

Dimensions (UK) Limited

# Dimensions 1 Michigan Way

## Inspection report

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23 February 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection of 1 Michigan way took place on 22 and 23 February 2016 and was unannounced.

Dimensions are a specialist provider of a range of services for people with learning disabilities and people who experience autism. This service provided care and support for up to five people with a learning disability. At the time of our inspection there were four people using the service. Their home is a single storey building, consisting of five bedrooms, a dining and kitchen area, a laundry room and a level access shower room. The home is fully accessible to wheelchair users. The home has a large accessible garden with parking to the front.

At the time of our inspection the registered manager was not overseeing the day to day running of the service. The provider had put interim management arrangements in place while they recruited 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.

We found improvements were required with the quality assurance system in place as this did not always show what actions had been taken, when areas for improvement were identified through incidents or accidents.

We found that risks some people had in relation to dysphagia had not been reviewed recently even though there had been a recent significant incident within the home.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

We found there were policies and procedures in place to guide staff in how to safeguard people from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse.

People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

Recruitment and selection procedures were in place and appropriate checks were carried out before staff started work. This included obtaining references from previous employers and disclosure and disbaring checks (DBS) to show staff employed were safe to work with vulnerable people. Sufficient staff were deployed to ensure people's needs were met.

There was a complaints procedure in place which was available in a suitable format which enabled people who used the service to access this if needed. People and relatives we spoke with knew how to make a complaint and told us they had no concerns about raising issues with the staff team.

## 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

Risks to people's health and wellbeing were not always adequately assessed and planned for. Risk assessments had not been reviewed or updated after an incident had occurred in the home.

Staff had received training in safeguarding adults, and demonstrated a good understanding of the signs of abuse and neglect. Staff knew how to report any concerns regarding abuse that may have taken place.

Staffing levels were adequate and enabled the delivery of care and support in line with peoples assessed needs.

### Is the service effective?

**Good** ●

The service was effective.

Staff received induction and on-going training and supervision.

We saw evidence that capacity assessments were completed and care plans reflected people's ability to make decisions.

People were offered a choice of food and drink.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

**Good** ●

The service is caring.

People were supported by staff that had a good understanding of their individual care needs and their individual preferences in how they liked to be supported by the staff.

People who used the service were encouraged to be as independent as possible, with support from staff.

We observed positive interaction between staff and people who

used the service during our inspection. Staff were seen to have developed positive relationships with the people they supported and to respect their privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care that reflected their individual needs and preferences and they were involved in their care planning where appropriate. Care plans were reviewed regularly.

People were given choices and supported to take part in activities.

People and their families knew who to go to if they wished to complain. The provider had a complaints procedure was in place.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

There were a range of systems in place to assess and monitor the quality and safety of the service. However these were not always acted on therefore people were not always receiving the best possible support.

Staff felt they could be better supported by the management team and given more direction.

# Dimensions 1 Michigan Way

## **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 22 and 23 February 2016 and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed previous inspection reports, information received from health and social care professionals, local GP practice and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

During the inspection we spoke with three people living at the home. Some people had varying levels of communication and we also spoke with two relatives to gain their views on the quality of the service provided.

We spoke with four members of the support staff, the covering manager and the director of operations. We carried out observations of staff interacting with the people they supported.

We looked at the support records for two people as well a range of other records such as people's medicine administration records, quality audits and policies and procedures.

We previously inspected the service in October 2013 and the provider was meeting the regulations we inspected against at that time.

