Dimensions (UK) Limited

Dimensions 7 Huntley Close

Inspection report

7 Huntley Close
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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

Care service description

Dimensions 7 Huntley Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions 7 Huntley Close accommodates up to six people with learning disabilities in one adapted building. There were six people at the service at the time of inspection.

All the accommodation is on the ground floor which allows people, including those who use a wheelchair, to have full access.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection
At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
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Rating at this inspection
At this inspection we found the service remained Good.

Why the service is rated Good

The registered manager also managed one of the provider's other services and divided their time between the two homes. There was a clear management structure in place which meant that there was enough support in place for staff.

People received safe care because staff knew the risks each person faced and the actions to take to minimise these risks. Staff understood their responsibility to protect people from abuse and report any concerns. There were enough staff to provide each person with the support they needed in all aspects of their life. People received the medicines they needed safely. Safe arrangements were in place in the event of the home being unusable. The staff learnt from any accidents and incidents to improve the care people received.

Staff underwent comprehensive induction training and then attended regular training which developed their skills and knowledge. They used this training in practice to deliver safe and effective care. Staff were safely recruited and they understood how to prevent infections. People's needs were regularly assessed and there were detailed care plans to guide the staff in the support they offered to people. People had access to all health care services and staff knew when people needed medical help or advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this good practice. People had enough food and drink of their choice to keep them well and healthy.
There was considerable wear and tear which, although did not affect people's safety, required repair or replacement and the registered manager was working to ensure the housing association made those repairs.

People were supported by kind and caring staff. Staff assisted people to be involved as much as possible in their own care. People were treated with dignity and respect and staff provided all personal care in private. Families and friends were welcome to visit and staff supported people to visit their family homes.

Each person was treated as an individual. Their care was planned according to their individual needs, wishes and preferences. There were many opportunities for people to enjoy a range of activities inside and outside the home. There had not been any complaints but there was a system in place for complaints to be investigated and used as an opportunity to improve.

Relatives said that because they had regular contact with staff and managers they were satisfied to discuss issues as they arose, and these were responded to well. Where it had been discussed people's end of life wishes were included in people's care plans but there was scope to include more information.

The registered manager and staff had clearly defined roles and they all worked together for the benefit of the people they supported. The staff felt supported and valued and they shared information they needed to offer the right support to people. The registered manager and provider used a system to evaluate the quality of the service and this was used to make improvements. The staff and registered manager worked with others including health professionals to make sure people received good care.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Dimensions 7 Huntley Close

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 a fully comprehensive inspection. The inspection took place on the 13 February 2019. We gave the service 48 hours' notice of the inspection visit because the location is a small care home for adults who are often out during the day. We needed to be sure the registered manager was available and that we could meet some of the people and staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we observed care because people were able to indicate their feelings through gestures, facial expressions or limited verbal responses. We spoke with the registered manager, the deputy manager a regional member of the management team and five staff.

We looked at care plans and associated records for two people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

Good

Is the service safe?

Our findings

People indicated that they felt safe living at Dimensions 7 Huntley Close because they were comfortable in the company of staff and the registered manager spent time making sure people were comfortable and had the support they needed. Both relatives we spoke with said their family members were safe in the care of the staff.

There were sufficient numbers of staff in place to meet people's needs. People's care hours were calculated through assessments by the provider and commissioning authorities. People at the service required support from staff to leave the home to help keep them safe. Staffing had been organised in order there were sufficient staff available to support people with their care, to attend their daily activities in the home and external to the home.

The provider had safe recruitment processes in place to help identify suitable candidates to work with people. The provider had processes in place to assess prospective candidates experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

There were systems in place to assess and mitigate risks to people in relation to their health and medical conditions. Where risks were identified, plans were put in place to help staff minimise the potential risk of harm in relation to these areas. For example, one person was at risk of falling and had required a hoist to help them move. However, staff noticed this increased the risk, so the person was reassessed, and new equipment was put in place. The person had not fallen since. Staff knew how to safely use this equipment.

Risks relating to the environment and emergency situations had been assessed and mitigated. The provider had a comprehensive contingency plan in place, which detailed the actions to take to ensure the continuity of service. There were plans in place to mitigate the risks of fire at the service. Each person had an individual evacuation plan, which detailed how they could be safely supported in the event they needed to evacuate the building. Staff knew each person's needs in the event of an emergency.

The provider had policies and procedures in place to mitigate risks associated with infection control. Staff had access to personal protective equipment such as gloves, which were used when supporting people with their personal care. Staff oversaw the cleaning, laundry and maintenance of hygiene in the home. Despite the wear and tear to areas including flooring and showers, which made cleaning more difficult, the home was as clean as possible.

