

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

Dimensions 2 Buckby Lane

2 Buckby Lane, Basingstoke, RG21 4PS

Tel: 01256334820

Date of Inspection: 18 September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Suzanne Nolan
Overview of the service	Dimensions 2, Buckby Lane is a residential home providing care and support for up to four adults with needs arising from a learning disability. People may also have needs within the 'Autistic Spectrum'.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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

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 18 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We saw that people had opportunities to express their views and preferences about their care. Staff had information about how each person communicated and showed they were familiar with this.

We saw staff engaging positively with the people they supported. People had opportunities for activities in the home and within the community. They were also supported to take part in their care and the day-to-day routines according to their wishes.

Care plans, supported by risk assessments and other documents, gave detailed information about how to provide people's support. Appropriate support had been sought from external healthcare professionals. Staff understood their role in safeguarding people from abuse and had access to information about this.

Staff recruitment records were not as comprehensive as required and were not consistently documented.

Within the home, some of the recording was inconsistent and incomplete. The management team also had management responsibility for another service, which may have contributed to this. The provider had systems in place to monitor the performance of the service. Although a national survey of people's views about the provider's care had been carried out in May 2013, feedback information specific to this home was not available.

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

What we have told the provider to do

We have asked the provider to send us a report by 31 October 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We saw that people's care plans included information about how they communicated their wishes. Staff told us that two people had a little verbal communication and some personally adapted Makaton was used. Staff were sometimes taken by the people supported, to the item or activity which they wanted. We saw examples of people communicating like this and saw that staff responded appropriately. Staff showed us a range of meal photographs that were used to get people's choices when planning the menus. We saw one person being supported to eat his lunch in accordance with his care plan. The staff member was aware of his needs in detail and supported him appropriately to maintain his dignity. One person's views had been sought about a medical test. He had declined the test and this had been respected.

Throughout the day we saw staff actively communicating with the people they were supporting. Staff sought the wishes of the person and acted on these. Interactions were positive and respectful of individuals. Staff described how they supported and involved particular individuals and this matched what was in the care plans. We saw a document on people's files relating to information sharing with family. Where possible, people's indications of consent to this, had been identified and recorded.

The care plans described people's wishes about how their care should be provided, based on expressed views or preferences identified in the course of day to day care. They also noted whether any 'advance decisions' about care, were in place. Advance decisions are where a person or their representative has formally recorded their wishes regarding aspects of their care, in advance. Care plans identified where an 'appointee', 'deputy' or the 'Court of Protection' were involved in people's care decision-making. These people can make decisions on behalf of the people supported, where they do not have the capacity to make these themselves.

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.

People's care files included 'communication passports' describing their individual methods of communication and staff were familiar with these. We saw staff working in a person-centred way and engaging positively with each of the three people in the home. Incidents that had arisen had been recorded and monitored by the manager, although there were none recorded since February 2013. Staff confirmed that this was an accurate reflection of the situation. The care files included support plans detailing people's needs and how these should be met. Other documents provided more detail on people's preferred daily routines and what was 'important to' and 'important for', them. The care files contained lots of references to encouraging involvement and decision making. They also included some goals and targets and progress on these was monitored at reviews. Care plans were supported by relevant risk assessments. The manager was in the process of updating these. Staff told us the individual support plans were then going to be reviewed.

People's files also included any healthcare needs and records of attendance at healthcare appointments. An antibiotic allergy for one person was clearly documented. Appropriate support had been sought from external healthcare specialists, including the speech and language team and occupational therapists. Where manual handling support was required this was clearly defined. The method of securing of one person's wheelchair in a vehicle was described, supported by a series of photographs. The provider may find it useful to note that healthcare records were not always systematically filed, making it hard to be sure when people last attended routine healthcare appointments.

We saw that people had opportunities to engage in a wide range of activities within the home and the local community. The three people in the home had lived together for some years and enjoyed some activities as a group or in pairs, as well as individually. Some friendships had also developed with people in the provider's other services. Staff enabled people to meet up and enjoy activities together where this was the case. For example, one person in the home had recently been to a motor racing event with a friend from another service and others had been to the theatre together. People in the home went on holidays

which they were involved in choosing. Each person had a "My Ideal Day" sheet in their file which identified many of the regular activities and events in which they took part. Although the home had only one driver in the team, staff told us the manager and assistant manager sometimes drove people to activities as well. One person had his own adapted vehicle and the home also used public transport and the 'Dial-a-Ride' service. People's spiritual needs were also supported through church attendance. One person indicated that he enjoyed living at the home and the activities he took part in.

