Dimensions (UK) Limited

Dimensions 1 Ridgewood Drive

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out on the 20 October 2015 and was unannounced. 1 Ridgewood Drive is a purpose built home for up to five people with learning disabilities and complex physical needs. Accommodation is provided over one floor. On the day of our visit four people lived at the service.

There was a registered manager present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People's needs were not always met because there were not enough staff deployed at the service. Although there were enough staff during the week there were often less than the required at weekends.

Accidents and incidents with people were recorded on the service computer with a written copy kept in a file. However it was noted that there was no evidence of the review of these accidents and incidents to identify any trends and what steps were taken reduce the risk of this reoccurring.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. One member of staff said "I'm trained to give medicines to people, if person refuses the tablets I will leave them and try again later."

Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training for their role and their competencies were regularly assessed.

One person told us that they enjoyed the meals at the service. They said "I like crumpets with cheese on and I like having chicken curry with poppadum's, it's my favourite." People at risk of dehydration or malnutrition had effective systems in place to support them. However it had been noted that staff were not regularly weighing people.

People had access to a range of health care professionals, such as the Epilepsy nurse, dietician and GP. One health care professional told us that when people visited those staff always came prepared with the correct information and it was clear to them that staff understood people's support needs and health conditions.

One person that we spoke with told us that the staff were caring. They said "I like it here, it's a nice house." Staff interacted with people in a kind and respectful way. One member of staff told us "I love my job, it's so rewarding, I love caring for people, they (people) become your family." We saw that staff were caring and respectful of people.

One person told us they were involved in planning their care. We saw that care plans had detail around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to the person and supported them to maintain their interests.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed.

One member of staff said "I do think their (people's) lives are fulfilled, it's the simple things like going to the pub or going for a coffee."

One person said if they wanted to make a complaint "If I'm fed up then I would speak to all of them (staff)." There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand.

Staff said that they felt supported. One member of staff said that that they felt supported with the management team and when the registered manager was there they could go to them if they needed. However the registered manager had responsibility over three services which meant that staff did not see them regularly.

Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

Summary of findings

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

There were not always enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Is the service effective?

Requires improvement

The service was not always effective.

Mental Capacity Assessments had not always been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date clinical and service mandatory training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them

With appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored and changes managed in a timely way.

Is the service caring?

Good

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us most staff were caring and we observed that people were consulted about their care and the daily life in the service.

Is the service responsive?

Good

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in that people enjoyed.

Summary of findings

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

The service was not always well-led.

The service had a registered manager however there were times when the service was not being managed by the appropriate person.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, listened to in the service.

Requires improvement

Dimensions 1 Ridgewood Drive

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 was an unannounced inspection which took place on the 20 October 2015. The inspection team consisted of three inspectors. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete 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.

During the visit, we spoke with one person who used the service, the registered manager and two members of staff. After the inspection we spoke with one health care professional. We spent time observing care and support in communal areas.

We looked at a sample of two care records of people who used the service, medicine administration records, two recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was in 26 February 2014 where we found our standards were being met and no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People's needs were not always met because there were not enough staff at the service. One member of staff told us that there should be three carers morning and afternoon to support people. They told us that often at the weekend there would only be two carers in the afternoon. They said this had an impact on whether people could go out. We looked at the staff rotas over an eight week period and found that on most weekends there were only two staff on duty in the afternoons and on occasion's only two carers on in the mornings at weekends. One member of staff said "We are a little bit short at the moment, weekends tend to be difficult, having less (staff) means they (people) go out less." Another member of staff said "Personally I don't think there are enough staff at the weekend, there are times that people can't go out when they want to because there are not enough staff."

There were not always sufficient numbers of staff deployed around the service to ensure that people's care and treatment needs were being met. This is a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this we did find that during the week there were enough staff to meet people's needs. On the day of the inspection staff were supporting people in a timely way. One member of staff said that gaps in staff were filled with bank staff and they said they rarely used agency staff apart from at night. One person we spoke with said that they safe at the service.

Accidents and incidents with people were recorded on the service computer with a written copy kept in a file. The information included detail of what happened, who was involved, who had been informed and what actions were taken. However it was noted that there was no evidence of the review of these accidents and incidents to identify any trends and what steps were taken reduce the risk of this reoccurrence. The registered manager told us that due to the size of the service and the fact staff knew people well there was no official recording of any trends and the incidents that occurred were as a result of people's conditions. We saw that the accidents and incidents recorded were mainly around the management of people's behaviours. The registered manager told us that they would address the lack of evidencing the analysis of accidents and incidents

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said "We do our e-learning on how to protect people, If I had a concern I would alert the shift leader or the manager straight away." There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office if they needed to refer any concerns about abuse.

