

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

Dimensions 34-36 Seagarth Lane

34-36 Seagarth Lane, Southampton, SO16 6RL

Tel: 02380772847

Date of Inspections: 21 August 2013
20 August 2013

Date of Publication:
September 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safety and suitability of premises | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Dimensions (UK) Limited |
| Registered Manager | Ms. Mary Walsh |
| Overview of the service | Dimensions 34-36 Seagarth Lane is a small service providing accommodation and support with personal care to a maximum of 6 men with a learning disability. There is no nursing provided at this service. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

Contents

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

| | Page |
|--|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Consent to care and treatment | 6 |
| Care and welfare of people who use services | 8 |
| Safety and suitability of premises | 10 |
| Supporting workers | 12 |
| Complaints | 13 |
| <hr/> | |
| About CQC Inspections | 14 |
| <hr/> | |
| How we define our judgements | 15 |
| <hr/> | |
| Glossary of terms we use in this report | 17 |
| <hr/> | |
| Contact us | 19 |

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2013 and 21 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people using the service, and three members of staff. We observed support given to all people using the service during our inspection. A person told us they were very happy and liked living at the home. People appeared happy and contented, and care and support were observed to be respectful and responsive to individuals' needs.

Staff practices ensured people were enabled to give their consent to care and support whenever possible. Where people did not have capacity to consent, effective systems ensured their rights and well-being were protected in line with legal requirements.

People living at the service and staff knew and got on well with each other. We reviewed care plans for three of the six people at the service and they were detailed, up-to-date and person-centred.

The premises were designed and effectively maintained so as to be safe and suited to the specific needs of people living there. Staff were well supported by managers and colleagues and received sufficient on-going training to be able to carry out their roles effectively. There were adequate systems for recording and responding to complaints, and an easy-read guide to the process was available to people using the service.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care, treatment or support they were asked for their consent and the provider acted in accordance with their wishes. All staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training, and staff covered safeguarding and mental capacity during their induction. The importance of gaining and respecting people's consent to care and support whenever possible was understood by staff. Throughout the inspection we observed staff talking respectfully to people and gaining their consent to basic care and support. Staff regularly asked people if they wanted or needed anything and sought their consent when it was necessary to provide personal care and support. Decisions and choices people made were then respected. Staff acknowledged people's capacity to make decisions and choices in different circumstances, and to give consent to on-going care and support.

We spoke with three members of staff who outlined how they worked in a way respectful of people's right to make choices and give consent. They told us when people were able to give verbal consent or refusal, their decisions were respected if at all possible. If a person refused consent to essential care and support, staff said they would try a number of gentle and non-restrictive approaches. These included leaving the person for a while and asking them again later, and trying different staff with them. Staff knew the people in their care well, and explained how they were able to gauge consent to care and support according to people's physical responses and body language. This was key for supporting people who were unable to communicate verbally. For example, one person would tense their arms or push staff away if they were unhappy or did not consent to specific care and support. One member of staff told us they always gave people choices and "wouldn't get anybody to do anything I wouldn't do myself". We observed interaction between staff and people at the service and staff were respectful and sensitive in the way they supported and spoke with people.

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

legal requirements and recognised good practice. Support plans were written in such a way as to demonstrate people's involvement in their creation and, where possible, their consent to specific care and support. For example, in one person's file they had signed their end of life care plan to signify their consent to it. Best interests meetings had been held for all people living at the service regarding current and future dental treatment. The resulting assessments were added to their care files. The assessments had each been conducted by an appropriate medical professional, with the full involvement of the service's manager and an independent advocate. Records demonstrated this process had resulted in best and 'least restrictive' recommendations for each person. The provider had a long-standing relationship with a local advocacy service, and advocates were available to provide on-going independent support to everybody living at the service. People's rights and well-being were protected as the provider understood and followed correct procedures to safeguard people who had been assessed as not having capacity to consent.

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 safe and appropriate care and support that met their needs and was centred on them as individuals. The provider had effective systems in place for assessing, planning and delivering care and support.

Reasons for our judgement

People's needs were assessed and care and treatment were planned and delivered in line with their individual plans. We looked at plans and supporting files for three of the six people living at the service. They were detailed, up-to-date and person-centred. Each contained plans for specific areas of a person's care and support, with information about people's likes and dislikes, their favoured routines and summaries of activities they enjoyed. The three staff we spoke with told us they thought the support plans were effective and gave them all the information they needed to be able to meet people's different care and support needs. One told us a new member of staff would be able to refer to the support plans and get all the information they needed to then be able to support people properly.

Up-to-date assessments demonstrated how people's needs were assessed. These included assessments for communication, personal care, health, and eating. Daily contact sheets were detailed and up-to-date, and demonstrated on-going and responsive support for people's changing needs. Monthly reviews of people's individual outcomes achieved demonstrated how people's choices and wishes were observed and supported.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety. Care plans contained a broad spread of risk assessments, both generic and for specific individual needs. Risk assessments covered diverse situations such as medication, mealtimes and swimming. Each support plan was signed and dated by staff to say they had read and understood the contents, including the different risk assessments. We were told they were reviewed monthly and amended and added to as required. We saw risk assessments had been reviewed and updated since the start of the year. Assessments explained the different risks and gave clear instructions to staff as to steps they were to take to manage the risks. This demonstrated how the service maintained its duty of care and took steps to ensure people's safety.

