

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

Dimensions 6a Prospect Place

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Tel: 01905351514

Date of Inspection: 14 August 2013

Date of Publication:
September 2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Overview of the service	6a, Prospect Place is located close to Worcester City Centre and provides accommodation and personal care for up to four people who have a learning disability.
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 14 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

When we carried out this inspection four people lived at the service.

The manager who was not yet registered with the Care Quality Commission (CQC) was on a day off on the day of our inspection. We spoke with this person briefly on the telephone. We also spoke with the regional director on the telephone.

While at the service we spoke with a service manager and five support workers. We spent time with people who used the service. We were unable to speak with people who used the service due to their level of complex needs and communication difficulties. We also spoke with two relatives of people who used the service and a visitor.

We observed how staff interacted with people. We saw that staff spoke with people in a respectful manner. We observed that people appeared relaxed and comfortable with the care provided. Comments from relatives included: "It's perfect, they can't do enough for us," and: "Have nothing but praise".

We looked at the care records for two people and found that their needs had been assessed. The records showed that care and treatment was planned and delivered in line with people's individual need. Staff told us that they were aware of each person's needs and how to give care and support to meet these needs.

We found that medicines were prescribed and given to people appropriately.

We found that the equipment that was used in the home was maintained appropriately and that staff had been trained in its use.

We saw that there were enough staff available to support people to meet their needs.

Staff were trained and received support through staff supervision. This made sure that all staff had suitable skills so they provided consistent care to people who used the service.

A complaints procedure had been made available to help people should they wish to make a complaint.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found that people's needs were assessed and care and treatment had been delivered in line with their individual care plan.

During the inspection we spent time in the communal areas of the home so we could observe what happened. People who used the service had limited communication skills. We did not see any indication through either body language or gestures that people were not at ease with the staff members on duty. We saw that people responded positively to the interactions from staff. We found that staff cared for people sensitively and in a way that suited their individual pace.

One relative told us that were: "Very happy and content with the care provided" at the home. Another person who visited the home told us: "It ticks all the boxes. Everything is above board. I feel people are well looked after. The care of people is important to staff.

We looked at the care records for two people and saw how their care had been provided and managed. We saw that these care records had been reviewed and made sure that people's need had been met as any changes had occurred. The provider may wish to note that it was not always possible to determine when hand written changes were made to the care plan as they were not dated. Relatives told us that they had attended review meetings to discuss the care provided. This meant that care and treatment was planned in a way that was intended to ensure people's safety and welfare.

Staff told us that medical professionals such as doctors, psychologists, dieticians, chiropodists and dentists were involved in people's care. Records confirmed that these people were involved. A recent letter from a medical professional stated that they were: "Pleased with how xx presented today".

We found that staff had a good knowledge of the care needs of people who used the service. The information given by staff was consistent and matched what we saw happened during our time at the home.

During our inspection we that staff supported people to eat and drink. We saw staff use a thickener in one person's drink to prevent accidental choking. We also saw information about suitable drinks for a person who was diabetic. This meant that staff had the information and the knowledge to ensure that individual needs were met.

Staff told us about activities that people who used the service were involved in. Records confirmed that these events had taken place. During our inspection we saw that staff involved people in the daily tasks around the home. For example staff took people in to the kitchen when they made drinks so that they were involved.

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 arrangements in place to manage medicines.

Reasons for our judgement

During the inspection we looked at the medicines held for three people who used the service. We also looked at the records maintained to show what medicines staff had administered to people who used the service.

We saw that the majority of medication administration record (MAR) sheets were up to date. We saw a small number of occasions where staff had failed to sign for medicines they had administered. We saw that usually two members of staff signed for the administration of people's medicines. The provider may wish to note that staff had not always signed to evidence that they had applied creams to people who used the service. This meant that there was no means to ensure that this treatment was carried out.

We looked at the monitored dose system supplied by a pharmacy and saw that people had been given their medicines as prescribed. We counted the stock of medicines not held within the monitored dose system and found that they balanced with the records.

