

Dimensions (UK) Limited

Dimensions 40 Cody Road

Inspection report

40 Cody Road
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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

We inspected Dimensions 40 Cody Road on 29 November 2017. The inspection was unannounced. At the last inspection in March 2016 the service was rated Good. At this inspection we found the service remained Good. Dimensions 40 Cody Road is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Dimensions 40 Cody Road accommodates up to five people.

The service had a registered manager. 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 who used the service were safe. The service had suitable policies and procedures about safeguarding. Staff had received suitable training about how to recognise and deal with any incidences of suspected abuse.

People had suitable risk assessments to assist in protecting them from harm. These were reviewed regularly. Restrictions at the service were kept to a minimum. The staff team had satisfactory understanding of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Where necessary suitable action had been taken to safeguard people's rights so they were not inappropriately restricted.

Overall we judged there were enough staff on duty. However we have made a recommendation that staffing levels are reviewed to enable people to have more one to one support and activities.

Suitable staff recruitment procedures were in place. Satisfactory checks such as references were obtained for new staff. Staff received appropriate training such as about health and safety, medicines management, and infection control.

The service had suitable medicines management systems, and these were operated appropriately. For example administration records were suitably kept, and medicines were stored securely.

The home was kept clean, and was well maintained. The building was appropriately adapted to meet people's needs. Health and safety checks (for example to check the fire system was working) were regularly completed and suitable records were kept.

There were suitable policies and procedures to assess people before they moved into the service. Comprehensive care planning systems were also in place and care plans were reviewed regularly.

People had enough food to eat, and were involved in shopping and preparing food. When people needed

assistance with eating, or help with special diets, staff provided appropriate support.

The service had good links with external professionals such as GP's, social workers, and speech and language therapists. People received necessary support from these services when they needed help. Appropriate records were kept of any appointments people attended.

Staff were seen as caring and respectful. The care we observed was professional and supportive. Staff did not appear overly rushed, responded to people quickly if they needed support, and seemed kind and friendly.

People had the opportunity to participate in activities such as music, and going on social outings. People also had access to day services.

The service had a suitable complaints procedure. Relatives we spoke with said they felt staff and management were approachable, would deal with any concerns appropriately, and did not feel they would face any repercussions if they made a complaint.

Management were viewed positively. The organisation had a clear management structure and there were clear lines of accountability. Staff said they worked well as a team. There were regular staff meetings, and senior staff were regularly present to give guidance and support. There were suitable policies and procedures to measure and where necessary improve the quality of 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 was safe.

The service had suitable policies and procedures to deal with any concerns where there was suspected abuse.

Overall we judged there were satisfactory staffing levels although we have made a recommendation that staffing levels are reviewed to enable people to have more one to one support and activities.

The medicines system operated well, and people received their medicines on time.

Is the service effective?

Good ●

The service was effective.

Staff received suitable induction and training so they had the right skills and knowledge to do their jobs.

People received enough to eat, and received good support if they needed help to eat and drink.

People received good support to meet their health care needs. The service had well developed links with external professionals such as GP's and social workers.

Is the service caring?

Good ●

The service was caring.

Staff were observed as kind and supportive. Staff took time to provide people with the help they needed, and involved people in their support as much as possible.

People had comprehensive care plans and these were reviewed regularly.

Relatives said they could visit at any time and they always felt welcome.

Is the service responsive?

The service was responsive.

People had the opportunity to join in with a range of activities such as baking, trips and meals out.

The service had a suitable complaints procedure. Relatives said they could approach staff and management, and any concerns would be resolved effectively

Good ●

Is the service well-led?

The service was well led.

The registered manager was aware of their legal responsibilities and managed the service to a good standard.

Staff said they worked well together as a team. There were suitable systems in place to ensure effective communication and the sharing of tasks which needed to be completed.

The service had a suitable approach to quality assurance to ensure it was effectively run, and where necessary improvements were made.

