

Dimensions (UK) Limited

# Dimensions 5-6 Duchess Close

## Inspection report

5-6 Duchess Close  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dimensions 5-6 Duchess Close is a residential care home providing personal care to people with a learning disability, autism and/or complex needs. Dimensions 5-6 Duchess Close accommodates up to six people in two buildings. At the time of this inspection, five people were using the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led, the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

### Right support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling everyday life. Staff supported people to take part in activities and pursue their interests in the local area. One person told us, "I enjoy going to college. It helps me a lot."

### Right care

People received care from staff who were kind and compassionate. Staff protected and respected people's privacy and dignity. People were supported by staff who had clear understanding of safeguarding and abuse. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Risk assessments were in place which guided staff in caring for people in a safe way. People received person-centred care. Care was provided according to people's individual needs and wishes. One staff member said, "We work with people and their relatives, making sure their views are taken into consideration and respected."

### Right culture

Staff were knowledgeable and spoke confidently on how they supported people to lead confident, inclusive and empowered lives. The registered manager and staff were open and transparent throughout our inspection and demonstrated their commitment to providing good quality care. People and those important to them, including advocates, were involved in planning their care.

The service was clean and hygienic. Enhanced cleaning took place on a daily basis. Communal spaces were well ventilated and used creatively to ensure people could continue to interact with each other and staff in a safe way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and updates

The last rating for this service was good (published 12 October 2017).

At our last inspection we recommended that the provider seek advice and guidance from a reputable source on how to complete comprehensive risk assessment documentation that provides adequate risk mitigation for people living at the service. At this inspection we found the provider had made improvements and acted on the recommendation made.

#### Why we inspected

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place. We also looked at the key questions of Safe and Well Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 5-6 Duchess Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dimensions 5-6 Duchess Close

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dimensions 5-6 Duchess Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions 5-6 Duchess Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager and two support workers.

Some people who used the service were unable to speak with us due to the complex nature of their needs. We used observations during the inspection to gain an understanding of how they experienced the care that they received.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested feedback from professionals who recently worked with the service. We spoke with three relatives of people who used the service about their experience of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and guidance were available, and training had been provided to staff.
- People and their relatives had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. Information was also displayed around the service.
- One person told us, "I feel safe here, very safe indeed" and "I speak with staff as I don't like to bottle things up; it's not good for you." We asked relatives if they felt that people were safe at the service. Relatives told us, "I do feel [person] is safe, mainly because of the staff. Because of COVID-19 I have not been in for a while, the manager has done their utmost" and "It is fine as far as we know, [person] is always happy and never down."

Assessing risk, safety monitoring and management

- There were systems in place to protect people from risks. Personalised risk assessments had been written for people covering a range of risks including eating and drinking, finances, activities and supporting people when they were distressed.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks and minimised restrictions. A staff member told us, "Risk assessments are in place to ensure people are supported safely and in the least restrictive ways possible."
- Risk assessments had been regularly reviewed and were updated when required.
- The environment was clean and odour free. There were some areas of the service which required development and modernisation. The registered manager told us that they were working with the provider to improve the environment in accordance with people's needs and preferences.
- The provider had a fire risk assessment in place. There were Personal Emergency Evacuation Plans [PEEPs] that guided staff on how to safely support people to evacuate the buildings in the event of an emergency. These plans were tested with regular fire drills.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety, including those for agency staff. All appropriate pre-employment checks had been completed before employment commenced.
- The service had enough staff, including for one-to-one support for people to take part in activities and outings. We observed this and people and relatives confirmed there were sufficient numbers of staff deployed to meet the needs of people living at the service. A person told us, "I like it lots and lots here. There is enough staff around, I like the staff." A relative told us, "There is enough staff, so okay as far as I know."
- Staff considered people's individual needs, wishes and goals when supporting them. A person said, "I like

how staff help me."

#### Using medicines safely

- Medicines were received and disposed of safely and in line with national guidance. Medicines were stored securely and at the right temperature.
- People had documented protocols for their as and when required medicines. Where Medicine Administration Records [MAR] were hand-written, these had been signed by two staff members as required by current guidance.
- Staff had received appropriate medicine training and had their competency assessed before being able to support people to take their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider made sure people could receive visits from family and friends when they wanted, with no undue restrictions.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open and inclusive. A relative said, "The service works for [person], I am happy knowing that he is happy. When we visit and take him out for the day, he is happy to go back." Another relative said, "It's peaceful, kind and homely."
- People's views were listened to and acted upon. They were regularly asked to provide feedback on the service provided and timely action was taken to address any concerns. A relative said, "I am in regular contact with the manager and will escalate if needed to ensure concerns are acted upon."
- Staff were encouraged to share their views and contribute to decisions about changes within the service. One staff told us, "I feel listened to and we are able to raise concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us they apologised to people, and those important to them, when things went wrong. Staff confirmed they always informed people's relatives of any incidents.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. One relative told us, "We have resolved issues through discussions."
- The registered manager was clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered manager was aware of and adhering to the duty of candour.
- The provider displayed their CQC rating within the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback about communication at the service from relatives and professionals. We discussed this with the registered manager and they told us that they were in the process of developing and improving communication systems in accordance with the changing needs of the service.
- The registered manager and staff liaised with specialist health and social care professionals for guidance and took on board any advice given.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care; Working in partnership with others

- Concerns and complaints were listened to and acted upon. A health and social care professional commented, "Prior to my visit staff was not always engaging and responsive. However, since then engagement has improved significantly."
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- The service worked in partnership with advocacy organisations and other health and social care organisations, which helped to improve people's wellbeing.