Dimensions (UK) Limited

Dimensions 47 Chichester Court

Inspection report

47 Chichester Court
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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

Overall summary

This inspection took place on 15 September 2015 and was unannounced. We returned to the home on 17 September to complete our inspection.

47 Chichester Court is a care home registered for four people with a learning disability situated in Stanmore. At the time of our inspection there were two vacancies at the home. The people who used the service had significant support needs because of their learning disabilities such as communication impairments and behaviours considered to be challenging.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

A family member told us that they felt that people who lived at the home were very safe. We saw that people were comfortable and familiar with the staff supporting them.

People who lived at the home were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff received regular relevant training and were knowledgeable about their roles and responsibilities and the needs of the people whom they supported. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the relevant local authority to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS, and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs.

A range of activities for people to participate in throughout the week were provided. Staff members supported people to participate in these activities. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure. A family member told us that they knew how to make a complaint, and that they were confident that complaints would be managed effectively.

The care documentation that we saw showed that people's health needs were regularly reviewed. Staff liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and reflected good practice guidance.

Family members of people who lived at the home and staff spoke positively about the management of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was an up to date safeguarding adults policy. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Is the service effective?

Good

The service was effective. A family member told us that they were happy with the quality of care provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act 2005. People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink

Is the service caring?

Good

The service was caring. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we saw that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good

The service was responsive. A family member told us that people's needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

The service had a complaints procedure. A family member told us that they felt that the manager would deal with any complaints effectively.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager and his team demonstrated leadership and accountability. They were available to people who used the service, staff members and visitors.

Summary of findings

Staff members told us that they felt well supported by the registered manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people living at the home.

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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 took place on 15 September and 17 September 2015 and was unannounced.

The inspection was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our visit we met the two people who lived at the home, but they were unable to communicate with us verbally due to the nature of their disabilities. However, we were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with a family member. In addition we spoke with the registered manager, the assistant manager and two members of the care team. We looked at records, which included the care records for the two people who lived at the home, three staff recruitment records, policies and procedures, medicines records, and records relating to the management of the home.

Good

Is the service safe?

Our findings

A family member told us that they considered the service to be "very safe."

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. People's care plans included step by step guidance for staff on how to administer medicines in the best was for each person. Records of medicines maintained within the service were of a good standard, and included details of ordering, administration and disposal of medicines. We saw that administration of medicines was signed for by two staff members. Where there was only one staff member in the home at the time that a person needed to talk medicines, we noted that a support worker would come from the home next door to observe and countersign that medicines had been given. We saw that medicines were stored safely, and that medicines checks took place as part of the home's 'handover' procedures at the beginning and end of each staff shift.

There was an up to date safeguarding adults procedure. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the home and saw that there had been no safeguarding concerns raised since our previous inspection.

There were suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people's behaviours, anxieties, health and mobility needs. Situational risk assessments were in place for a wide range of activities both inside the home and within the local community. For example, for a range of personal care activities, food preparation and eating, cleaning and laundry, use of public transport and taxis, and going to the pub or other outings. For example We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included step by step guidance for staff around how they should manage identified risks. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties for people.

Small amounts of people's monies for day to day expenditure were looked after. We saw that records of these were well maintained, receipted, and that these matched people's cash balances. We observed that checks of monies took place at 'handover' at the beginning and end of each staff shift. We also saw evidence that the provider undertook an annual audit of people's finances.

We saw from the staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Staffing rotas were designed to provide flexibility of support. For example, where people required additional staff support to participate in community based activities this was provided. We noted that, during our inspection, people had been supported to go on a local outing and extra staffing support was provided them to do so. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at three staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and that there was sufficient space for people to move around safely. We noted that some areas of the home were sparsely furnished. Staff members that we spoke with told us that the people who lived there occasionally damaged furniture and ornamental items and that this was linked to their behaviours and anxieties. We saw that

Good

Is the service safe?

people's care plans and risk assessments reflected this. The building was owned by a housing association that was responsible for maintenance. We noted that a cistern in a bathroom had been broken, and saw evidence that this had been reported. Staff members told us that bathroom was not currently used by people who lived at the home, and we saw that action had been taken to ensure that it was safe. Regular health and safety audits of the building had taken place. These included action plans, and we saw that identified actions had been addressed. Records showed that safety checks at the home, for example, in relation to gas, electricity, fire equipment and portable electrical appliances were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. People's risk assessments included information about fire and emergency evacuation.

