

Dimensions (UK) Limited

# Dimensions 95 New Wokingham Road

## Inspection report

95 New Wokingham Road  
Crowthorne  
Berkshire  
RG45 6JN

Tel: 01344771369  
Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

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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

This inspection took place on 18 and 28 January 2019 and was unannounced.

Dimensions 95 New Wokingham Road 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 95 New Wokingham Road accommodates up to four people with learning disabilities in one adapted building. There were four people at the service at the time of inspection.

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.

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.

The service had a registered manager in place at the time of our inspection. 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.

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.

The registered manager had effective systems in place to monitor the quality and safety of the service. This included having effective procedures around fire and emergency situations to help keep people safe.

There were systems in place to reduce the risk of infections spreading. The home was clean and hygienic.

Risks to people in relation to their health and medical conditions were assessed and mitigated. This included any risks associated with eating and drinking. Where risks were identified, the provider had systems in place to promote people's wellbeing and good health.

There were policies and procedures in place to protect people from the risk of suffering abuse or harm.

There were enough staff deployed to meet people's needs. The provider had robust recruitment procedures in place to help identify suitable staff.

Staff received training, support and development in their role. The registered manager monitored staff's ongoing performance and there were systems in place to ensure staff understood their responsibilities and duties

Staff were knowledgeable and were attentive to people's needs. People were treated with dignity and respect and the atmosphere at the service was calm and homely. The home was suitable for people's needs.

People received personalised care and were supported to live active lives. People were given choices about how their care was delivered and were given opportunities to plan activities to achieve their ambitions.

Staff understood the need to gain consent to care. 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 practice.

People had access to healthcare services as required and the provider worked in partnership with healthcare professionals to meet people's ongoing needs.

People's care plans were detailed and contained sufficient information for staff to help them meet people's needs.

The registered manager regularly sought feedback from people and staff about how to make improvements to the service. There were systems in place to ensure complaints were handled appropriately.

## 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 95 New Wokingham Road

## **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 comprehensive inspection took place on 18 and 28 January 2019 and was unannounced. Two inspectors carried out day one of the inspection and one inspector carried out the second day.

Before the inspection, the provider completed 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. 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 spoke with four people, some of whom were only able to give us limited feedback about their experiences of receiving care. We also spoke with the registered manager, the deputy manager and two care staff.

We looked at care plans and associated records for three 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.

The home was last inspected in June 2016 where the service was rated good.

## Is the service safe?

### Our findings

People told us they felt safe living at Dimensions 95 New Wokingham Road. One person said, "I like my home." Another person said, "It's a nice place to live."

There were systems in place to protect people from the risks of abuse and harm. The provider had safeguarding policies which had been developed in line with local authority guidance. The policy outlined the provider and staff's responsibility in helping to ensure people were protected from the risks of suffering abuse and harm. The provider had a confidential telephone based service where people, staff, relatives and professionals could report concerns about people's welfare to. This helped to ensure there were robust systems in place to safeguard people from harm.

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 based on people's needs. People at the service required support from staff to leave the home to help keep them safe. Staffing had been organised to make sure there were sufficient staff available to help people attend their daily activities outside the home.

The provider had safe recruitment processes in place to help identify suitable candidates to work with people. Recruitment checks helped the provider ensure that suitable staff were employed to work with people.

There were systems in place to 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, clear guidance was in place for staff to support people to manage epilepsy. This included actions staff were required to take in the event of a person having a seizure. Staff were familiar with this guidance which helped to keep people safe.

Risks relating to the environment and emergency situations had been assessed and planned for. The provider had a comprehensive contingency plan in place, which detailed the actions to take to ensure the continuity of service in emergency situations, such as power cuts. 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. This demonstrated that the provider had mitigated risks relating to the environment at the service.

Staff had the skills and knowledge to protect people from infection. They used protective equipment when giving care and followed the provider's infection control policy.

The provider had safe systems in place to help people manage their medicines. The level of support and people's preferred administration routines were detailed in their care plans and staff had received specific training in the safe management of medicines. 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. Records of PRN medicines administered demonstrated that the staff worked to

minimise the use of these medicines to ensure they were only used when explicitly required.

There were systems in place to analyse incidents. The registered manager kept an electronic accident and incident log. This was reviewed by the provider's senior management team. This helped the provider assess whether all necessary steps had been taken to prevent incidents reoccurring. Where people had changes in behaviour which resulted in incidents, the registered manager had informed external bodies such as social workers to help put plans in place to determine possible causes. This demonstrated that the provider had effective systems in place to reflect on incidents.

## Is the service effective?

### Our findings

Staff assessed people's needs 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 had implemented an electronic care planning and monitoring system. Staff accessed this system using electronic tablets. The system included details of people's care plans which were accessible to staff. The registered 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. This meant the registered manager could review these notes remotely.

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. 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.

People followed a diet in line with their preferences and dietary requirements. Staff supported people to individually plan and shop for their weekly food menu. Where possible, people were encouraged to participate in making their own food and drinks with staff support. Staff had supported one person to lose weight for their health through encouraging them to make healthy food choices. Another person who was at risk of choking, had been supported by staff to choose safe foods which kept the person safe. This demonstrated that staff provided effective support around nutrition.