Care and support was person-centred and planned and delivered in a way that was intended to ensure people's welfare. Staff were knowledgeable about the people in their care, and spoke warmly and sincerely about people they acted as key worker to. We

observed the delivery of care and support during the inspection, and staff carried out their duties politely and respectfully.

The service had made plans in advance of foreseeable emergencies. Personal evacuation plans (PEPs) were in place for each person, to be used in the event of an emergency at the service. Hospital or overnight bags were prepared for each person, and these contained all the essential information, clothing and equipment necessary for maintaining care and support in the event of an emergency or evacuation. The service was twinned with another of the provider's services, and staff knew to move people to that location in the event of an evacuation. The service had a detailed emergency information pack, which was readily accessible and understood by all staff. This included emergency plans and instructions to staff, relevant contact details, and up-to-date medication details for all people at the service. The service had taken effective steps to ensure people's care and welfare needs would continue to be met in the event of foreseeable emergencies.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The provider had taken steps to provide care in an environment that was adequately maintained.

Reasons for our judgement

The provider had taken appropriate steps to provide care in an environment that was adequately maintained. We found the premises and grounds were clean, tidy and in a good state of repair. Monthly health and safety checks were carried out on the entire building, including its fixtures and fittings. These included water and heating systems, flooring and lifting equipment. Checks assessed the condition of the building and flagged up any areas in need of repair or maintenance. Staff told us they were able to access the landlord's maintenance team. This meant they were able to get a rapid response if anything needed mending or repairing. Staff gave an example of notifying the maintenance team that a hot water tap was not working, and the maintenance service then fixed this the following day. The condition of the premises demonstrated the provider's systems were effective. People who used the service, staff and visitors were properly protected against the risks of unsafe or unsuitable premises.

The provider had taken steps to provide care in an environment that was suitably designed. The service was housed in a purpose-built and designed building and grounds. Wide corridors and doors gave an open feeling and supported wheelchair access. Surfaces were level and even throughout, so as to minimise the risk of trips and falls. Communal living spaces were bright, comfortably furnished and homely. There were different seating and recreational areas inside and in the garden, giving people plenty of choice as to where they could sit or relax. There was a separate sensory area, and we were told this was particularly popular with people at the service. Bedrooms were all of a good size, and each was in a good state of repair and decoration and personalised according to each person's preference. The large and secure gardens were a particularly attractive space where people could sit or take part in different outdoors activities. People were living in an environment that supported their needs and was conducive to their health and well-being.

The provider had taken steps to ensure people were secure and protected. During the inspection we reviewed the service's different arrangements and systems for ensuring the safety and security of the premises. We found that comprehensive safety and security arrangements were in place to protect people who used the service and others such as

visitors.

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 support safely and to an appropriate standard. The provider had in place adequate arrangements and systems for staff members' support and supervision.

Reasons for our judgement

Staff received adequate training and were able from time to time to obtain further relevant qualifications. Staff went through a range of mandatory and "refresher" training, and told us that they received all the training they needed to carry out their work properly. Staff had gone through a range of role specific training both during their induction and then on-going during their time in post. Training included safeguarding, infection control, and moving and handling. One member of staff told us they had been supported to complete recognised diplomas in health and social care during their time with the organisation. Staff were able to get additional training if specific needs were identified. For example, one person had requested bereavement training and the provider had arranged for this to take place at a local hospice.

The provider had in place adequate arrangements and systems for staff support and supervision. We looked at three people's personnel files and saw evidence of regular supervision and annual appraisals. The three members of staff we spoke with told us they received regular, one-to-one support and supervision. They said they also got on-going support from their peers and colleagues, including at regular staff meetings.

Staff confirmed that they felt supported with their work. One told us their immediate manager was very supportive, but they could "pick up the phone and speak to whoever I need to" in order to get additional support if required. This included speaking to the provider's head office and the regional manager if needed. All three staff spoken with said they thought their manager was very supportive, but that they could also get support from other colleagues as they were a "very good team". People using the service benefited by receiving appropriate care and support from staff who were properly trained and supported to carry out their work effectively.

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. The system was provided in formats that met people's individual needs.

Reasons for our judgement

The provider had an effective system in place to deal with complaints. There were no recorded complaints to demonstrate how the service had responded previously. However, the service had a clear and detailed complaints process. The process was split into sections, covering topics such as why a person might want to make a complaint, how a complaint would be dealt with and how long it should take to sort a problem out. The procedure also contained contact details for relevant external agencies, such as the local authority, who people could contact if they felt their complaint had not been properly dealt with.

The system for complaints was provided in a format that met people's needs. The complaints process was available in audio format. The provider had also produced an accessible version of the complaints process, using recognised photographic symbols and clear language, which was designed to better meet the needs of people using the service. We were shown a bespoke pictorial version of the complaints procedure. It had been produced specifically for a person at the service, to enable staff to explain the process in a way that best suited their communication needs.

People at the service were given support by the provider to make a comment or complaint where they needed assistance. Staff told us they would notify a senior manager immediately if anybody had a complaint, and would involve independent and external agencies to support people to make a complaint if required. They told us they would do whatever was necessary to make sure a person's complaint was dealt with. The complaints procedure encouraged anybody wishing to make a comment or complaint to seek support from staff, family or independent advocates if required. We saw records showing independent advocates and supporters had been involved in providing independent, on-going and additional support to people. Systems were in place to ensure people at the service and their representatives received support if they ever wished to make a complaint.

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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