

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

Dimensions 20 Boadicea Close

20 Boadicea Close, Slough, SL1 5UJ

Tel: 01753528233

Date of Inspection: 31 May 2013

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

Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mrs. Gillian Mawa
Overview of the service	20 Boadicea Close provides accommodation for up to five adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 31 May 2013, observed how people were being cared for and talked with staff. We reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We spoke with people using the service but they were not always able to tell us their views about their care. We relied upon our observations of care, speaking with staff and looking at records to help us understand people's experiences.

We found people were supported to meet their nutrition and hydration needs. A varied diet was provided and meal supplements were used where one person was at risk of weight loss. Staff joined people using the service at meal times and made these social occasions.

People's medication was managed safely. We found staff had attended training and their competency was assessed before they handled medicines. Medicines were stored securely and accurate records were kept of medication administration and disposal.

We found there were effective recruitment procedures at the home. Appropriate checks were undertaken before staff began work, such as screening for criminal convictions and obtaining references. Staff had not started work until all required checks and clearances had been received. This ensured people were cared for by staff who were suitable to work with vulnerable adults.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

A 14 week menu was in use at the home. This offered varied meals and choices for people. We saw people had been weighed in March this year by the dietician at the day centre. The manager told us there were no current concerns about people's diet or weight. We saw the staff training programme included a mandatory course on nutrition, which included healthy eating. The manager told us this was repeated every three years. This ensured staff had the skills and knowledge to meet people's nutritional needs.

We looked at two people's care plans. These contained sections detailing the support people needed with eating and drinking, their preferred routines, likes and dislikes. Risk assessments had been written for the likelihood of choking. We saw people's care plans outlined the texture of food they needed, such as pureed meals, and whether they required thickening powder for liquids. These measures helped ensure people's risk of choking was reduced.

People were supported to be able to eat and drink sufficient amounts to meet their needs. One person was at home for lunch. Staff joined them at the table and shared the meal. They told us they always joined people using the service at meal times. This made meals social occasions.

We observed how the person was supported with their meal. We saw support was offered appropriately and gently. A clothes protector had been offered to them, to prevent clothes becoming soiled. A member of staff sat next to the person and offered small amounts of food at a gentle pace. Staff offered the person encouragement to eat. They moved on to the pudding when it was clear they had enough of the main course. Staff knew the types of food the person enjoyed and offered a pudding they knew they would like. The observation showed us staff were aware of people's individual needs and knew how to support them with their meals.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at medication practice at the home. We saw there was a medication policy in place. This provided guidance for staff to ensure medicines were managed appropriately. Records showed staff handling medicines had undertaken training and competency assessments. This ensured they had acquired the necessary skills and knowledge before they supported people with their medication.

We saw medicines were kept safely in a secure, lockable cabinet. The keys were kept by the senior on duty. This ensured only authorised people had access to medication. We saw appropriate arrangements were in place in relation to the recording of medicines. Staff maintained records to show when they had given people's medicines. These were accurate and had been kept up to date.

We saw records were kept of medicines returned to the pharmacy. These showed medicines were disposed of appropriately.

Medication practice was checked as part of the provider's three monthly auditing of the service. The last audit was carried out in February this year. It reflected good standards of medication management at the home.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes at the home. We saw there was a recruitment and selection procedure in place. This provided guidance for managers to refer to. We looked at the recruitment files of three staff. These showed appropriate checks were undertaken before staff began work. The checks included screening for criminal convictions, obtaining references and completion of an application form. Occupational health assessments had also been undertaken, to determine whether staff were physically and mentally fit for work.

We noted all checks and clearances had been received before staff started work at the home. This ensured people were cared for by staff who were suitable to work with vulnerable adults.

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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