

Dimensions (UK) Limited

Dimensions Loddon Court 289 Wokingham Road

Inspection report

289 Wokingham Road
Earley
Reading
Berkshire
RG6 7ER

Tel: 01189664494

Website: www.dimensions-uk.org

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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

This was an unannounced inspection which took place on 09 May 2017.

Dimensions Loddon Court 289 Wokingham Road is registered to provide care for up to eight people, at any one time. The home provides a respite service for 40 people (currently) with learning and associated behavioural and physical disabilities. People generally stay in the service for an average of two nights, although this is flexible depending on the circumstances and their individual, assessed needs.

There were five people (called house guests) staying in the service, on the day of the visit. An outreach service is run from the same building. However, this report only relates to the provider's provision of residential respite care. The outreach services do not provide personal care and consequently fall outside the regulatory remit of the Care Quality Commission (CQC) and were not assessed as part of this inspection.

At the last inspection, on 29 April 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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.

The service remained safe. Staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures kept people as safe as possible. Staff understood how to protect people and followed the relevant procedures. General risks and risks to individuals were identified and action was taken to reduce them.

People's needs were met and they were supported safely by large numbers of staff who provided excellent staffing ratios. The service made sure, that as far as possible, staff were recruited safely and were suitable to work with the people who live in the home. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service continued to be effective. People's health and well-being needs were met by staff who were well trained and responded to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's health and well-being needs.

People were supported to have maximum choice and control of their lives. Staff offered them care in the least restrictive way possible, the policies and systems in the service supported this practice.

The service continued to provide care with kindness and respect. Care staff remained attentive, responsive and knowledgeable about the needs of individuals. Individualised care planning ensured people's equality and diversity was respected. People were provided with activities, as appropriate, according to their needs, abilities and preferences.

People, staff, other professionals and families continued to describe the registered manager as good. Staff said she was approachable and supportive. The service sustained the procedures with regard to continually assessing, reviewing and improving the quality of the care provided.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service continues to be responsive.	Good ●
Is the service well-led? The service continues to be well-led.	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 inspection was unannounced and took place on 09 May 2017. It was completed by one inspector.

The service provided some information by means of 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 looked at all the information we have collected about the service. This included the last inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the six people who visit the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with the five people who were visiting the service and spoke with three of them. Some people had limited verbal communication but were able to express their views. We spoke with five staff members and the registered manager. After the inspection visits we requested information from seven other professionals and received two responses. We received written comments from five staff members and three relatives of people who use the service.

Is the service safe?

Our findings

The service remained safe. People told us or indicated they felt safe in the service. One person said, "Yes I do feel very safe." Another when asked if they felt safe said, "Yes" and smiled at staff. People were relaxed and comfortable when interacting with staff. A relative said, "Yes I am confident that my [relative] is safe and treated well." A professional commented, "I have been visiting this service for a number of years and am confident that the individuals who access this respite service are being treated well, I have no concerns otherwise." We did not receive any adverse comments from the local safeguarding team.

People continued to be kept as safe as possible from all forms of abuse. The service had maintained the regular training of staff in safeguarding adults. Staff members were able to clearly describe how they would deal with specific safeguarding concerns. They were fully committed to protecting the people in their care and were clear about how, when and why they would use the provider's whistle blowing policy. The whistleblowing and safeguarding policies and contact numbers were prominently displayed in communal areas of the service. There had been eight safeguarding issues since the last inspection in April 2015. These had been effectively dealt with and the appropriate authorities had been informed. Relatives told us that any safeguarding issues were swiftly and thoroughly dealt with.

The service continued to keep people, staff and visitors as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals and were up-to-date. These included daily checks of fridge and freezer temperatures, water temperature checks weekly and before each bath/shower and annual boiler checks. Generic risk assessments such as legionella, moving and handling and infection control continued to be provided as appropriate.

Risk analysis and risk assessments, remained an important part of individual plans of care. They continued to provide staff with detailed information about how to support people as safely as possible. Risk assessments were highly personalised and included specialised assessments such as for individual's holidays.

People continued to be given their medicines safely by staff who were trained and competency assessed to follow the medication administration processes and procedures. One medication administration error had been reported in the previous 12 months. The service had made changes to the medicine administration system, as a result. The Registered manager agreed to review the guidance on 'as required' medicines to ensure enough detail was included.