People received their medicines safely because staff had been trained and their competency checked. The provider had safe systems in place to help people manage their medicines. This included the ordering, storage, administration and disposal of medicines. The level of support and people's preferred administration routines were detailed in their care plans and staff understood those. Where people needed 'when required' (PRN) medicines for pain or anxiety, staff were knowledgeable about the verbal and non-verbal cues, which indicated that people needed these medicines. The staff were following the principles of

STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

People were protected from abuse because staff understood their responsibilities to recognise and report any concerns about abuse. The providers policy outlined the provider and staff's responsibility in helping to ensure people were protected from the risks of suffering abuse and harm.
Any accidents or incidents were analysed to look for any patterns or trends. There were systems in place to report all incidents. These records were reviewed by senior management working for the provider. This helped the provider assess whether all possible steps had been taken to mitigate the risk of the incident reoccurring.

Good

Is the service effective?

Our findings

People had access to food and drinks according to their needs and preferences. People were involved in choosing foods, shopping and cooking. Staff offered people advice on healthy eating and exercise. One person had difficulty swallowing so staff had arranged an assessment. As a result they used a thickener in drinks. We saw full instructions in the kitchen and staff knew how to safely use the thickener to reduce the risk of choking.
People had access to information about healthcare and healthcare services as required. Each person had a health file in place which detailed their medical history and needs. Both relatives we spoke with said that their family members remained as healthy as possible because staff supported people to remain well and sought medical advice as needed. One relative said, "They are good on health, regular dental care, they are quick to speak to a GP if needed."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the requirement to obtain suitable consent to care. Staff were knowledgeable about people's ability to make and communicate choices. This included observing people's mood and behaviour if they were not able to verbally communicate, to help them assess their preferences and wishes. Staff were conscious to present information to people in a format which they understood. This helped to ensure that they could make an informed decision where possible. Where one person had limited understanding of Makaton (an adapted sign language for people with learning disabilities) staff had learnt Makaton and used this to help effective communication. One relative said, "They [staff] know how to communicate and [Family members name] seems very happy.

The provider assessed people's needs prior to them moving in to help ensure appropriate care arrangements were in place. The registered manager met with people and their families to complete pre-assessment documentation with the aim of developing a care plan which reflected their needs. They also used assessments from healthcare professionals and social workers to identify how to effectively meet people's health needs and wellbeing.

The provider used technology to promote the effective delivery of care. They were implementing the use of an electronic care planning and monitoring system. Staff accessed this system using electronic tablet devices. The system included details of people's care plans and risk assessments which were accessible to staff. The registered manager and deputy manager updated care plans using the system, which helped to ensure staff had the most current information available to them. People's daily records were also recorded on the system.

Staff received training and support relevant to their role. Staff had received a wide range of training which was regularly refreshed to help ensure their knowledge was following current best practice. Staff took part in a comprehensive induction course and then completed the care certificate (a nationally recognised set of standards for staff working in care). The registered manager monitored staff's ongoing skills and performance through a series of observation of work practice and formal supervision meetings. This helped to ensure that staff were appropriately skilled in their role.

The environment at Dimensions 7 Huntley close was suitable for people's needs. People had access to all areas of the home and could use a secure garden space for leisure and recreation. The home showed considerable signs of wear and tear, although the kitchen was relatively new. The provider had developed a list of replacements and repairs and were trying to work with the housing association. However, the provider and registered manager told us that they had some difficulty getting the housing association to respond in a timely way. One relative said, "The housing association do not have a good reputation for getting things done." This view had been formed over their family member being at the home for a number of years and was borne out by our observations and from speaking to the registered manager. The provider had been working to get an unsuitable bathroom replaced for two years. This did not directly affect the safety or accessibility of people but the environment was less than pleasant in places.

Good

Is the service caring?

Our findings

People indicated that they liked the staff because they approached them, smiled and communicated in their own individual ways. Staff responded well to people, giving them time to speak or react, they were appropriately affectionate and caring. One relative said, "The quality of the care is excellent." Another said, "I am very happy with the care and the staff, they know the right interactions and they know people well."

People were involved in planning and reviewing their care. Each person had a 'keyworker' in place. Their role was to help people identify specific goals or aspirations and the most realistic way these could be achieved. For example, staff had supported people to plan their individual holidays. Staff talked about supporting several people with their emotional needs and the way they did this to reduce anxiety.

People had access to advocacy services to help them make choices about their care. Where people needed additional support to make choices or give feedback about their care, the provider encouraged family members or advocacy services to participate in care reviews. This helped to ensure that people were supported to understand choices available about how their care was organised and delivered.

