could retain as much independence as possible with daily living tasks and skills. This information was also confirmed by a person who received a service. They told us, "I have help sometimes doing my room. They (care workers) remind me to change my bedding and empty the bins".

Care visit records were in place that detailed on-going care, the time the care workers arrived and the time the care workers departed. In the main, those we sampled provided evidence that people received their visits at the agreed times. People told us that most of the time, the care workers arrived on time and that they were usually kept informed of any delays. Records and discussions with people confirmed that the support provided was flexible. For example, if people had appointments, their call times were altered to accommodate these.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's records that we viewed included risk assessments for the support they needed. These included the internal and external environment of people's homes, health needs, infection control, moving and handling and medication. People's records also included evidence that actions were taken by the agency, when risks were identified. This ensured the safety and wellbeing of people who received a service.

There were arrangements in place to deal with foreseeable emergencies. The agency had

procedures in place in the event that a care worker was unable to gain entry to a person's home, lone working, and accidents and emergencies. Care workers that we spoke with were able to explain in detail the actions they should take if they were unable to gain entry including calling the agency office, and if needed the emergency services. The manager informed us that all care workers received first aid training and records that we viewed confirmed this.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. People that we spoke with told us that they felt care workers took appropriate action to reduce the risk of the spread of infections. One person said, "They remind me to keep my room clean". Another person said, "I've not seen them use aprons but always they use gloves. They do a lot of hand washing and use hand gel".

The agency had an infection control policy in place. This included procedures for the use of protective equipment, good hand washing techniques and spillages. We were shown evidence that staff had attended health and safety training that included an element in relation to infection control. We were also shown evidence that a specific infection control training package had been obtained. This had been introduced two weeks before our inspection and as such, all care workers had not completed it at the time of our visit.

The manager informed us that care workers were supplied with personal protective equipment that included disposable gloves and aprons if they supported people with personal care. Care workers that we spoke with confirmed this. They were also able to explain safe procedures that they followed to reduce the spread or risk of infection, for example washing their hands before and after carrying out personal care tasks.

We looked at four people's care records. All included an assessment relating to any infection control risks and actions that should be taken to minimise these if necessary. Therefore, systems were in place to promote good infection control measures.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. People that we spoke with told us that they felt there were enough suitably qualified care workers employed by the agency to meet their needs. For example, one person said, "X, X and X help me. They are good staff and know what to do".

Care workers that we spoke with also felt that there were sufficient numbers in the team to enable them to support people in a safe way.

We looked at arrangements that were in place to ensure appropriate steps were taken so that staffing levels, qualifications and knowledge met people's needs. The manager told us that they monitored the number of care workers employed to ensure there were sufficient people so that care visits were not missed. We were informed that monitoring also included checking the skill mix and experience of care workers was appropriate to meet people's needs safely. Records that we viewed confirmed this. Staff rotas that we looked at demonstrated that people received support on the days and in most instances at the times that had been agreed. The rotas also demonstrated that where possible people were supported by the same care workers. This ensured consistency of service.

The manager informed us that as part of the initial assessment process a form was completed titled, 'Getting to know you better'. They explained that this was also used when the agency decided which care workers were going to support people as it helped them consider the needs of the individual and personalities and skills of the care workers. We saw that the agency used an electronic rota system. This identified specific skills that care workers were required to have when they supported individual people. For example, if the care worker needed to be a car driver. Therefore, the agency had systems in place to ensure care workers had the necessary skills to support people.

We were informed that the agency had a pool of bank care workers that could be called upon to cover shifts when needed. In addition, a recruitment agency was used when bank care workers were not available. A care worker confirmed that agency care workers were used at times. They stated, "We use the same agency staff. That way they learn the right approach and get to know the people they are supporting".

In addition to care workers and the manager the agency employed other staff who

undertook specific roles. These included locality managers, assistant locality managers and administration staff. This meant that staff were employed to undertake specific tasks and to ensure the smooth running of the service.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that surveys were distributed annually to gain the views and experiences of people who used the agency in the way the service was provided and delivered. We looked at the findings from the 2013 surveys. The findings collated the views of people from this location and others owned by the provider that operated in the south region. These had been produced in an easy to read format that included pictures. This ensured people who received a service received feedback in a form that they could easily understand. People expressed satisfaction with the service provided. For example, all of the 137 people who received a service stated they were either 'always', 'most of the time' or 'some of the time' happy with the support they received from care workers.

We saw that the agency had a detailed system of audits that were completed by the organisation's compliance team. We were told that each service received a quarterly audit and the main office received a comprehensive audit annually. These included audits of support plans, recruitment, staff supervision, management and training, medication and health and safety. Each area checked was scored and colour coded depending on the ratings percentage. The manager told us that following the audit they were given specific timescales in order to rectify any deficits identified.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The agency had in place an electronic accident and incident recording system which was audited by the manager and shared with the agency's head office. Once recorded on the computer system, the severity of the incident would be established. This would then be escalated to the managers and senior managers within the organisation for their oversight. Records were in place that demonstrated care plans and risk assessments were reviewed and that actions had been taken as a result of incidents and accidents.

The agency also had an electronic monitoring system in place for the training requirements of care workers. This ensured that refresher training was undertaken on a regular basis in order that care workers were suitably qualified to meet the needs of people they

supported.

The provider took account of complaints and comments to improve the service. The manager informed us that all complaints and comments were taken seriously and investigated. Complaint records that we viewed included evidence of the complaint, an investigation, actions taken and feedback to the person who had raised the complaint. We noted that a pictorial service user guide included information that helped people to understand what they should do if they wished to make a complaint. The provider may find it of use to note that a person who received a service told us that they did not know who to speak to if they had concerns about care workers who supported them. When we informed the manager of this they told us that they would re-issue the complaints information to all people to ensure everyone was fully informed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk