

Dimensions (UK) Limited

Dimensions 178 Wylds Lane

Inspection report

178 Wylds Lane
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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 22 July 2015. The inspection was unannounced. Dimensions 178, Wylds Lane provides accommodation and personal care for up to four people who have a learning disability. At the time of our inspection four people were living there. The home had four single bedrooms, a bathroom, two lounges and a kitchen with a dining area.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they had no concerns about the care and support provided for their family member. Staff we spoke with demonstrated an awareness and recognition of potential abuse and knew what action they would need to take in the event of abusive situations.

People who lived at the home were supported by staff who were aware of potential risks which could affect

Summary of findings

them. Staff were aware of methods to reduce these risks such as those associated with eating and drinking. People had access to a choice of food and drink and people were supported as needed.

Sufficient staff were available to meet people's needs. Staff received regular training and support to make sure they had suitable knowledge to care and support people. Staff treated people with respect and knew how they could maintain their privacy and dignity.

People's consent was obtained on a day to day basis. The registered manager had followed the principles of the Mental Capacity Act 2005 and had made applications to the local authority when restrictions to people's liberty were made.

People had access to health professionals as needed to maintain their well-being. People's relatives felt involved and up dated.

People were able to see family and friends when they wanted. Visitors told us they were made to feel welcome by staff at the home when visiting. Relatives were confident they could raise concerns about the care provided if necessary.

Relatives and staff felt the registered manager to be approachable. Staff were well supported and encouraged to be involved in the home. Systems were in place to monitor and improve the quality of the service provided to people.

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?

The service was safe.

People were supported by staff who were aware of potential risks and were aware of how they could protect people from the risk of abuse. People were supported by sufficient staff who administered medicines safely.

Good



Is the service effective?

The service was effective.

People's needs were met by staff who had received suitable training and support in order for them to effectively carry out their role. People had access to a choice of meals. Regular contact with healthcare professionals was maintained. Staff understood their responsibilities when people did not have capacity to make decisions.

Good



Is the service caring?

The service was caring.

People were supported by a team of caring and consistent staff members who maintained privacy and dignity. Staff treated people with kindness and compassion and promoted independence.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised to meet their individual care needs and support every day choices and leisure activities. People's relatives felt listened to and they could raise any concerns.

Good



Is the service well-led?

The service was well led

People were at ease with the registered manager. People's relatives felt supported by the management team. People's care was supported by management systems to review and audit the quality of care provided.

Good



Dimensions 178 Wylds Lane

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 July 2015 and was unannounced. The inspection was carried out by one inspector.

As part of the inspection we looked information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived there. Some people were unable to communicate with us verbally so we used different ways to communicate with people. We also used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and four support workers. We also spoke with a relative of each of the four people who lived at the home. We looked at two people's care records including their medicine records. We also looked records regarding the management of the home such as training and quality assurance.

Is the service safe?

Our findings

People who lived at the home had different ways of communicating with staff but staff understood these well. We spent time with three of the four people who lived at the home. We saw people responded well with staff using sign language, facial expressions and hand gestures. We saw a good relationship between people who lived at the home and staff.

We spoke with four relatives. They told us they believed their family member to be safe and well cared for at the home. One relative told us, "It's a big weight off our minds to know [person] is safe and well looked after". The same relative added, "If anything was wrong I would pick up on it" they told us they believed their relative to be 100% safe and had 100% confidence in the staff. Another relative told us, "I believe [relative] is safe and is well cared for." Another relative told us they were, "Confident" their relative was safe at the home.

Staff members we spoke with had a good understanding of how to keep people safe. They confirmed they had received training in safeguarding as well as refresher training. A new safeguarding policy was on display in the kitchen and staff had signed to demonstrate they had read and understood it. Staff were able to describe to us different types of abuse and were aware of how people's body language and general well-being may change if they were subjected to abusive practice. One member of staff told us, "If I felt somebody was abused I would speak with the manager. They would speak with safeguarding or the police". The same member of staff also told us, "People are safe here. That's why I have been here such a long time because everybody is so happy." Another member of staff told us they had, "Never had any concerns" while working at the home regarding people's safety. The same member of staff told us they would report concerns to other agencies if the provider did not take appropriate action.

Risk assessments were in place to provide staff with guidance on how to keep people safe and also keep people independent. For example we saw risk assessments on supporting people while outside of the home such as when

crossing the road. In addition risk assessments were in place for areas such as eating and drinking, the risk of choking and falls. Staff were aware of these risk assessments and told us changes were brought to their attention as part of the handover between shifts. Risk assessments were reviewed annually or as required and at times involved input from other professionals such as a speech and language therapist. Relatives were aware of risk assessments and confirmed that agreed action such as the number of staff who supported people to leisure activities such as swimming were maintained.

Relatives and staff told us sufficient staff were on duty to meet people needs. One relative told us, "Enough staff from what I have seen". We saw people having their needs met effectively and timely. Staff spent time with people while they were at home supporting their needs as well as staff taking people out in the community. The registered manager told us the number of staff on duty could be increased or times amended if needed to ensure people's needs were met. Staff we spoke with confirmed these arrangements.

The registered manager told us they had not recruited any new members of staff for over twelve months. Staff we spoke with confirmed this. The most recently appointed member of staff was able to describe the recruitment practices operated by the provider and about the checks which were undertaken before they started working. We were told new staff worked alongside more experienced staff initially to ensure the employee was confident to work with people and have the suitable skills and experience to fulfil their role.

We spoke with staff about people's medicines. Staff were aware of guidelines in operation regarding medicines prescribed on an as and when required basis. We saw protocols were in place to provide further guideline as to when these medicines may be needed. Staff told us they usually worked in pairs to administer medicine in order to ensure people received their medicines as prescribed. We saw staff had completed records to evidence people had received their medicines. We spoke with relatives and no concerns about the management of medicines were raised.

Is the service effective?

Our findings

Relatives told us they believed staff to have the necessary skills and experience to care for their family member. We spoke with four members of staff who told us they felt well supported in their work. Staff confirmed they had received regular supervisions (one to one meetings) and they found these useful to help them develop their working practices. Staff confirmed they had received training in order for them to be able to provide care for people who lived at the home. One member of staff told us, "I have received a lot of training in the last 12 months." The same member of staff told us they would discuss with the registered manager if they felt they needed any additional training. Staff told us they were confident carrying out tasks such as administration of medicines due to the training they had received and confirmed they were observed to ensure their practice was safe.

The registered manager confirmed they had received training in relation to the Mental Capacity Act 2005 (MCA). We spoke with staff who had knowledge of the principals of the MCA. Staff were aware of people's right to refuse care and were able to describe how they would know if people were unhappy with any request made. We saw staff gaining consent from people before care and support was provided. For example people were consulted about meals, their personal care and activities they were undertaking.

Relatives told us they were involved in best interest discussions when these were needed. These are occasions where different options are discussed between people such as family members, healthcare professions and others to come to a decision. For example whether someone should have dental treatment which they are unable to decide upon for themselves.

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way

that does not inappropriately restrict their freedom. Staff we spoke with were aware of DoLS and knew the action taken by the registered manager. Due to the level of care provided and people's inability to leave the home unsupervised the registered manager had applied for authorisations from the appropriate local authorities responsible for people's care.

We saw people were offered a choice of food and drink and we saw staff wait for people to respond. Staff told us people had their main meal of the day in the evening. Records showed that people had a variety of meals and regularly had different meals from each other. This demonstrated that people were able to select an individual meal. One relative told us, "From what I have seen the food is good". Another relative told us, "It's all home cooked. I have never had the food but it smells good and I have left the home feeling hungry".

Staff had a good knowledge of people's dietary needs and how they needed to support people to ensure they were safe. For example staff were aware of the actions they needed to take to protect people from the risk of choking. We found the actions staff described were consistent and match the plans written by healthcare professionals such as speech and language specialists.

Relatives we spoke with were confident that staff would seek medical support for their family member. One relative told us their family member received, "Regular check-ups". Another relative told us there was early intervention if needed to maintain people's well-being. Staff told us they were able to access same day appointments with the doctor's surgery and that the doctor would visit people at the home as needed. We saw people regular received check-ups from other professionals such as mental health professionals as well as dentists and opticians.

Is the service caring?

Our findings

People who lived at the home responded well to the staff. We saw people smiling and laughing with staff. People were relaxed with staff and were able to determine what people were requesting by means of sign language, body language or hand gestures. Throughout the inspection we saw staff care and support people with kindness and patience for example we heard a member of staff greet one person who lived at the home with, "Good morning. How are you?" Staff were available when people who lived at the home needed assistance for example in joining in with leisure pursuits or when needing personal care.

Relatives we spoke with were complimentary about the staff who cared and supported their family member. One relative described the care provided as, "Excellent" and told us their family member was, "Settled and happy" at the home. The same relative told us the home had a, "Good family atmosphere" and they viewed, "Staff to be as much the family as we are." Another relative described the staff as, "Warm hearted" and told us their family member was looked after because the staff really care for people. A further relative told us they found the care provided to be, "Outstanding" and their family member received, "High quality care" due to the quality of the staff and how they related to each other as a team.

Relatives told us they were able to visit whenever they wished and were always made to feel welcome by staff.

Relatives confirmed they were included in annual reviews to discuss people's care plan and evaluate what had worked out well over the previous 12 months. Reviews looked at planning for the year ahead. Staff told us how they supported people to make choices about their care such as the clothing they wore. One person requested by means of gestures they wanted the radio on. The member of staff on duty clearly understood what the person was requesting and checked this out. The radio was switched on and the member of staff checked it was on the right station and the sound level was suitable.

Staff were seen to encourage people to be as independent as possible and to be engaged in the day to day activities at the home. For example people were seen assisting in the preparation of their lunch, the same person assisted in making drinks. Relatives told us they had seen people assisting in household tasks such as washing up. People were able to choose what they wished to do during the day. Staff respected people's decisions for example one person was going out on the day of the inspection but chose to stay at home instead to spend time with us.

We heard staff knock on bedroom doors before they entered people's rooms. Staff we spoke with told us how they ensured people's privacy and dignity was maintained. For example by ensuring people's doors were closed and their curtains drawn before providing personal care. We saw people were escorted to the bathroom for a shower wearing suitable clothing such as a dressing gown.

Is the service responsive?

Our findings

We saw staff understood other people's needs by their gestures or body language. We saw people respond positively to staff which indicated that staff had understood what people were saying or requesting. One person had a book which contained photographs of the person concerned and what the different signs meant. We saw that staff knew these signs and responded to them appropriately.

We spoke with relatives about their involvement in people's care. We were informed that annual reviews were undertaken and people who used the service as well as their relatives were involved in these. Relatives told us they felt these to be useful meetings as they were an opportunity to review what had taken place over the previous 12 months. The meetings discussed what had gone well and what had not worked so well. The review was also an opportunity to plan for the forthcoming year including planned holidays.

People were supported by a consistent staff team. We saw that staff turnover was low and agency staff were not used. Staff told us they were able to discuss any change in people's care and support as part of the daily handovers. Staff told us they were able to discuss people's care needs with their colleagues as well as access care plans and daily records to ensure they were fully meeting identified needs. We saw extensive care plans were in place for each person. These provided guidelines for staff in order for them to meet people's identified needs. We saw that although these were reviewed as part of the annual review they were not always updated when needs changed such as following a dental check and the need for staff to provide additional support. However, despite the lack of some information we found staff had a good knowledge of people's care needs. Staff completed daily records. These included how people were, activities they had undertaken and food they had eaten. These records ensured that regular monitoring of people's needs could be undertaken.

Relatives were aware of a range of social events which people who lived at the home were involved in. One

relative told us their family member "Has a wonderful social life". Another relative told us their family member was involved in a, "Wide range of activity." Relatives confirmed their family member went on holidays with staff and felt these were important to people.

We saw people engaged in their personal interests and hobbies which included craft work and other activities. People were supported to go out for the morning. Relatives told us that their family members engaged in cookery, swimming and visits to the cinema and theatre. Staff had a good knowledge about people's backgrounds and what interested them. Staff were able to tell us about various means in which they were able to support people to maintain their interests. Staff were aware that ensuring people's interests were maintained in a personalised way were important to maintain people's welfare.

We saw birthday cards on display in one of the lounges as well as balloons. We were told one person had recently celebrated their birthday which had involved people who lived at the home. One relative told us, "Staff always make a fuss" regarding events such as special events. The same relative told us of their plans to celebrate their family member's birthday which was to involve family and friends including everyone at the home. One relative told us they were invited to events taking place at the home such as barbecues. This was seen as important as a means of involving family members in the activities taking place.

Staff were able to tell us how they would know if people were unhappy with the care and support they received. One relative told us, "Staff know people well and are able to read their body language." Following our previous inspection we were informed relatives were sent a copy of the provider's complaints procedure to make sure they were aware of what they could do in the event of a complaint. Relatives we spoke with were confident any concerns or complaints about the service provided would be taken seriously. They believed their comments would be listened to and taken on board. One relative told us a concern they had was addressed and not been a problem since. The registered manager told us they had a number of compliments recorded but no complaints.

Is the service well-led?

Our findings

We saw people who lived at the home respond well to the registered manager. It was evident from people's body language they felt comfortable with the registered manager. We saw one person engage in friendly chat and play a familiar game with them which included a considerable amount of laughter and smiles.

Relatives we spoke with were complimentary about the registered manager as well as their staff team. One relative who was positive about the care provided for their family member told us, "A lot of it is down to the manager." Another relative told us they believed the home to be, "Well managed" and as a result had a professional team of staff working for them. Another relative described the registered manager as, "Really nice".

Relatives told us the registered manager was knowledgeable about their family members care. The registered manager was able to describe the care and support each person needed and how this was provided in a personal way. For example knowledge about people's interests and hobbies and how these could be met in a way tailored to the individual.

Staff we spoke with described the registered manager as "Very approachable" and open to suggestions and ideas. One member of staff told us, "Can go to the manager with any problems." Another member of staff told us that if they felt unsure about the care and support provided to people they could speak with the manager.

The registered manager's job title was locality manager and they were responsible for another three of the providers care homes. We were informed that an assistance manager was in place at each of the four homes including 178, Wylds Lane. Staff and relatives were aware of these management

arrangements. Relatives told us they were able to contact the registered manager if they needed to do so however they were also confident they could speak with the assistant manager.

Staff confirmed regular staff meetings took place. One member of staff told us they were able to, "Resolve any issues" as part of the staff meetings and had found them to be a, "Good way to discuss areas needing any improvement." We were supplied with a copy of the minutes from a meeting held in April 2015. The minutes identified health and safety actions needed, information about the Care Quality Commission and DoLS and updates on staff training.

The registered told us that 'house meetings' involving people who lived at the service were not taking place. They were looking at re introducing these however people were consulted on day to day matters as part of the daily living at the home. Staff told us people were consulted on improvements in the home such as décor and daily living such as what people were going to do.

Representatives working for the provider had undertaken quality audits of the service provider. We saw the results from a recent audit. The majority of areas were assessed as 'green' indicating that the standards required by the provider were met. The registered manager told us that as a result of them maintaining the required standards fewer audits were considered to be needed. Following the audits the registered manager completed an action plan to address any areas where improvements were identified.

The registered manager told us they had a good working relationships with healthcare professionals. From documents seen we saw regular contact was made with professionals such as consultants and specialists.