The provider maintained an out of hours emergency contact service, information about which was clearly displayed on the office wall. The staff members that we spoke with were aware of this and how to use it.

Good

Is the service effective?

Our findings

A family member told that they were happy with the support from staff. They said that, "It's a stable staff team now and they are really good at understanding my [relative's] needs."

The staff members that we spoke with had worked at the home for some time. They told us that all new staff members received an induction when they started working at the service. We saw that the induction included information about people using the service, policies and procedures and service specific information such as the fire procedure and maintaining a safe environment. We saw that all staff had received mandatory training such as safeguarding adults, infection control, manual handling, epilepsy awareness and medicines awareness. Additional training that related to people's specific needs was also provided, for example, in understanding learning disabilities, and positive behavioural approaches. Training was refreshed on a regular basis, and we saw that the provider maintained an on-line training matrix that alerted staff members and the registered manager if any training was due. Two staff members told us that they thought that the training they received was good. We were told, "it's a lot of training but it keeps us on our toes." Staff members also had opportunities to take up care specific qualifications and we saw that a number of staff members had achieved a care qualification.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions. People's care documentation contained a form that staff members had filled in showing how their care plans had been explained to them. This also included information about how the plans had been developed. For example, where people had been asked how they liked things to be done, their responses had been recorded, with a description of how the person showed they were happy what was being described to them. Reference to staff knowledge of people's likes and dislikes and how these were used to develop care plans was also included.

People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others, such as family members and key professionals, to be in people's best interests. Applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) to be put in place for people who lived at the care home to ensure that they were not unduly restricted, and we saw evidence of these.

Although people were unable to tell us about the food that was provided, we were able to observe lunch taking place. Staff prepared a meal of vegetable tart and fresh vegetables. These were cut into small, manageable pieces suitable for people's chewing and swallowing needs. People were prompted and supported to set the table prior to the meal, and clear up afterwards. We saw that people ate well and indicated that they enjoyed the food and their interactions with staff members throughout lunch. Records of meals maintained by the service showed that people ate a varied and healthy diet that reflected the religious and other dietary needs that were recorded in their care plans. One person at the home had diabetes, and meals were designed using dietary guidance that was contained in a folder in the kitchen. Another folder contained pictures of a range of food items that staff members showed to people to assist them to make choices when planning menus and shopping for the home.

Some of the cupboards and the main fridge in the kitchen were locked. We were told that this was to minimise risks to people, and we saw that these risks were fully identified and that best interest processes had been undertaken. Fruit and other healthy snacks and drinks were available in unlocked cupboards and a small fridge, and people were able to help themselves to these at any time. During our inspection, one person came into the kitchen, selected and ate a piece of fruit.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour and diabetes services, as well as the GP and dentist. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these. Care plans included

Good

Is the service effective?

information about people's health needs which included details about the support that they required to maintain their health and wellbeing. The daily records maintained by the home showed that people's daily health needs were well managed. For example, the provider had arranged for staff members to receive training in taking the blood sugar levels of a person with diabetes. We saw that the records of these checks were up to date, and staff members that we spoke with were knowledgeable about how to respond to changes in blood sugar readings.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that "I know the staff well and there is good communication between us."

Good

Is the service caring?

Our findings

A family member told us, “The staff are lovely and courteous. They do their best. We have no complaints.”

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. Staff members were gentle and positive in their communications and people appeared relaxed and comfortable with the workers who were supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly interactions between people who used the service and their care staff who used words and signs that people understood, and we saw that people responded positively to this. For example, we observed one person trying to indicate a need using body language, touch and gesture. A staff member made suggestions and checked the person’s responses. They then took the person to find a valued item that they were seeking, and we noted that the person was happy with this response.

The service was sensitive to people’s cultural, religious and personal needs. We saw that information about people’s religious and cultural and personal needs were recorded in their care plans. We noted that music that reflected the cultural background of the people who lived at the home was played, and observed one person singing and dancing along to this.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. However, people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits were included in people’s activity plans. Staff also supported people on outings arranged by their families. This was confirmed by a family member who told us that staff members provided support for family activities and home visits.