# Is the service safe?

## Our findings

Some people had been diagnosed with oral dysphagia and required a modified diet. (Dysphagia is the medical term for swallowing difficulties). The risk assessment for one person highlighted this risk and made reference to following the 'written guidance'. However, there were two documents with written guidance which contained different information. One was in the care plan and one in the kitchen. A copy of a report from the speech and language therapist in the support plan clearly explained the actions staff should take to reduce the risk of choking. The provider took immediate action to ensure that the correct updated copy was available in both the care plan and the kitchen area to guide staff on food preparation. There had been a recent incident of choking in the home. We have been told by the provider that they have national guidance with regard to choking. During the inspection we found no evidence that the home had adopted this guidance and we saw no copy of it during the inspection and staff we spoke to during the inspection did not mention such a policy. Staff all confirmed that they had received training in emergency first aid, but some were not able to confidently explain what actions they would take if an incident of choking had occurred. We were concerned that one person known to be at increased risk of choking was left to eat independently whilst staff attended to other tasks.

The provider had introduced national guidance but within the service there was no evidence this had been followed or staff had received training. Therefore risks to people's health and well-being had not been mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

People were supported by staff who had receiving training in how to keep them safe from harm and abuse. Staff were able to explain to us the various forms of abuse that people were at risk of and who they would report this to. Some of the staff had worked at the home for many years and knew people well. Staff explained that this was important as they would be able to notice any small changes in behaviour that may indicate abuse. One member of staff told us, "I would report any concerns to the manager or senior staff on duty." Staff told us they were encouraged to raise any concerns and were aware of the processes and procedures to follow. We saw that the provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing procedures. No safeguarding concerns had been raised in the last 12 months. The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

There were sufficient numbers of staff deployed to meet the needs of the people living at the home on the day of the inspection. Staff told us that there were sufficient staff available to support people. The acting manager informed us that staffing levels were increased to enable people to take part in planned activities that may have required higher levels of staff support.

There was a robust recruitment procedures in place to ensure that prospective staff had the appropriate skills, qualifications and background for the role. Several new staff members had been recruited recently, and records confirmed that relevant checks had been carried out on these staff members before they started work. For example, appropriate checks were carried out to ensure that the staff member did not have any relevant criminal convictions which would make them unsuitable for the role.

People living at the service required full support to take their medicines. However systems put in place for medication management were not always safe. We found medication keys were left by the medicine cabinets and could be accessed by anyone in the house. The provider took immediate steps to rectify this and ensured staff stored medicine keys securely and only appropriately trained staff could access them. We observed staff administer medicines safely in a way that promoted people's dignity and encouraged people's involvement as far as possible. Staff had access to information about the level of support people needed to take their medicines and knew what action to take should someone refuse their medicines that day. Only staff who had received training in medicine administration were able to support people with their medicines. Staff told us about checks the provider carried out to ensure they were competent to administer medicines. The provider informed us that after a staff member had been deemed competent, regular checks were completed to ensure they had retained their abilities to administer medicines safely.



## Is the service effective?

### Our findings

The manager told us new staff completed a four week induction programme. This included learning about the registered providers policies and procedures, completing training, meeting people who lived at the home and reading peoples care plans. We saw evidence of staff inductions in their training records. The staff induction paperwork followed the 15 standards set out in the Care certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff members who had recently completed their induction felt it gave them the skills to do their job properly. One staff member told us, "I really enjoyed my induction it helped me understand the role and how I can support the people here." This demonstrated new staff felt supported in their role.

All the staff we spoke with said there was a regular programme of on-going training for staff. One member of staff told us they had to complete practical moving and handling training before they were allowed to use the hoist. Staff also told us they received regular supervision with their manager. One member of staff said, "Yes we receive regular supervision, but we can speak to someone at any time, it's all confidential." Staff records evidenced the training and supervisions staff had received. This ensured staff had the skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

People required support to make some decisions. 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 when needed. When people lack mental capacity to make particular decisions any made on their behalf must as least restrictive as possible and in their best interests. People can only be deprived of their liberty to receive care and treatment when this is in their best interests to do so and authorised legally under the Deprivation of Liberty Safeguards (DoLS) which is part of the MCA.

Staff demonstrated they understood their responsibility in supporting people to make their own decisions and this was recorded in people's care records. All the people had been assessed as needing staff support to participate in community activities, so were unable to leave the home without staff support. We saw the relevant paperwork that demonstrated the provider had made appropriate applications to the local authority for DoLS assessment and was waiting for these to be carried out. This demonstrated the provider was working within the principles of the Act.