The service continued to provide very high staffing ratios, based on the numbers and needs of people visiting the service. Staff remained flexible and were available to work in both the respite and outreach services. This meant that the service had to use very few agency staff and could increase the number of staff in the event of special activities or emergencies. The rotas clearly reflected how many staff were working in the respite service and when.

Is the service effective?

Our findings

The service remained effective. People received highly individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Support plans were of good quality and included enough information to ensure staff knew how to meet people's individual identified needs whilst staying at the service.

The service does not, generally, support people with their long term health needs. They continue to work with relatives and other professionals to ensure any health or well-being needs are addressed as required. Plans of care included any necessary health and well-being information. One professional commented, "Yes... this service is pro-active in seeking support and guidance where necessary and we always receive referrals in a timely manner." A compliment received from the ambulance service commented that it was not often they saw such a committed staff team working in such a good atmosphere.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made fifteen DoLS referrals since 2015. Thirteen had been authorised and two were in the process of being approved by the local authority. The registered manager was aware of the imminent changes in DoLS procedures.

People continued to be supported to make as many decisions and choices as they could. People's individual communication methods were identified and understood and staff were able to interpret their choices and decisions if they were unable to clearly verbally communicate. People chose their own food and any specific needs or risks related to nutrition or eating and drinking were included in care plans. People's cultural, religious and other special needs with regard to food were catered for.

The service continued to offer effective support to people who had some behaviours that may cause distress or harm to themselves or others. They had detailed behaviour plans, developed by psychologists, the provider's behaviour management team, relatives and the service's staff. Staff followed these to ensure they were helping to reduce people's anxiety and distress and enjoy their stay in the service. Staff maintained their regular training in dealing with 'challenging behaviour'.

People's needs were met by staff who continued to have access to training to develop the skills and knowledge they needed to meet people's needs. A set of training topics and specific training was provided to support staff to meet people's individual diverse needs. These included moving and handling and epilepsy. New members of staff received a comprehensive induction which equipped them to work safely with people. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

People were offered care by a staff team who continued to feel they were well supported by the registered

manager and management team. Staff received regular supervision and an annual appraisal and could ask for support whenever they needed to.

Is the service caring?

Our findings

People continued to be supported by a caring and committed staff team. People told us or indicated by smiling and nodding that they liked visiting the service. A relative commented, "I would like to say what wonderful staff you have at Loddon court. Everyone is friendly and welcoming which has created a very homely and safe atmosphere for our son [name]. From a Parents perspective we have developed a deep trust in all the staff..."

People continued to be treated with the greatest respect and their privacy and dignity was promoted. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. Staff did not begin any care tasks until they explained to people what they were doing and why. A relative commented, "He looks forward to his visits and obviously has his favourite carers, but everyone treats him the same, with care, respect and affection, what more could we want."

People received care from staff who continued to build strong relationships with them and were knowledgeable about their individual needs and personalities. People were comfortable with staff and were able to express or display their needs and preferences to them. People's independence was promoted as much as was appropriate and possible in a short stay service. For example people were risk assessed and supported to help in the kitchen and have holidays.

People had good communication plans to ensure staff understood them and, as far as possible, they understood staff. The plans described, in detail, how people made their feelings known and how they displayed choices, emotions and state of well-being.

The provider continued to provide Information about the service in user friendly formats which included photographs, pictures, symbols and simple English. People were supported to make their opinions of the care they received known by a variety of methods. These included a Dimensions Council, Everybody Counts meetings and Houseguest Forums. These three meetings were held regularly and people who use services were invited to attend and participate. The Houseguest Forum was held specifically for people who use Loddon Court. The last one was held in April 2017. User friendly minutes of the forum noted people's ideas for improvements and their views of the current service. The service provided three monthly newsletters to people and their relatives to keep them up-to-date with new staff and any other interesting information.

People's equality and diversity needs were met by staff who knew, understood and responded to each person's lifestyle choices and diverse physical, emotional and spiritual needs. Support plans included any special needs people had to support their culture, religion or other lifestyle choices.

The service continued to keep people's written information in an office which was locked when no staff were present. Confidentiality was included in the provider's code of conduct and a specific policy was in place. However, there were some issues in regard to staff understanding the importance of confidentiality. For

example there were times when staff discussed people's private matters in front of others. This was demonstrated by a complaint made by a person about private health matters relating to others. The response to the complainant also included private information which need not have been communicated. The registered manager undertook to review and remind staff about the meaning and practice of confidentiality.