Good ●

Dimensions 40 Cody Road

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 November 2017 and was unannounced. The inspection team consisted of a lead 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. The expert-by-experience used had experience of caring for a relative with a learning disability.

Before the inspection we reviewed information we held about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals and relatives of people who used the service to find out what they thought about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), observing care, and reviewing other records about how the service was managed.

We looked at a range of records including two care plans, records about the operation of the medicines system, two personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with one relative of a person who used the service and one staff member. Many of the people at the service could only answer simple questions or were unable to speak with us due to their disabilities.

Is the service safe?

Our findings

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. The registered manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

People had very limited ability to raise any concerns if they felt unsafe. The registered manager said staff understood people very well, and changes in behaviours would provide staff with some indication they were unhappy and something was wrong.

The registered manager said no concerns had been expressed about people being discriminated against, which subsequently might amount to abuse or cause psychological harm, for example due to their disability or their gender. The registered manager said all staff were currently undertaking equality and diversity training.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration. Where possible risk assessments were used to enable people to become more independent, minimise restrictions and enhance freedom. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

The registered manager said the majority of people who lived at the service did not have capacity, but the service minimised restrictions where possible. For example, if people were physically and mentally able, they could walk around the building. People were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The registered manager said where people had limited, or lacked capacity, staff supported them to maximise choice and independence. For example, some people were funded to have one to one support so they could participate in individual activities.

Records were stored securely in the main office. Records we inspected were up to date, and were accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The registered manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people. Shift plans were completed to ensure tasks which needed completion were fairly allocated, and tasks not completed were recorded and handed over to the next shift. There were also staff meetings to ensure important information was discussed.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. The registered manager said there had been no whistleblowing concerns. The registered manager said if

concerns were expressed about the service; for example if complaints were made or if there were safeguarding investigations; the registered persons would carry out or co-operate fully with these.

Equipment owned or used by the registered provider, such as an overhead and a mobile hoist, were suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as 'satisfactory'. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Any behaviours which the service found challenging were recorded in individuals' care plans. Staff recorded all incidents that occurred and these are reviewed by senior staff.

There were enough staff on duty to meet people's needs. On the first day of the inspection there were three care staff on duty in the morning, afternoon and evening. Overnight there was one member of staff on waking night duty and one member of staff on sleeping in duty.

The registered manager ensured staff on duty had a suitable mix of skills, experience and knowledge. Any new and inexperienced care staff were always shadowed by experienced staff. All staff were provided with suitable training for example in moving and handling, and first aid, so they could meet people's needs and deal with emergencies. If staff were off sick the registered manager said they always ensured, where possible, agency staff were employed, to avoid staff shortages.

Some concerns were received about staffing levels. A relative said they did not think there were always enough staff around. Staff we spoke with said shifts were always covered with either permanent, bank or agency staff. We were concerned that as it took two staff to assist some people with some personal care and moving and handling, this would often leave just one person for other duties. This limited the possibility of some people participating in a fuller day activities programme, and for example to go out more.

We recommend the registered provider reviews current staffing levels.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Staff received effective training in safety systems, processes and practices such as in moving and handling, fire safety and infection control.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. All staff were responsible for the administration of medicines. These staff had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records. At the time of the inspection nobody self administered their own medicines. Suitable systems were in place for medicines which required

additional security. The service had suitable systems in place to order medicines, ensure they were stored securely in locked, purpose built cabinets, and where necessary disposed of safely. People did not require their medicines to be administered covertly. However some people did have their medicines mixed in with yoghurt. The registered manager said this was only to ease digestion due to people's disabilities. Where this was necessary there was written agreement from the person's GP regarding this. People's behaviour was not controlled by excessive or inappropriate medicines. Some people did have some prescribed medicines to help them manage distress or confusion, (for example as a consequence of mental health issues) but these medicines were prescribed and reviewed by external medical professionals. When this was prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given. People had suitable links with their GP's, and medical consultants who prescribed and reviewed people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the service was kept clean and hygienic. The service had suitable policies about infection control which referenced national guidance. The registered persons understood who they needed to contact if they needed advice or assistance with infection control issues. All staff were responsible for carrying out cleaning duties and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to be of a high standard.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

The service kept some monies on behalf of people. People received suitable assistance if they needed help purchasing items. Clear records were kept and receipts were obtained for any expenditure. The registered manager had overall responsibility for checking monies held, and records kept were accurate. The registered manager acted as an appointee for three people who used the service, but the organisation had clear processes to ensure there were systems to ensure they were accountable for their actions. People's relatives also acted as appointees where this was possible. Staff did not have access to people's bank accounts.