Staff told us training in MCA and DoLS was part of their annual safeguarding training. All the staff we spoke with were able to tell us about the different levels of capacity people who lived at the home had and how people were supported with decision making. One member of staff told us about one person who lived at the home and the decisions they had capacity to make and the potential issues where they would need more support. All the care plans we reviewed contained a mental capacity assessment regarding the individual's ability to consent to the care and support they received. One of the assessments recorded the person did not have the mental capacity for this decision; we saw evidence of a best interests meeting being

held with staff and the individuals family regarding this. The manager and staff understood the principals they needed to follow to ensure decisions made were in people's best interests. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

People told us the food was nice. One person told us what they had eaten for breakfast. Another person told us, "If I don't like the meal, they make something else for me." Staff told us each person was asked each month for their personal choices for the following month's menus, we saw the records of meals and menus being discussed at residents meetings.

The kitchen was accessible by people who lived at the home and the dining room was adjacent to it. We observed the lunchtime meal at the home. People were offered a choice of hot or cold drinks. Two staff were sat in the dining room and supported the people who lived at the home to eat their meals. There was friendly conversation between staff and people which helped make the meal a more social event. One person, came into the dining room after the other people had eaten. They were served promptly with their meal and supported as the others were. People accessed a local GP practice, one of the staff said the local practice was 'really good' at understanding the needs of the people who lived at the home. We saw evidence in peoples care records that people had access to external health care professionals, for example GP's, district nurses and dentists. This showed people using the service received additional support when required for meeting their care and treatment needs.

All the care plans we reviewed contained a hospital passport. This provided detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment. We noted that one of the passports we reviewed had not been updated and was not an accurate reflection of the person's current needs. This meant there was a risk that in the event the person required hospital treatment the information would need to be updated.

## Is the service caring?

### Our findings

Relatives of people who used the service told us that the staff were kind and caring. Comments included, "The staff really do care about all the people, they treat them with respect. " and "The staff encourage us to visit, always make us feel welcome no matter when we call."

Interactions we observed between staff and people were positive and indicated that staff understood the needs of people living at the home. During our inspection we saw staff treated people in a respectful and dignified manner. The atmosphere in the home was calm and friendly and staff took their time to sit support them with their personal care and general daily living tasks at a pace that suited the individual person. Staff understood and respected people's choice for privacy and spending time in their rooms. We observed staff sitting with people and being engaged in meaningful verbal and non- verbal conversations and planning what people were going to do for the day. We saw that people were treated with kindness. Staff explained what they were doing, and why, for instance when assisting one person to the toilet. Staff called people by their preferred names and had time for a chat or a joke with them whilst providing them with support. Staff made eye contact with people by getting down to the persons level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations.

Staff we spoke with demonstrated good understanding of the meaning of dignity. Staff told us they treated people as they would want to be treated themselves. We observed that staff promoted people's privacy and dignity. We saw that they knocked on peoples doors before entering and ensured doors were fully closed when they were assisting people with their personal care.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were kept informed of any relevant information and involved in making decision about any changing needs. People were also notified about any significant events or visits from health and social care professionals.

## Is the service responsive?

### Our findings

People and their relatives told us that they felt staff were responsive to their needs. Relatives comments included "I am quite happy that all the people get what they need, absolutely no problems with that." Another said, "I am sure the staff are very responsive, they seem to deal with things well."

Staff were responsive to people when they required support and they offered and prompted this when they thought it might be required. We did not always see staff proactively engaging people in activities or general conversation but when people required assistance, such as with personal care, this was delivered within a good time frame.

We looked at care plans for two people who used the service. Care plans were well structured and included individual plans covering a range of topics including morning and night time routines, personal care, eating and drinking, medication, mobility, communication, finances and safety. Care plans were not signed by the person although relatives and people themselves confirmed to us that they had been involved in deciding what was in them. Many of the care plans had been reviewed and changes made to reflect people's current support needs.