People were involved as much as possible in decisions about their care. A staff member told us, “we know them well, and we know what they like and dislike. With new things, we work this out by their behaviour, and try to change things as much as possible to make sure they are happy.” We saw that care plans included information about people’s likes and dislikes, along with guidance for staff on their communication needs and preferences. The plans included information on ‘what works’ and ‘what doesn’t’ for each person, and the staff members that we spoke with demonstrated that they were familiar with this guidance.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "They are really good. We are happy about the care. The home lets us know if there is anything we need to be aware of."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English. There was a clear link to people's assessments and other information contained within their files.

The care plans that we viewed detailed people's personal history, their spiritual and cultural needs, health needs, likes and dislikes, preferred activities, and information about the people who were important to them.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear stage-by stage information to reduce levels of arousal and enable staff members to support the person to manage their behaviours in a positive way. The registered manager told us that staff at the home had previously received training in physical interventions from an organisation accredited with The British Institute for learning Disabilities. However, this training was no longer required as people's behaviours were effectively managed at the early stages of arousal and anxiety.

Information about people's communication needs was detailed and contained clear guidance for staff members on how to ensure that people were enabled to communicate their needs effectively. For example, there was information about how people communicated their needs, and how staff should respond to this communication using signs, pictures and objects of reference. During our inspection, we were able to observe staff communicating with people, and we saw that they used a range of methods described in their plans. A staff member told us, "sometimes it's not easy, but we keep trying until we work out what people want." A picture communication book was maintained at the home, and staff members told us that they used this to help people to make choices about the activities that they wanted to do.

Staff members had received training in 'intensive interaction' which is a tool for developing communication relationships with people with learning disabilities who have difficulties in communicating their needs verbally. We observed staff members using intensive interaction approaches with people during our inspection. For example, using gentle 'hand over hand' support with verbal encouragement to enable a person to complete a task, and responding in a positive and fun physical way to reflect and respond to a person's physical communication.

People participated in a range of activities within the local community that included shopping, walks and meals out. One person attended a day service on three days each week. People's care documentation included individual activity plans and we saw that people participated in a range of activities. The home ensured that additional staff members were rostered where community based activities were planned for people to reflect their identified support needs. On the second day of our inspection people had been out walking and to the hairdressers and we saw that additional staffing had been provided to support this. Staff members and the deputy manager told us that they would like to increase the level of community based activities, but, because of the need to safely manage people's anxieties and behaviours, the additional cost of staff and taxis limited what they could do. A family member told us, they are really good, but I wish there could be more activities." Records of activities, including how people were supported were completed regularly for each person.

The home had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. They told us that, "We had problems with the home a couple of years ago, but we are happy with the staff and management, and know that our complaints would be acted on."

Good

Is the service well-led?

Our findings

A family member told us, “the manager and the staff at the home are very good. We used to have problems, but the new manager and the deputy are very responsive and they have arranged for staff training to support [my relative’s] health needs.”

The registered manager was also the manager of another home for people with learning disabilities that was situated in the next door building. They were supported by an assistant manager who worked across both homes, and a senior support worker based in the home.

The staff members that we spoke with told us that they felt that the manager and assistant manager were supportive and approachable. They also spoke highly of the support that they received from the provider. One staff member told us, “I feel very well supported in my job.” Another said, “we also have an on-line forum so we have good links with the organisation.” We saw that the manager and assistant manager spent time with staff members and people who used the service, and that their interactions were positive and informal. Staff told us that a member of the management team was always available if they needed any guidance or support.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people’s support needs. The registered manager told us that urgent information was communicated to staff immediately. We saw recorded evidence of this, and the staff members that we spoke with confirmed that this was the case.

There were systems in place to monitor the quality of the home and we saw evidence that monthly safety and quality reviews had taken place. The records of the provider’s quarterly internal compliance audits showed that detailed monitoring of a range of quality issues had taken place. These included monitoring of records, recruitment, medicines, monies, health and safety, and community engagement. They also showed that observations of staff support and engagement were monitored. Actions required as a result of these audits were amalgamated into a service improvement plan. We looked at the most recent plan, and noted that these showed clear evidence of how and when actions had been addressed.

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people’s care files.