People's medicines were administered and stored safely. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photos of people in the front of each chart to identity who the medicine had been prescribed to. No one was being given medicine covertly. Medicines to be used "As required", had guidance relating to their administration. One member of staff said "I'm trained to give medicines to people, if person refuses the tablets I will leave them and try again later." They told us that their medicine competencies were always being checked by the manager.

Risks to people had been assessed and managed appropriately to keep people safe. One person we spoke with was aware of the risks to them if they didn't wear appropriate safety equipment when walking around the service. We saw that this person wore their protective equipment when needed. Staff were aware of risks to people. One member of staff said "One person has started a cookery course; we do risk assessments around this to ensure that they are protected." They told us that they read all of the risks assessments for people in their care plans.

The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of manual handling, nutrition, skin care, personal care, communication needs and medication management. Risk assessments were also in place for identified risks which included maintaining a safe environment and choking and action to be followed. One person was at risk of seizures in the service and while they were out. We saw that staff ensured this person had the appropriate equipment in place to protect them should this happen.

Requires improvement

Is the service safe?

The environment was set up to keep people safe. Window restrictors were in place to prevent people falling out of windows. Equipment was available for people including specialist beds, pressure relieving chairs and specialised baths and hoists.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans.

Peoples were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment pro

Requires improvement

Is the service effective?

Our findings

People's human rights could be affected because the requirements of the MCA and DoLS were not always followed. Staff didn't always understand their responsibilities under the Mental Capacity Act 2005 (MCA), or the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not completed. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was not always an appropriate assessment in relation to this decision. There was not always enough detail about why it was in someone's best interest to restrict them of their liberty where necessary. The registered manager told us that they understood what MCA assessments were but didn't realise that these had to be undertaken for people who lived at the service.

As the requirements of the MCA were not being this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training needs the member of staff may need. One member of staff told us that some of the training was face to face and some was e-learning. They said that they thought the training was extensive and that the training was in line with the needs of the people they supported. They gave us detailed information around what they would do if someone suffered a seizure due to their epilepsy. They were able to explain what action they would take to assist the person.

Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Training included moving and handling, epilepsy, managing challenging behaviours and first aid. One health care professional we told us that staff were knowledgeable and staff always asked them "Sensible questions" when asking for advice.

One person told us that they enjoyed the meals at the service. They said "I like crumpets with cheese on and I like having chicken curry with poppadum's, it's my favourite." People at risk of dehydration or malnutrition had effective systems in place to support them. Where people needed to have their food and fluid recorded this was being done appropriately by staff. One member of staff said "I make sure that I constantly offer people drinks." Intake and output of food and fluid was recorded on forms that were kept in people's rooms so that staff could easily keep an accurate record of what people had eaten and what they had had to drink. However we did note that people were not being weighed regularly. The registered manager told us that they had not weighed people for some time as they didn't have working scales. They told us that they would address this straight away. This meant that there was a risk that staff may not be picking up on people's potential weight loss. People were supported to eat and drink enough and maintain a balanced diet and health care professionals were contacted if staff had any concerns.

People were supported to remain healthy. People had access to a range of health care professionals, such as the Epilepsy nurse, dietician and GP. One health care professional told us that when people visited staff always came prepared with the correct information and it was clear to them that staff understood people's conditions.

Good

Is the service caring?

Our findings

One person that we spoke with told us that the staff were caring. They said "I like it here, it's a nice house." They told us that they went to a member of staffs wedding and you could see that this meant a lot to the person. They told us that they liked all of the staff. One health care professional told us that staff came across very well with people and that staff treated people with dignity.

The service had a relaxed and friendly atmosphere. Staff interacted with people in a kind and respectful way. We saw staff speak to people in a way which suited their needs making sure they faced people who had difficulty hearing or understanding, speaking clearly to enable clear communication. We heard conversations between staff and people that were age appropriate and respectful. We heard one member of staff discreetly call a person into another room to ask them if they wanted to open their own post. One person told us that one member of staff supported them to go and vote in the last election. One member of staff told us "I love my job, it's so rewarding, I love caring for people, they (people) become your family." We heard staff talk kindly and compassionately with one person when they were being supported to move using a hoist and reassured them if they became anxious.