We looked at care plans for two people who used the service. Care plans were well structured and included individual plans covering a range

The care plans were detailed and included a good level of information for staff to use to direct the support in the ways people wanted. Where there were related risk assessments or other written information this was referred to in the care plans so that staff knew when to seek out further information. The care plans had recently been reviewed and had been reviewed on a regular basis. When we spoke with people and their relatives they confirmed that they had been involved in compiling and reviewing the care plans and all were happy that they had an appropriate amount of involvement.

We saw that before a person came into the service an assessment of needs was carried out. This assessment covered all the appropriate areas and was completed in a good level of detail. This ensured that the service were clear on the needs of the person and how they would be able to meet them prior to the person moving into the service.

We asked the provider for a copy of any complaints they had received. The manager explained that none had been received. There was a section on the online system for recording any concerns but we could not see any noted there. When we spoke with people and their relatives they all told us that they would be comfortable to raise any issues or concerns with any member of staff or one of the senior staff and that they were confident that they would be listened to and action would be taken. The provider explained that they would always listen and take action if concerns were raised and that if needed, analysis or follow up learning would be done with the staff team once the complaint had been dealt with.

People were supported to access the community. Some people and relatives said that this did not happen

as frequently as they would like but also understood that their relative may not always wish take part in activities. People took part in various activities outside of the service such as day services and trips out where they were able. The provider was able to tell us about people's individual interests such as going to church, football matches doing the shopping and listening to music.

## Is the service well-led?

### Our findings

At the time of our inspection the service the registered manager was not overseeing the day to day management of the service. The provider had an interim arrangement in place. The service was being led by a manager from another home who told us they would continue to work from the location until a new registered manager had been appointed. The operations director told us they had recruited a new manager, but were waiting for all the recruitment checks to be completed before they commenced in post.

The registered manager of 1 Michigan Way had been the registered manager for two other Dimensions locations. The staff told us that the manager was always available by phone, if the staff had any concerns or required assistance. Staff told us they would benefit from an increased presence of management in the home. Staff felt it would help them feel more supported in their roles. One staff member told us, "We work really well as a team and we all support each other but it would be good to have more direction from the manager."

There was a system of internal audits and checks completed within the home by the manager. For example, regular checks of medicines management, care plans, fire safety and safety checks on equipment took place. However, these systems had not always identified some of the shortfalls we found during our inspection. For example, we found that risks one person had in relation to dysphagia had not been reviewed recently even though there had been a recent significant incident within the home. There was no evidence the provider had taken steps to re-refer people to speech and language therapy for a review of their care plan. The provider had rolled out further training for all staff across the organisation. However we found no evidence that staff at Michigan Way had attended this training to date. This had not mitigated the risk of a similar incident occurring.

This did not ensure that staff had the information they needed to mitigate risks relating to people's safety. We are concerned that the provider was not able to demonstrate what steps it had taken to mitigate the risks of such an incident happening again. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The provider had notified CQC of incidents in the home in keeping with the regulatory requirements.

The manager told us manager's meetings took place within the organisation to share information and best practice and felt supported by the registered provider. Staff told us they attended staff meetings regularly and the registered manager used these to inform them of changes to policies and procedures. Staff told us they felt these were useful and ensured consistency within the service.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. All the staff we spoke with told us they felt comfortable raising issues to protect the people living at the home. One staff member said, "I wouldn't stand for any type of abuse I would report it to the local authority or CQC straight away."

People living at the home told us they had regular residents meetings where they were able to express their views. One person said "We discuss food and trips out."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had introduced national guidance but within the service there was no evidence this had been followed or staff had received training. Therefore risks to people's health and well-being had not been mitigated</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This did not ensure that staff had the information they needed to mitigate risks relating to people's safety. We are concerned that the provider was not able to demonstrate what steps it had taken to mitigate the risks of such an incident happening again.</p>