Staff had a comprehensive knowledge of people's needs. Staff spent time with people during the day, encouraging them with activities and providing company. Staff understood people's likes such as their favourite music and made sure this was played. They engaged people with kindness, patience and enthusiasm, taking an interest in what people were saying and being receptive to their needs.

Staff fostered a homely atmosphere at the service which helped people feel comfortable and safe. People were encouraged to choose the decoration of the home including pictures of events and art work.

The provider had considered people's equality and diversity when planning and delivering their care. People's individual needs and beliefs were explored when developing their care plans. There were policies and processes in place to ensure people were given the opportunity to explore their aspirations and interests irrespective of their abilities. One member of staff told us, "Each person is treated as an individual."

People were treated with dignity and respect. Staff knocked on people's doors before entering and respected people's right to have quiet time alone if they wished. People's bedrooms were their private spaces and staff were conscious of respecting these boundaries.

Good

Is the service responsive?

Our findings

People used a range or verbal and non-verbal communication strategies to make their choices and preferences known. Staff had developed a good understanding and rapport with people. All aspects of people's needs were planned for in very detailed care and support plans.

People's specific preferences around their appearance and personal care routines were identified within their care plans. Staff had a good understanding of how people would like to dress and the things that were important to them. The areas where people could carry out their routines independently were documented, and staff encouraged people to utilise their skills as much as possible. Some people took part in shopping and cooking and household tasks.

People's care plans detailed comprehensive information about people's backgrounds, routines and medical histories. Staff reviewed people's care plans on a regular basis or when changes occurred. This helped to ensure that they contained up to date information. There was good communication between the home staff and the day centre. One relative said, "They send a book so everyone knows any changes."

People were supported to follow their interests and lead active lives. Staff worked with people to identify their interests and activities and then helped them to take part in these activities. Some people attended a day service and others took part in activities inside the home. There were a range of leisure opportunities on offer and people had gone to local places of interest and events. The staff had arranged a valentine's party and invited many people who used other local services as well as families. One person had been encouraged to go to a local park and this was now a part of their routine. One relative said, "X is very busy, they go to a club, and out at weekends and we also see X at weekends."

There were effective systems in place to deal appropriately with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to. Both relatives we spoke with said they felt confident to raise any complaints and one said any issues had been rectified quickly. The policy was displayed in a simplified form to help people understand what to do if they had concerns. Staff regularly reviewed the complaints policy with people and spoke with them about whether they had any worries, concerns or complaints about their care. The registered manager documented all formal and informal complaints on an electronic system which was reviewed by the provider's senior management.

The registered manager understood the principles of providing compassionate end of life care. However, given the age of people there was a need to improve the level of detail about people's end of life wishes in their care plans. Although staff knew people very well, additional information would help all staff to understand people's needs and wishes when end of life care was required. No one at the service was receiving end of life care at the time of inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

There was a clear management structure in place. The registered manager also managed one of the provider's other homes, which was located near the service. They divided their working time between each service, but they were available if staff required help or advice and there was an on call out of hours system. There was a deputy manager and senior staff working at the service, who oversaw the supervision of care staff. The registered manager attended regular meetings with mangers from the provider's other services and senior management from the provider. The focus on these meetings was to share good practice and learning from incidents which had occurred.

The registered manager was relatively new to managing this service, but they had known some of the people for a number of years. They did have a good understanding of the day to day culture of the service having worked for the provider for some time. Staff told us that despite the registered manager and deputy manager being relatively new to this service they were approachable and supportive.

The registered manager and provider had systems in place to monitor the quality and safety of the service. They carried out a series of audits and regular checks of care documentation and medicines records to identify any errors or anomalies which would indicate staff required additional training or support. They also carried out regular audits of health and safety and infection control. This helped to ensure they had an effective oversight into the quality and safety of the service.

The registered manager sought feedback from people, families and professionals to monitor quality and make improvements. The registered manager held resident's and family meetings, where activities and feedback about care was discussed. Each person had a key worker, who spent time with the person discussing their needs and preferences. There had been changes to people's activities and menu choices because of these meetings.

Staff meetings were regularly held to discuss feedback and review working performance. The provider also had an internal 'staff forum'. This enabled staff from the provider's different services to meet, share ideas and give feedback to the provider if they felt improvements could be made. This helped to ensure feedback was sought about how the service was run.

The registered manager had developed effective working partnerships with professionals involved in people's care. This included working with dieticians, occupational therapists, community nurses, doctors and social workers. The staff ensured that all input and recommendations from professionals were recorded in people's care records. This helped to ensure that staff were providing care in line with professional guidance.

The registered manager and provider understood their responsibilities to notify CQC of any events or incidents and this had been done when necessary.