One person told us they were involved in planning their care. They told us that they were asked what was important to them. We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people's life history and family. One member of staff said "I know their backgrounds because I read people's care plans." They said that this helped them support them person.

People's bedrooms were personalised with photos of family and decorated with personal items important to the individual. One person showed us their room and told us what was important to them and what their interests were. Staff knew and understood what was important to the person and supported them to maintain their interests. One person was encouraged to maintain a friendship they had with a support worker from a previous service which we could see meant a lot to the person.

People's privacy and dignity was maintained. Where people were being supported with personal care the doors were always shut. One member of staff said "We make sure that only female staff give personal care to female people."

Where possible people were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Residents meetings were held and the minutes showed discussions about staff that were new to the service, changes to the menu and improvements to the service. The minutes were created using photos and pictures cards to remind people what was discussed. One person showed us the minutes and explained how much they enjoyed being part of these meetings. They said "I like the house meetings; we are going to have another one." People were given an opportunity to make suggestions about things they would like to do improve and change. These included having more activities and outings.

We were not made aware of any person being involved with an advocate, but staff knew how to access these on behalf of people, should they be required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions

Good

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. For example there were sections that detail 'What's important to me' and talks about what doesn't work for them and steps to take to avoid this. One person prefers to sleep on the floor and staff support this person to do this by ensuring they are comfortable and have the appropriate bedding.

Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that the staff coming on duty had the most current information.

Daily records were written by staff throughout the day. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. We saw from the minutes in September 2015 that there were discussions around what each person's most recent needs were.

Where it had been identified that a person's needs had changed staff were providing the most up to date care. One person required a new chair in the lounge; this had been purchased for them as a result of their on-going needs. Staff explained how this would mean the person would be more comfortable.

One person we spoke with told us that they enjoyed going out and taking part in various activities. They were able to tell us what they did each day which included cookery lessons, shopping, going to the cinema, going out for a cooked breakfast and going to church. They also told us that they liked sitting in their room writing. They said that they enjoyed going to a local disco every other week.

Care plans for people detailed with they liked to be involved in. On the day of the inspection two people were out on an activity with staff. There was a weekly plan of activity for each person which included discos, clubs, the countryside and shopping. For those people that stayed in we saw staff engaged with them with foot massages and light therapy. One member of staff said "I do think their (people's) lives are fulfilled, it's the simple things like going to the pub or going for a coffee."

One person said if they wanted to make a complaint "If I'm fed up then I would speak to all of them (staff)." There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. The registered manager told us that there had not been any complaints received. We saw from regular residents meetings that people were supported to make a complaint if they were unhappy about any aspects of their care.

Requires improvement

Is the service well-led?

Our findings

The registered manager was present on the day of the inspection. However they are also the registered manager for two other services. This meant that they had to split their week between three services. One member of staff told us "The manager does come here but not very often although they (the registered manager) does rota themselves on to work one day a week, we do wonder how they manage this." Another member of staff said "We hardly get to see (the manager); If I had a concern I would go to the lead support." They said that unless it was quite a significant concern they wouldn't feel comfortable contacting the manager when they weren't there. Staff told us that the service was well-led when the registered manager was there.

We spoke to the registered manager about this. They said that they did find it hard at times to manage three homes but that this was not unusual practice for the provider to have one manager for three homes. However they did also say that the provider was looking into addressing this and were recruiting an additional member of staff to support the registered manager .

Staff said that they felt supported. One member of staff said that that they felt supported with the management team and when the registered manager was there they could go to them if they needed. Staff meetings took place regularly and there were discussions around any changes to the building, parties that were being planned and various outings for people that were taking place.

Systems were in place to monitor the quality of the service that people received. The regional manager would visit the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it was identified that one person required a new wheelchair which had been addressed. In addition to this staff undertook internal audits which included water temperature checks, checks of the first aid kit and emergency lighting.

Quality questionnaires for people and relatives were completed. However these were in the process of being analysed by the provider so we were unable to see comments that had been made. There were several compliments about the quality of the service which were on display in the office for staff to see.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service in the form of Satutory Notifications. We did note that some of the incidents and accidents that had been recorded should have been notified to the CQC. We spoke to the registered manager about this who said that it was a mistake on their part and would ensure that all appropriate notifications were sent it. Other events had been informed to the CQC which related to safeguarding concerns that the Local Authority raised which have since been resolved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent This is because the registered provider had not ensured that people's human rights were protected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing This is because the registered provider had not ensured that there were always enough staff deployed to meet the needs of people