People had access to healthcare services as required. Each person had a health file which detailed people's medical history and the input they required from professionals to maintain their health and wellbeing. Where people required ongoing input from healthcare professionals, records of appointments and recommendations were incorporated into people's care plans. This helped to ensure their care reflected these recommendations.

People were supported to attend health appointments and take an active role in their own healthcare. Each person had a 'hospital passport' in place. A hospital passport is a reference document which people can take with them when attending healthcare appointments. It gives medical professionals key information about people's communication and medical needs. Staff supported people during healthcare appointments by helping to ensure they understood treatment plans and issues discussed. This helped to ensure that people played an active role in promoting their own health.

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 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. Staff presented information to people in a format which they understood. This helped to ensure that they could make an informed decision where possible.

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 to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the provider had appropriate processes in place in line with the MCA.

The environment 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 provider had recently improved access to the front of the building by removing a ramp which people found difficult to cross.

The provider worked in partnership with other agencies when people moved to and from the service. The registered manager had implemented plans to help new people settle into living at the home. This included working with people, families, social workers and care providers to co-ordinate transitions between services which helped people feel comfortable and safe. This successful approach was demonstrated when a person recently moved into the service.

## Is the service caring?

### Our findings

People told us they liked the staff and that they were caring. One person said, "I like all the staff here. They take good care of me."

People were involved in planning and reviewing their care. Each person had a 'keyworker'. 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 one person to plan a holiday. They worked with the person to identify the steps needed to plan and organise a trip away. The registered manager told us, "We listen to people's opinions and ensure that they are consulted in all aspects of their daily lives and care provision."

People had access to advocacy services to help them make choices about their care. When 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 people were supported to understand choices about how their care was organised and delivered. The registered manager told us, "We promote the rights of the people that we support to make their own decisions. We will work with advocates, Court of Protection, social workers and healthcare professionals to ensure that people have the maximum support to maintain their autonomy."

Staff understood people's needs. Staff spent time with people, encouraging them with activities and providing companionship. Staff understood people's sense of humour and things that interested them. 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 and decorate communal areas with pictures of events, activities and trips they participated in. People were proud to show us their achievements and were clearly at ease in their surroundings.

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 and the adjustments needed to make these accessible and achievable. One member of staff told us, "Each person should be treated as an individual and have their beliefs respected."

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.

Staff spoke to people with respect and understanding. People were supported discreetly with their personal care and staff gave care at people's preferred times. Staff were flexible in their approach to ensure that

people were given a choice about when they washed, had their meals and engaged in activities.

## Is the service responsive?

### Our findings

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's specific communication needs were identified in their care plans. People used a range of verbal and non-verbal communication strategies to make their preferences known. One person had limited verbal communication which meant that they relied on gestures and body language to communicate. Staff had developed an understanding and rapport with the person, tailoring communication to ensure their non-verbal cues were acknowledged and understood.

People's specific preferences around their appearance and personal care routines were identified in their care plans to help staff understand the support people needed to maintain their personal appearance. If people were able to independently carry out care routines this was documented. Staff encouraged people to use their skills as much as possible. This helped maintain people's independence.

People's care plans detailed comprehensive information about people's backgrounds and routines; 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.

People were supported to follow their interests and lead active lives. Staff worked with people to identify their interests and potential activities they wished to try. People had a range of set and flexible activities which took place both inside and outside the home. Each person had an individual timetable of activities which staff supported them with. People told us they enjoyed living an active life and were given choices about their lifestyle and leisure.

People were encouraged to have a social life, develop friendships and maintain important relationships. Some people attended social clubs, day services and different social events with friends. The provider encouraged family contact and helped to facilitate correspondence and visits to loved ones.

There were effective systems in place to deal with complaints. The provider had a complaints policy which detailed how people could complain. This 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. This helped to ensure that there was transparency within the service when concerns were raised.

The registered manager understood the principles of providing compassionate end of life care. No one at the service was receiving end of life care at the time of inspection. However, staff had worked with people, families and advocates to identify preferences around end of life and preferred arrangements around their care. This helped to ensure that people's choice, comfort and wellbeing were considered in the event of them requiring care at the end of their lives.

## 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 near the service. They divided their working time between each service but they were available if staff required help or advice. There was a deputy manager and senior staff working at the service, who supervised care staff. The registered manager attended regular meetings with managers from the provider's other services and senior management staff. The focus on these meetings was to share good practice and learning from incidents.

The registered manager had a good understanding of the day to day culture of the service. They had worked at the service for some time and had an extensive knowledge of people's needs. The registered manager had a good rapport with people and regularly spent time supporting them with activities or at meal times. Staff told us that the registered manager was approachable and effective in their role.

The registered manager 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 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 had identified necessary improvements and was taking action to implement these. For example, they recognised that some aspects of people's care plans were repetitive, which resulted in the overall documents being time consuming to read. They had begun to make care plans more concise which would make them more accessible for staff to use and review.

The registered manager sought feedback from people, staff and professionals to monitor quality and make improvements. The registered manager held resident's meetings, where activities and feedback about care received was discussed. There had been changes to people's activities and menu choices as a result 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 links with the local community to help promote good outcomes for people. They had helped people develop relationships with local businesses owners whose services people

regularly used. This had helped to ensure people were familiar and comfortable in their surroundings and they were able to use these facilities.

The registered manager had also 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 registered manager ensured that all input and recommendations from professionals were recorded in people's care records. This helped ensure that staff were providing care in line with professional guidance.