

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

## Dimensions Copdock Domiciliary Care Office

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2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Lucy Campbell
Overview of the service	Dimensions provides support for children and young people while taking part in short holiday breaks
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 February 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 staff.

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### What people told us and what we found

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During our inspection we spoke with the registered manager, the administrator and three family members of children or young people who had used this service. The family members we spoke with were very happy with the service and the support their family member received when using the service.

One family member told us, "The whole experience was really positive. A pre-trip meeting gave me all the information I needed and I felt secure in the knowledge that they had listened to me and understood the care (their child) needs." Another person told us that they were, "Very reassured by the work done prior to the trip to get to know (their child) and the feedback provided after the event."

We looked at the records held by the service which showed that they had obtained consent in advance of any care and support provided. A detailed assessment of the child or young person's needs had been undertaken to ensure that the service were able to offer appropriate care and support.

Recruitment records we examined showed that the necessary checks had been undertaken for all staff to ensure that the children and young people who used the service were not at risk and appropriate training was in place.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### 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

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### Our judgement

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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.

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### Reasons for our judgement

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Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

During our inspection we spoke with the registered manager of the service and with the families of three children or young people who had used the service.

The registered manager explained how they ensured that young people who used the service had consented to the provision of any care and treatment. This was discussed with the young person and their family at a pre-holiday meeting and the necessary consent obtained to include care, treatment, medication and other support needs. Evidence of the consent was seen on the electronic records of four young people that we looked at during our inspection.

We discussed how the issue of consent was managed where a young person did not have the capacity or was too young to provide consent for themselves. The registered manager confirmed that family members were always involved in the decisions to ensure that any decision made was in the young person's best interests.

This showed us that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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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.

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**Reasons for our judgement**

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

During our inspection we spoke with the registered manager and with the families of three young people who had used the service. One family member told us, "The whole experience was really positive. A pre-trip meeting gave me all the information I needed and I felt secure in the knowledge that they had listened to me and understood the care (their child) needs." Another person told us that they were, "Very reassured by the work done prior to the trip to get to know (their child) and the feedback provided after the event."

During our inspection we looked at the records of four young people who had used the service. These were held electronically and showed that initial assessments were in place identifying the needs of the young person concerned and plans were in place showing how those needs were met. Documents relevant to the care including consent forms, medical details and behavioural plans were scanned into the records we looked at. This meant that staff were provided with the information to meet the young people's needs effectively.

The records we examined also included details of how young people's communication, health and mobility needs would be met together with risk assessments to ensure that the activities planned on the holiday and their care needs would be met safely.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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.

During our inspection, we discussed safeguarding procedures with the registered manager. We were shown a copy of their policy on safeguarding vulnerable children from abuse and they explained the procedures that were followed in the event of an allegation being made.

We looked at the records of one safeguarding alert that had been raised by the service and noted that the procedures detailed in their policy had been followed. This gave us confidence that any potential issues would be appropriately dealt with.

All staff received training in the safeguarding of vulnerable children as part of their induction and this was updated for all staff on an annual basis. Records of this training were seen on the service's electronic records system.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work.

We discussed the service's recruitment procedures with the registered manager and administrator and were shown how their electronic system monitored and recorded the process.

The records we looked at for four people who had recently joined the service showed the process through from their initial application to their appointment and included interview records, details and copies of at least two written references, employment histories, evidence that gaps in employment history had been discussed and details of up to date Disclosure and Barring Service (DBS) checks. These were done at a level required for work with children and young people.

We were therefore satisfied that appropriate recruitment procedures were in place

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People's personal records including medical records, staff records and other records relevant to the management of the services were accurate and fit for purpose.

During our inspection we spoke with the registered manager and reviewed a range of records relating to the service.

We looked at the electronic records held for children and young people who used the service. These were readily available and contained up to date information about the person receiving care and support, their needs and requirements and provided staff engaged in the day to day provision of care and support the information they need to meet those needs.

We looked at the recruitment records held by the service. These were up to date and showed that their recruitment procedures had been followed. Information was held electronically but readily available to the registered manager and administrator who showed us the system used and accessed the records for us to examine.

We were therefore assured that all records held by the service were up to date and accessible.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

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### Essential standard

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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)

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### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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