Is the service effective?

Our findings

Some people had lived at the service for many years and the last admission was in 2015. The service had suitable processes to holistically assess people's needs and choices should there be further admissions. These would enable the registered manager to assess people, to check the service could meet the person's needs, and enable people, and/or their relatives to visit the service before admission. Assessments would assist staff to develop an initial care plan. Copies of pre-admission assessments on people's files were comprehensive.

Nobody we spoke with (for example relatives of people who used the service and staff) said they felt people had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti discrimination policy, but this currently only covered staff. The registered manager said this would be reviewed so it covered people who used the service.

Staff had appropriate skills, knowledge and experience to deliver effective care and support. The registered manager said when staff started working at the service they received a full induction. This involved spending time with a senior member of staff, and then shadowing more experienced staff to learn their roles. New staff were considered as supernumerary for a period of one to two weeks. The registered manager said they was aware of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. All staff were required to complete the Care Certificate. Staff then had the opportunity to obtain a level 2 certificate in care. We inspected records of the induction process completed for some of the staff who had commenced employment in the last year. Records of induction were thorough, and staff we spoke with said they thought they had received a thorough induction.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example, all care staff had a record of receiving training such as first aid, health and safety, nutrition, lone worker training, moving and handling and safeguarding.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. The staff we spoke with said they could approach senior staff for help and support if they had a problem.

The service had a weekly menu. At breakfast time people could have cereal and /or toast. People had a light lunch such as a sandwich or jacket potato. People had their main meal in the evening. People could have snacks and drinks at other times during the day and evening. The majority of food was ordered on line and delivered, but people did assist with some of the shopping. People also provided some assistance with cooking. Some people liked to spend time in the kitchen watching staff and others prepare the food.

At the time of this inspection there were no people, who used the service, who had specific cultural or religious preferences about the food they ate. The service did not have any people who were vegan or vegetarian. The menu, provided a balanced diet which promoted healthy eating and correct nutrition.

Meals were appropriately spaced and flexible to meet people's needs.

Some people needed assistance with eating their meals. For example, some people needed someone to sit with them and help them to eat. Some people needed their food pureed or cut up, due to the risk of choking. These people needed to be closely monitored how they ate their meals.

People had eating and drinking assessments in their files. Where a person was at risk of malnutrition, dehydration or choking suitable approaches were in place to minimise risks. Where necessary, detailed records were kept of what people ate or drank.

The registered manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as speech and language therapists, learning disability nurses, dentists, chiropodists social workers, opticians and general practitioners to ensure people lived comfortably at the service, and received suitable healthcare support. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and they received specialist help as necessary.

The registered manager said relationships with local GP surgeries was good and felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

Staff ensured people's day to day health care needs were met. Many people had limited capacity, so if there was significant decisions needing to be made about people's health care needs such decisions were made in through the best interest process, and /or in liaison with the person's power of autoney (if the person had one). Records were kept of health care appointments.

The building was suitably adapted to meet the needs of people living there. Accommodation was all on the ground floor, and was accessible to wheelchair users. Everybody had their own bedrooms. There was suitable shared space such as a lounge which people could use. There was a specialist bath and a wheel chair accessible shower for people with physical disabilities. People could receive visitors either in their bedrooms or in the lounge. The building was clean and well decorated. People's bedrooms were personalized with pictures of friends and family. People had a photograph of themselves on their bedroom door to identify it was their bedroom. The service had a well equipped sensory room with colour lit bubble tubes, a disco mirror ball, a stereo system and beanbags. Staff told us this was used regularly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager said all of the people accommodated did not have capacity. Where necessary applications to deprive people of their liberty had been submitted. The registered manager said where DoLS applications had been approved suitable care plans had been put in place.