The provider may wish to note that we found one person was administered a medication differently to the instructions on the MAR sheet. The MAR sheet stated that staff should refer to separate guidelines. Although guidelines were available they did not refer to this specific medicine. This meant that the use of this medicine would not be consistent amongst the staff.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People who used the service were protected from unsafe or unsuitable equipment because the provider carried out regular safety checks. They made sure that staff knew how to use the equipment correctly.

The service manager told us that staff at their head office had arranged contracts with people to ensure equipment was serviced. These arrangements had covered equipment such as the overhead hoists and a portable hoist. As all bedrooms and communal areas were on the ground floor no passenger lift was required. The service arrangements had also covered safety equipment such as fire alarms and fire fighting equipment.

We saw that the maintenance information on individual items of equipment that we checked corresponded with the records held by the provider. These showed that suitable safety checks had been carried out.

We saw that staff used equipment to help transfer people. We saw that they did this sensitively and provided constant reassurance. Staff told us they were trained to use equipment and records seen confirmed this. This meant that staff used equipment correctly to meet people's needs.

We saw that wheelchairs had footrests in place to prevent people's feet and ankles getting trapped. We saw that staff used wheelchairs in a safe way that prevented the risk of injury to people who used the service.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that the provider had ensured there were sufficient numbers of suitably trained and experienced staff who worked at the home. During our inspection we observed that staff spent time with people who used the service. We saw that staff were calm and relaxed with people.

We looked at staff rotas and found that the number of staff on duty matched the number given when we spoke with staff on duty. Staff told us that nobody who used service required more than one person to meet their individual care needs. Staff told us that arrangements for less busy times such as night time were sufficient to meet people's needs.

During the inspection we spent time in the communal areas of the home so we could observe what happened. People who used the service had limited communication skills. We spoke with four relatives of people who used the service. They were happy with the staff who worked at the home. One person told us: "Most times there are at least three members of staff on duty".

We observed the care and treatment provided to people by staff. We saw that staff were able to spend time with people and support them at a pace which meet their individual needs.

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 treatment to an appropriate standard.

Reasons for our judgement

We found that staff received appropriate professional development. We spoke with five members of staff at the home. They told us that they were sufficiently trained to carry out their roles effectively. Staff told us that they were trained primarily by the use of e-learning (on a computer). Staff told us that this could be done either at work or while they were at home.

One member of staff told us that they were aware that they needed to do a refresher in one area but: "Otherwise all my other training is up to date." Another member of staff said that they were: "All up to date". The service manager showed us records that showed staff were trained in line with the organisation's expectations. Any gaps were highlighted on the computer for the attention of the manager. We saw that one member of staff needed some refreshers in areas such as safeguarding and medication to ensure they were trained in line with the organisation's own policy. The member of staff concerned confirmed that these areas had expired by a few days and that the manager had already brought them to their attention. This meant that staff were trained to ensure that they gave appropriate care and support to people in a consistent way.

We saw that dates when staff supervisions and appraisals had taken place were displayed on the office wall. Supervision gave staff an opportunity for them to discuss the support needed to ensure that people received consistent care. Records showed that staff had received supervision on a regular basis and in line with the organisation's expectations. Staff confirmed that they received supervision sessions. One member of staff said they had: "Supervision every six to eight weeks and once a year I have an appraisal." This meant that staff were provided with support to enable them to provide appropriate care to people at the home.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider had an effective complaints system available for people to make comments about the service provided.

Reasons for our judgement

The service manager told us that they were unaware of any complaints received about the service provided. We looked at the complaints records and saw that none were recorded. We saw a copy of the complaints procedure was available to people.

Staff we spoke with told us that they were not aware of any complaints made about the service provided. Staff told us that if anyone wished to make a complaint they would tell the manager.

We spoke with two relatives about complaints. Both told us that they had not needed to make a complaint as they were happy with the service provided. One person said that they would tell the manager who was: "Extremely good and on the ball" or their relative's key worker of any concerns they had. The other relative said that they would discuss it: "With the keyworker or the manager but never had cause to do so. Long may it continue".

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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