There were arrangements in place to deal with foreseeable emergencies. We were shown the emergency information available to staff. This included the contact numbers of staff and senior management, the day and night-time evacuation plans for the home and hospital information sheets for each person. The emergency contact numbers for household utilities and the location of master switches and stop-cocks were also provided. In an emergency people would be evacuated to some of the provider's local supported living houses, in the first instance. The emergency plan had last been reviewed in April 2012. The provider may find it useful to note that the emergency plan information was contained within two separate sets of documents and therefore may not be as readily accessible as it should be, in the event of an emergency.

The Deprivation of Liberty Safeguards (DOLS), were only used when it was considered to be in the person's best interest. There were no DOLS in place when we inspected. All of the staff had attended training on the Mental Capacity Act.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider had a safeguarding policy. A copy of this was on the office notice board, together with the whistle-blowing policy and the General Social Care Council 'Code of Practice'. The relevant contact numbers for whistle-blowing and safeguarding were also on the notice board. An easy-read version of the safeguarding policy was available to help in explaining this to the people supported. The local authority multi-agency safeguarding policy, procedure and guidelines were also available.

The staff were not using any forms of physical intervention and no Deprivation of Liberty Safeguards (DOLS) were in place. All of the staff had completed safeguarding training by means of a computer-based e-learning course within the provider's expected two-yearly cycle. The staff understood their role in reporting any safeguarding-related concerns and referred to the information on the office notice board.

Some concerns related to potential safeguarding had arisen within the previous 12 months which were followed up. No evidence to support the concerns was found.

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

Our judgement

The provider was not meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. However, there was insufficient available evidence of the required recruitment checks having been completed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

It was not clear from available records that effective and consistent recruitment and selection processes were in place and documented.

The staff files we examined did not all contain evidence of the required pre-employment checks. For example, the file for two recently recruited members of staff contained no evidence of the 'Disclosure and Barring Service' (DBS) check of any previous criminal record. In one person's file, there was also no evidence or confirmation of references having been obtained, nor of the documents seen to confirm identity. Another employee's file contained copies of these documents, apart from the DBS check. One person's file did contain the required evidence of recruitment checks. Following the inspection, the provider supplied evidence of the completion of DBS checks on all permanent staff. We found that the organisations' employment record form had not been completed on all files and the induction record was not always fully completed.

There was no written evidence of appropriate checks having been carried out by the employing agency, in the case of agency staff. There were no records of any induction having been provided, for two of the agency staff. Staff told us that verification of agency staff was carried out over the phone.

The provider's compliance audit in August 2013 did not address these shortfalls.

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.

A survey of the views of people supported across all of the provider's services, was carried out in May 2013. People were broadly happy about the support they received. Feedback from the people supported at Dimensions 2 Buckby lane and their families was not separately available. The provider may find it useful to note that in the absence of feedback specific to this service, it was not possible to be clear how people felt about the care and support provided there.

We looked at a range of records and systems usually used as part of maintaining an overview and managing services. We looked at the records of team meeting minutes. The most recent minutes in the team meeting file were dated January 2013. Staff said that a meeting had also taken place in July but no minutes were available for inspection. They told us that a more recent meeting had been cancelled due to an emergency. Staff said that the meetings were intended to be bi-monthly. We looked at the records of house meetings with the people supported. The most recent minutes in the file were dated August 2012. Staff told us these were infrequent and tended to be held around practical decision-making, such as around redecoration or holiday plans.

Some of the other recording systems in the home appeared to have ceased to be used, but were still available in the office. For example, the individual staff training records had not been kept up to date. There was also no overview of training available in the manager's absence. Staff were able to obtain some additional information by phone from the provider's head office. The manager and assistant manager both also managed another service in Tadley. Their management time was split between the two services. The rotas showed that the majority of management time had been spent at the other service recently. We were told this was because of the need to cover staff vacancies there. The provider may find it useful to note that there was some evidence that the sharing of the management team between this and another service, was impacting on management continuity and record keeping within the home.

The management audit in August 2013 stated that mandatory training had been completed by all staff who had been employed for over 12 weeks. 'Compliance audits' had been carried out in September 2012 and May 2013 by the provider. Issues of non-compliance were included in an action plan where they were identified. We saw that progress on addressing previous actions was monitored. A 'service improvement plan' for 2012-13 was in place and included evidence of on-going review.

The provider's complaints policy was available in an easy-read format to assist in explaining it to the people supported. Only one recent complaint had arisen. This had been a noise-related complaint from neighbours. The manager had met with them and the matter had been resolved.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: There was insufficient evidence of the recruitment checks required to ensure that people employed were of good character and the information specified in Schedule 3 was not all available for inspection. Regulation 21 (a)(1) and 21(b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 31 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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