

Dimensions (UK) Limited

Dimensions 229 Stourbridge Road

Inspection report

229 Stourbridge Road
Bromsgrove
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Date of inspection visit: 31 March 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection was unannounced and took place on 31 March 2015.

229 Stourbridge Road is registered to provide accommodation and personal care for a maximum of four adults who have a learning disability. There were three people living at home on the day of the inspection. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked relaxed and staff supported people to remain free from the potential risk of abuse. Staff told us about how they kept people safe. During our inspection we observed that staff were available to provide advice or guidance that reduced people's risks. People received their medicines as prescribed and at the correct time.

Summary of findings

There were enough staff to support people living at the home and staff felt able to meet people's individual needs. Staff were provided with training which they felt reflected the needs of people who lived at the home.

Assessments of people's capacity to consent and records of decisions had been completed in their best interests. People gave their consent to care and treatment and made their own decisions and where needed received support to do this.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to healthcare professionals that provided treatment, advice and guidance to support their health needs.

We saw that people's privacy and dignity were respected and staff were kind to them. People were involved in the planning and reviewing of their care.

People were supported to maintain their hobbies and interests in an environment that supported their needs. Staff told us they were confident to approach the manager if they were not happy with the care provided or wanted to raise concerns on behalf of people that lived at the home.

The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. The management team had kept their knowledge current and were approachable and visible within the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported to receive care that reduced the risk of abuse as staff knew how to report any concerns. People's risk had been considered and they had received their medicines. There were enough staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff. People were supported to make their own decisions and choices, with support where needed. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



Is the service responsive?

The service was responsive.

We saw that people were able to make some everyday choices and were engaged in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good



Is the service well-led?

The service was well-led.

The registered manager and provider monitored the quality of care provided. Procedures were in place to identify areas of concern. Staff were very complimentary about the overall service and felt the registered manager was approachable and listened to their views.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 31 March 2015 and carried out by one inspector. Before the inspection, we

reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we observed three people who lived at the home. People had not been able to talk to us about their care and treatment. We spoke with four staff and the registered manager. We looked at two records about people's care, falls and incidents reports and checks completed by the manager and provider and improvement plans.

Is the service safe?

Our findings

We saw that people were familiar with the staff and looked to them for reassurance and support. Our observations showed that people were at ease with staff and were encouraged to share and discuss their concerns. For example, where a person became upset staff followed guidance in line with recent training they had received.

Staff told us they could speak with the registered manager, their line manager or senior care staff about concerns over people's well-being. They were able to tell us the action they would take if they were concerned about a person's welfare. For example, if they saw something of concern they would first ensure the person was "supported to a safe place" and would report the incident "straight away". Staff were aware of the provider's policy on protecting people from abuse. They told us and we saw that the policy was kept in the office and they would refer to it if needed.

People's risks had been looked at and assessed so staff knew what actions to take to help people receive safer care. Staff we spoke with were clear about the help and assistance each person needed to support their safety. This included managing people's health risk and social needs when in or out of the home. We saw that the risk had been reviewed and updated regularly and were detailed in people's care plans. Staff also told us they had access to these records and were told about any changes at the start of their working shift.

Staff we spoke with demonstrated a good understanding of the plans that were in place to prevent or minimise any

identified risks for people. For example, staff told us that they knew the best practice procedures to support people who might behave in a way that challenged others. These had been agreed at care planning meetings and held on people's files. The service had other risk assessments and risk management plans in place to ensure identified risks were minimised. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist had been maintained regularly.

Through our observations staff were able to meet the care and social needs of the people who lived at the home. Staff told us people received consistent support from familiar staff and used agency staff "as a last resort". We saw that staff were always available and people did not have to wait for assistance. The registered manager and provider had assessed the needs of people to ensure the right number and skill mix of staff required. They were in the process of looking at how the home was staffed given people's social needs had changed. This meant that additional staff were needed to ensure that people were able to maintain their lifestyle and care and support needs.

Staff on duty, who administered medicines, told us how they ensured that people received their medicines when they needed them. For example, at particular times of the day or when required to manage their health needs. We saw staff had guidance to follow if a person required a medicine 'when required'. People's medicines were stored and disposed of correctly and had been recorded when they had received them.

Is the service effective?

Our findings

During our observations staff demonstrated that they had been able to understand people's requests and had responded accordingly. For example, when people wanted reassurance or assistance. Staff were aware of people's communication styles when talking with them and were able to tell us about the person's life history.

We spoke with three staff and they told us that they felt supported in their role and had regular meetings with the registered manager. They told us they had received training that reflected the needs of the people they cared for and future training was arranged as needed. They also felt that recent training and support had resulted in more understanding and better care and welfare for one person whose needs had changed.

People were supported to make choices and staff ensured that people were happy with any help or assistance they offered. Staff had taken appropriate action when a person had not been able to make a decision on their own. Where appropriate, the views of the person's relatives and health and care professionals had been sought to assist with making decisions. All people living at the home were under a Deprivation of Liberty Safeguard. Staff were aware of the

restrictions placed on people and the reason why. This meant people were supported to make decisions and receive care and treatment that had been in their best interests.

