

Dimensions (UK) Limited

Dimensions 2 Buckby Lane

Inspection report

2 Buckby Lane
Basingstoke
Hampshire
RG21 4PS

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22 February 2018

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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 ●

Summary of findings

Overall summary

Dimensions 2, Buckby Lane Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal care to a maximum of four people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection four people were living at the home. The home had been developed and adapted in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

This comprehensive inspection took place on 22 February 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and action was taken to minimise potential risks. Medicines were managed safely by trained staff and administered as prescribed. There were always enough staff deployed with the right mix of skills to make sure that care practice was delivered safely and to respond to unforeseen events. Staff underwent relevant pre-employment checks to ensure they were suitable to support people living with a learning disability.

Staff received training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively. Staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their day to day care practice. This ensured people's rights were protected. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The environment was personalised to meet people's individual needs and the provider ensured all required specialist adaptive equipment needed to support people effectively was available.

People experienced positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights. Meaningful relationships developed within the home had a positive impact on people's wellbeing. Staff encouraged people to do as much for themselves as possible and to experience new things to promote their independence.

People experienced care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and detailed how their assessed needs were to be supported by staff.

Staff made sure that people could maintain relationships that mattered to them and encouraged social contact and companionship which protected people from the risk of social isolation and loneliness.

People and their relatives were given the opportunity to give feedback on the service during care reviews, meetings and feedback surveys. The service used the learning from feedback and complaints as an opportunity to drive improvement in the quality of care provided.

The service was well led. Quality assurance systems monitored the quality of service being delivered and action plans drove continuous improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dimensions 2 Buckby Lane

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of 2, Buckby Lane, Basingstoke took place on 22 February, 2018. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with four people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager and seven staff, including three night staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at eight staff recruitment, supervision and training files. We

examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering January and February 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of three people and two health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

Is the service safe?

Our findings

People continued to experience care that met their needs and made them feel safe. One person told us they were safe because staff "take care of me". A relative of a person living with complex needs told us, "They [staff] are so attentive and right on it when it comes to keeping him safe and well."

People were consistently protected from avoidable harm, neglect, abuse and discrimination. For example, the provider had implemented a scheme to protect people from hate crime. The provider ensured staff understood their role and responsibility to safeguard people from abuse and completed thorough investigations in response to such allegations.

There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Action plans to reduce and safely manage identified risks were effectively monitored. For example, one incident reviewed resulted in one person being supported more safely when using their personal safety equipment.

There were always enough staff deployed with the right mix of skills to make sure that care practice was delivered safely and to respond to unforeseen events. Staff underwent relevant pre-employment checks to ensure they were suitable to support people living with a learning disability.

Staff managed medicines consistently and safely and involved people and their families where appropriate in regular medicines reviews and risk assessments.

During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

Staff and people being supported to promote their independence, maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection.

Is the service effective?

Our findings

People continued to receive treatment and support which achieved good outcomes for them and promoted a good quality of life, based on the best available evidence. Relatives consistently praised the skill and expertise of the staff in meeting people's complex and emotional needs.

People were supported to stay healthy. Records showed that people had regular access to professionals such as GPs, dieticians, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks. The registered manager consistently applied processes for referring people to external services and had developed effective partnerships with relevant professionals.

Assessments of people's needs were comprehensive and regularly reviewed and updated. People's care plans were developed on evidence based guidance and recognised best practice. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

Staff received well organised training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively.

People, especially those with complex needs, were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. For example, when people were supported by percutaneous endoscopic gastrostomy. This provides people a means of feeding when oral intake is not adequate or there is a risk of choking.

People with complex needs and their families had been supported by the provider and professionals to make choices about their specialist adaptive equipment and to ensure this was available. This enabled staff to deliver better care and support to people. For example, the provision of bespoke wheelchairs, electric hoists and beds tailored to meet individual needs and specifications.

Staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their day to day care practice. For example, people, and where appropriate their representatives, were involved in decisions about their care to ensure their human and legal rights were protected.

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. Relatives consistently told us their loved ones were very happy and settled at the home. One relative told us, "The care is so inclusive and compassionate and you can see the love and trust in his eyes when they are caring for him."

Staff were friendly, sensitive and discreet when providing care and support to people and were able to tell us about their life histories, families, personal interests and individual preferences. People experienced care from an attentive staff team who treated them with dignity and respect.

People were involved in their assessments and care planning, which took into account their wishes, needs and preferences. People and those close to them consistently told us that staff made time to listen to them and spoke with them in a way they understood, which made them feel their feelings and opinion mattered. Family members consistently praised the management team for involving them in decisions about their loved one's care.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Staff consistently interacted with people in a calm and sensitive manner, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.

Staff were able to encourage people to experience new things to increase their independence and enrich the quality of their lives. For example, pursuing interests such as horse carriage driving and going on holidays. Staff spoke about people with passion and fondness, positively recognising people's talents and achievements, which demonstrated how they valued them as individuals.

Is the service responsive?

Our findings

People continued to experience care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and detailed how their assessed needs were to be supported by staff. Support plans and risk assessments had been updated regularly and had been recently subject to an annual review.

People's changing needs were quickly identified and referred for review by relevant health and social care professionals where required. We observed changes to people's care discussed at staff shift handovers to ensure staff were responding to people's current care and support needs. Professionals told us the staff were responsive to their advice and guidance, which they proactively implemented whilst supporting people.

The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. We observed two people attend an exercise class at a local gymnasium and two others attend their favourite coffee shop. One person who lived with a visual impairment derived great sensory pleasure from the smell of the different coffee roasts and listening to the rhythm of the coffee makers and friendly conversations.

Staff made sure that people could maintain relationships that mattered to them, such as family, community and other social links. For example, one person enjoyed going to the pub with their family members, while another regularly went to see a loved one and their friends at a local community centre. Staff encouraged social contact and companionship which protected people from the risk of social isolation and loneliness.

People had the opportunity to give feedback on the service during care reviews, meetings and feedback surveys. Feedback was consistently positive, with many complimentary comments about the support provided.

The service used the learning from complaints and concerns as an opportunity to drive improvement in the quality of care provided. Staff told us how they had incorporated learning about how to support an individual's complex needs in their daily care practice.

Two complaints had been received since our last inspection, which had been fully investigated and resolved to the complainant's satisfaction. People and relatives were enabled to make complaints where required and were confident that the staff would listen to them and take the necessary action.

Although no-one at the home was receiving end of life care people were given the opportunity to review their end of life care needs regularly.

Is the service well-led?

Our findings

The home continued to be consistently well-managed and well-led by the registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

There was an inclusive family atmosphere in the home where people cared for one another, which we observed in practice. The provider had a clear, person-centred vision and values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. The registered manager consistently monitored practice against these values and took action to develop staff if they identified areas for improvement. The management team were readily available and led by example.

The management team listened to staff ideas and suggestions and gave them constructive feedback which motivated them to provide the best quality care for people. The registered manager and other leaders within the home made staff feel valued, respected and well supported.

Professionals reported the home was very well organised and staff knew how to effectively support people with complex needs and learning disabilities. Relatives and professionals experienced good communication with the management team who were always open and honest. They told us staff always knew what was happening in relation to individuals whenever they called or visited. Relatives consistently praised staff for keeping them well informed.

Staff had objectives focused on improvement and learning and understood their personal responsibility to maintain their skills and knowledge. The provider had a zero tolerance policy in relation to staff training, which activated performance monitoring if any staff training became out of date.

The staff had developed good links in the local community and the registered manager had established effective partnerships with professional services that reflected people's needs and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Action plans were developed and monitored to drive the continuous development and improvement of the service.