Is the service responsive?

Our findings

The service continued to be highly responsive to people's current and changing needs. The staff team were able to recognise when people needed or wanted help or support. A relative commented, "...I know the staff listen to my son and not just what he says but how he reacts..." An e-mail received by the service from another professional read, "...We have been relying on your service very heavily, of late. You are a victim of your own success in terms of the flexibility, support and solution focussed outcomes which you offer our team." Another professional said, "I know when I receive a referral from this service they will work with me to achieve a positive outcome for the individual at the earliest convenience, they are also happy to take the lead when required."

People, relatives and relevant professionals were involved in an initial assessment of the person prior to them moving into the service. Detailed person centred support plans, including the frequency of visits were written and agreed with individuals, their families and the local authority, if appropriate. Support plans were reviewed, formally, a minimum of annually and whenever necessary. The service responded promptly to people's changing needs such as behaviour or well-being.

People's care remained person centred and support plans were highly personalised. People's support plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Support plans included sections such as, "My personal information", "A good day", "A bad day" and "Planning my week and support". They clearly described the person, their tastes, preferences and how they wanted to be supported. The roles and responsibilities of the person and the staff members were recorded on care plans. Additionally the skills and training staff needed to offer the required support were noted on individual plans.

The service continued to provide people with opportunities to participate in evening and weekend experiences whilst ensuring they were able to attend their usual daily activities. People were offered outings into the community, day trips and holidays. Other people preferred to stay in the service, participate in internal activities and what was described as, "Chill" by one person. A relative commented, "He has made new friends and enjoyed fabulous new experiences... He has his own life with you all at Loddon court, away from his home, this has certainly changed him for the better." Another said, "Given the inadequate premises it is especially desirable for service users to be engaged in activities away from the building. Staff willingness to do this has improved tremendously under the present strong management." They added that some staff lacked imagination when providing activities and still felt a car ride was an activity.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in communal areas in the home. The service had recorded six complaints (some made by people who use the service) during the preceding 12 months. These were dealt with appropriately and action had been taken to resolve them. The service had responded to complaints about the environment which had been improved since the inspection in 2015.

The service had received 35 compliments in the same time frame. These included some relating to the

service's responsiveness such as, "Thanks so much for helping us through our recent episode of ill health."
(This referred to an emergency stay because of parental illness.)

Is the service well-led?

Our findings

People continued to receive good quality care from a staff team who were led by an effective and qualified registered manager. The manager was registered in October 2014 and continued to manage the respite care service and the outreach service. Staff and relatives remained impressed with the registered manager's management style and skills. They described her as very approachable, open and supportive. Staff told us they were comfortable to discuss any concerns or issues and were confident the registered manager would listen to them. A relative said, "I think you have a great staff team at Loddon court which is well managed..." Another relative told us they felt there was, "Strong management" in the service. Comments from staff included, "I feel we are supported 24/7 the management here are always here to support the team..." , "I feel valued as part of a team because I am given opportunity to develop my career through training and coaching" and, "Yes I feel valued and part of the team, because they keep on giving me more responsibilities as a support worker and I believe they also value my service, and are happy with my team as well as, with my work."

The service continued to listen to the views of people, staff and other interested parties and taken into account when organising the service and providing care. The various ways of listening to people's views included formal reviews and houseguest forums. People's views were recorded and acted upon, if possible. Staff views and ideas were collected by means such as monthly team meetings and 1:1 meetings with the registered manager. A staff member told us, "...The service gives people choice and control of their support by involving them in areas for example contributing towards their support, reviews, selecting staff, interviewing staff and many others."

People benefitted from a good quality service which continued to be monitored and assessed to make sure the care offered was maintained and improved. There were a number of auditing and monitoring systems in place. Examples included weekly audits of medicine administration records, two to three monthly checks of care plans and the continual auditing of accidents and incidents.

Actions taken as a result of listening to people and other quality assurance procedures included improving the environment by the provision of new flooring, decorating of bedrooms and providing specific moving and handling equipment.

People's records remained well kept and up-to-date. People's needs, preferences and choices were accurately reflected in detailed plans of care and risk assessments. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. Records remained of good quality, well-kept and easily accessible. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The service continued to work with external professionals and initiated communication with them such as holding monthly surgeries to discuss any issues with local authority staff.