We observed people having their midday meal. We saw that people were offered a choice of food and were involved in making their meals. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Where people required assistance staff were considerate in offering to help.

We spoke with staff who told us there was a menu planning system in place. However, this was flexible and people could choose something else. People were supported with visual choice if they were unable to state their preferences. Staff were consistent in their approach to enable one person to have drinks that they preferred.

People were supported to maintain a healthy lifestyle and attended appointments with health professionals as required. Staff told us that they reported concerns about people's health to the senior on duty, who then took the appropriate action. For example, contacting the doctor for an appointment. People were supported to attend their appointments and the outcomes were shared with their relative. We saw their care records had been updated to reflect any changes.

Is the service caring?

Our findings

People looked comfortable, knew staff well and looked to them for guidance, support and reassurance. We saw that staff were kind and caring when engaging people in conversations and tasks. People were supported with communication by staff knowing and understanding non-verbal signs and using additional systems. For example, objects for reference and picture cards.

Staff told us they also got to know people well by talking with and spending time with people.. They also told us they were involved in planning people's care with individuals and finding out about their likes, dislikes, life history and their daily routine.

People who became anxious or upset were guided by staff that understood how best to approach the person and

when to leave them on their own. Staff we spoke with told us how they would approach people using their knowledge of that person and what support they needed. For example, by offering to go on a walk to divert the person's attention.

People's choices were respected by staff. Staff ensured they used people's names, made sure the person knew they were engaging with them and were patient with people. Care records we looked at reflected how people or their families had been involved in choices around their care. The registered manager told us people were included with discussions in the monthly reviews.

People were involved in doing things that promoted their independence. For example, being involved in their laundry and washing up after their meals. Staff were considerate in promoting people's dignity and ensured that personal care needs were completed discreetly. People were encouraged to complete their care routines on their own and staff ensured doors were closed when appropriate.

Is the service responsive?

Our findings

Staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and that care plans provided them with information about people's choices and individual needs.

People were helped to be involved in things they liked to do during the day and had been provided with opportunities that supported their interest and hobbies. People spent time in activities outside of their home and were supported to explore and try new things. For example, being involved in gardening projects. People were supported to make choice about activities they would like to be involved in for the week ahead. The information was recorded and the registered manager ensured that staff were made available to ensure people could have their choices carried out.

We saw people's care and support needs were detailed in their care plan. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. People had the opportunity to be involved in reviewing their care needs at the end of each month with a member of staff. The information was used to plan the care and treatment to meet their needs over the next month.

The registered manager explained that each person had a 'key worker' so people received continuity of care. The nominated member of staff led on the planning and reviewing of the person's care and ensuring the person's care records were updated.

Although the provider had not received any written complaints we saw that staff and relatives knew how to raise concerns or complaints on behalf of people who lived at the home. The registered manager had addressed these in a timely manner and achieved outcomes that ensured lessons had been learned. The complaints policy was also available in an easy read pictorial format to make it more accessible for people. People at the home also had the opportunity to raise issues through the providers 'Everybody Counts' meetings held four times a year. People had been nominated from the region to attend a meeting where they fed back about aspects of their care and the home they lived in.

Questionnaires were sent to relatives twice a year in order to gain their views of the service provided. The registered manager told us they were awaiting the results from a recent survey. People's family had also been part of people's annual reviews and were in contact with the registered manager as needed.

Is the service well-led?

Our findings

People were supported by a consistent staff team that supported them to be involved in how their home was run. Staff were confident in the way the home was managed and felt this reflected positively on the care that people received. For example, if staff felt they needed further training or development in relation to meeting people's care needs, this was agreed.

All of the staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff said they felt able to share their views and opinions with managers at staff meetings. Staff told us that due to the team being small they worked well and that felt comfortable speaking to one another for advice. Staff had annual reviews and told us they understood the provider's values and expectations and this helped them to feel valued and part of the organisation.

The registered manager confirmed that being part of the team and visible within the home provided them with the opportunity to assess and monitor the culture of the service. They also made time to chat with people when they were working to understand any issues or concerns. We saw during the visit that people knew the registered manager well.

The provider visited the home regularly and spoke with people and staff at the home. We saw any actions needed

from these checks were recorded and discussed with the registered manager who completed an action plan. For example, it had been identified that improvements were needed in some paperwork. We saw this had been addressed. People benefitted from a provider that took steps to make changes where identified.

The registered manager monitored how care was provided and how people's safety was protected. For example, care plans were looked at to make sure they were up to date and contained sufficient information and reflected the person's current care needs. The registered manager had then been able to see if people had received the care that met their needs and reviewed what had worked well. For example, we saw that one person medicines had been reviewed in consultation with their doctor, which had improved their wellbeing.

The provider and registered manager monitored and reviewed the incidents, accidents and falls on a monthly basis. They looked to see if there were any risks or emerging patterns to people that could have been prevented. For example, if additional equipment could have been used to help prevent accidents.

The provider updated the registered manager to ensure they provided good quality care. For example, they followed advice from national guidance and other professional so people received the care and support that reflected professional standards.