Each person had a mental capacity assessment on their files. Copies of DoLs applications were also on people's files, along with any approvals received. The registered manager said they had a system for monitoring DoLs orders to ensure they were implemented, and reviewed before any authorisations expired. Where it had been necessary to have a best interest process to make decisions about a person's care, records of these meetings were on file. No physical restraint techniques were used.

The registered manager said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

We received positive comments about the attitudes of staff. A relative described the staff as "A good team," and "I think they are caring in what they do." People's relatives said people were treated with kindness, respect and compassion.

Staff used assessable ways to communicate with people, to reduce or remove communication barriers. Pictures were used in care plans, surveys and other documentation, to make written communication easier for people to understand.

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting.

People had limited capacity to make decisions about their care, but staff involved people in decisions about what they wished to wear, what they wanted to eat and how they wanted to spend their time. Due to people's capacity, involvement in care planning was limited, and in some cases consultation was also required with people's representatives such as their relatives. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services, if this was requested.

We saw staff sitting and spending time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff appeared friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical care, or if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. When people were experiencing discomfort or emotional distress we observed staff providing suitable support to comfort people. We did not witness staff talking about people in front of others, and written information was stored confidentially.

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations. All staff were able to access people's care plans which were stored in the office.

People had an annual face to face review which they attended. Where possible external professionals and people's representatives (such as family members) were invited to these meetings.

People had the opportunity to be involved in a range of activities. Activities included cooking, music sessions and time in the sensory room. Outside of the home people went to a Wednesday night disco, meals out, the cinema and also social trips. People could use taxis and the service had a minibus. Some people received additional support from an organisation that provided day services. None of the people were interested in participating in organised religious services.

All of the people at the service could not read, had limited literacy skills and many had limited cognitive skills. Most people lacked capacity and could not understand written documentation. Some information provided to people was provided in pictorial form. Otherwise, when people received correspondence, where possible staff explained or read this to people.

The service had a complaints procedure. This was issued to people as part of the service's service user guide, which was issued to people when they moved into the service. People's relatives, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. A relative told us: "I am happy with the way things are. If I am not happy about things I would let them know about it." The service had a complaints recording system, but the registered manager said there had been no complaints. Relatives we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The registered manager said if a complaint was made, the management team would assess the complaint and its findings, and use the experience as an opportunity to learn from what had occurred.

Is the service well-led?

Our findings

The registered manager spent time within the service so they was aware of day to day issues. The registered manager thought there was a positive culture within the service where staff worked well together and the people who lived there were well supported. The registered manager met regularly with staff both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The service had a clear management structure. The registered manager had a good understanding of her responsibilities. The registered manager reported to an operational manager who oversaw the group of services on behalf of the registered provider. The registered manager was also responsible for another service. There was also a deputy manager. There were two lead support workers at the service. A lead support worker, or an experienced support worker took responsibility for co-ordinating each shift.

Staff said they worked well as a team and communicated well. One staff member said communication was "Really good," Staff appeared to have a good understanding of their responsibilities. Staff shared the work load well between themselves. The organisation had suitable processes in place for staff to account for their decisions, actions, behaviour and performance such as a supervision system, and grievance and disciplinary processes. The service had regular team meetings. There were also resident and relative meetings.

The registered manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service had a 'Service Improvement Plan.' This was drawn up by all staff and through a process of organisational compliance audit. There was also an annual finance audit. An annual survey was sent out and the results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; health and safety checks and audits; auditing the medicines system and checking property standards were to a good standard.

Relatives of people who used the service said the registered manager was friendly and approachable. We were told they could discuss any problems with them, and relatives we spoke with said these matters would be addressed.

The registered manager said they thought relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.