Dimensions (UK) Limited

Dimensions 36 Harvey Road

Inspection report

36 Harvey Road
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Date of inspection visit:
21 April 2017
24 April 2017

Date of publication:
05 June 2017

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 was an unannounced inspection and took place on 21 and 24 April 2017.

The home provides care and accommodation for up to five people with learning disabilities. It is located in the Whitton area.

At the time of our inspection 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 and associated Regulations about how the service is run.

At the last inspection in January 2015 the home met all the key questions and was rated good in each with an overall good rating.

Due to people using the service having limited verbal communication relatives generally spoke on their behalf. Relatives said that people enjoyed living at Harvey Road and the way that staff treated and supported them. People were enabled to choose their own activities, when they wished to do them and there was a variety of home and community based activities available. People were safe living at the home and using amenities within the local community. When we visited there was a welcoming, warm, and friendly atmosphere with people using the service coming from and going to activities. There was positive interaction between people using the service and staff throughout our visit.

The records were accessible, up to date and covered all aspects of the care and support people received. This included their choices, activities and safety. People's care plans were complete and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. Where possible people and their relatives were encouraged to discuss health needs with staff and had access to GP's and other community based health professionals, as required. Staff supported people to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. Relatives told us and our observations showed that people liked the choice and quality of their meals.

People knew the staff that supported them well and the staff were very familiar with people, their likes, dislikes and preferences. They were well supported and enjoyed the way staff delivered their care. Skilled staff provided care and support in a professional, friendly way that focussed on people as individuals. The staff were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

Relatives said the management team was approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us that they felt the service was safe. There were effective safeguarding procedures that staff used, understood and risks to people were assessed.

The staff recruitment procedure was thorough.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; with all records completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

Relatives said that people using the service were valued, respected and they were involved in planning and decision making about the care and support provided. People's

preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational and work activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 21 and 24 April 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with three people who use the service, however due to limited communication skills we were unable to include their comments in the report. We spoke with four staff, the registered manager and made contact with five relatives. There were five people living at the service.

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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for two people using the service and staff files for two members of staff.

We used the 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 contacted local authority commissioners of services to get their views.

Good

Is the service safe?

Our findings

People's relatives told us that they felt people were safe living at the home. One relative said, "She (Person using the service) is safe."

Staff were aware and understood what different forms of abuse were and the action required should they be encountered. This followed the provider's policies and procedures. Staff also knew how to raise a safeguarding alert and the circumstances in which this should take place. They had received appropriate abuse and safeguarding induction and refresher training. This meant they were able to protect people from abuse and harm in a safe way. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they received induction and mandatory refresher training to assess acceptable risks to people.
There was a thorough staff recruitment process that records showed were followed. The process included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a 12 week probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided whether they could provide this knowledge within the induction training provided and if so the person was employed. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures.

The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely. One member of staff felt unwell during our visit and staff volunteered to cover their shift without hesitation.

People's support plans contained risk assessments that meant they could take reasonable risks and enjoy their lives safely. The risk assessments covered all aspects of people's lives including activities they undertook at home and in the community. Staff received care plan information that enabled them to accurately risk assess people's chosen activities. They were able to discuss, evaluate and compare risks for people against the benefits they would gain. This was demonstrated by the way people were enabled to access activities, in the community such as local shops and restaurants. The risk assessments were regularly reviewed and adjusted when people's needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Staff shared any risks to people during handover and during team meetings, including any incidents or activities that had taken place. There were also accident and incident records kept. Staff knew people living at the home well and were able to identify situations where people may be at risk or feel uncomfortable and took action to minimise the risk and make them feel relaxed.

During the inspection we checked the medicine administration records (MAR) for all people using the

service. We found the records were suitably maintained; medicine safely administered, stored and disposed of. There were regular internal audits and an external audit carried out by the local Boots pharmacy. Staff were trained to administer medicine and this training was regularly updated.

Good

Is the service effective?

Our findings

Relatives said that they and people using the service were encouraged to decide how staff provided care and support, when this happened and that it was delivered in the way they wanted. One relative said, "She (Person using the service) stayed at a number of homes over the years and this is the best." Another relative told us, "It's all positive." We saw that care and support provided had a beneficial impact on people using the service with positive body language being displayed by people using the service.

People using the service had monthly key worker meetings that generated achievable outcomes for the people and kept the support plans current and relevant. An example of the impact on people was one person wished to lose weight by joining a gym. Since joining the gym the person has lost two stone through positive staff support. People's support plans also contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight, nutrition and hydration charts were kept if required and staff monitored people's meals and how much they ate to encourage them to have a healthy diet. There was also information regarding any specific support people might require at meal times. Staff said any concerns were raised and discussed with the person and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Staff thought that they received good quality induction and annual mandatory training and the staff care practices we saw reflected this. The induction was on line and group based depending on the nature of the training being provided. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There were monthly staff meetings that gave an opportunity to identify further training needs. Two monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place. Staff experiences were also shared with other homes within the organisation. New staff shadowed more experienced staff during shifts to enhance their knowledge of people using the service and the home's operational procedures.

Staff demonstrated a variety of communication techniques that were effective. These ranged from communication tools to objects, symbols and pictures so that they could make themselves better understood by people. They also attended weekly people we support meetings. People used pictures to choose the meals they wanted, decide on a menu and they participated in food shopping if they wished. Meals were timed to coincide with people's preferences and the activities they attended.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interests meetings were arranged as required and renewed annually or as required. Best interests meetings took

place to determine the best course of action for people who did not have capacity to make decisions for themselves. People's care plans recorded that capacity assessments were carried out. Appropriate staff had received training to carry out the assessments. People's consent to treatment was monitored regularly by the service. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Advocacy services were available through the local authority and people were made aware of them.

The home was very clean, maintained to a high decorative standard including portraits of people using the service in the hallway. People had personalised bedrooms in the way they wanted and inputted into the choice of décor, furnishings and furniture in the communal areas. They also had access to secure gardens at the front and back of the property.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings. There was individual de-escalation guidance contained in people's care plans. Staff also monitored the affect behaviour had on other people using the service.

Good

Is the service caring?

Our findings

Relatives said that staff treated people with dignity and respect and provided support in a helpful and friendly way. This was confirmed by the way staff behaved and their good care practices during our visit. Staff treated people using the service equally and as equals. This was done in a caring, patient and kind way with people given as much time as they required to meet their needs. Staff listened to people, paid attention to what they were saying, valued their opinions and acted on them. This was whilst maintaining appropriate boundaries. People received support that was empowering and enabling. One relative told us, "Staff are very good." Another person said, "It couldn't be better." People's body language towards staff was very positive throughout our visit and that told us they were happy with the way staff supported them and delivered care. One person gave everyone a big hug, including the inspector.

During our visit the skilful and patient manner in which staff met people's needs showed us they knew people using the service and their needs and preferences well. Staff communicated with people at a pace that made it easy for people to understand and for them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and service meetings.

The home's care was focussed on the individual and we saw staff put into practice training to provide a person centred approach. People were consistently enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed.

Confidentiality guidance was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Good

Is the service responsive?

Our findings

Relatives said that people's needs were met by staff in a way that people using the service were comfortable with, enjoyed and made them feel relaxed. Relatives and people using the service contributed to decisions about their care and the activities they wanted to do. Staff were aware of people's needs, made an effort to meet them and made themselves available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One relative told us, "She (Person using the service) has plenty of activities and loves going out in the car and to the library." Another relative said, "I'm very happy with the home and have no issues."

We saw that staff met peoples' needs in an appropriate and timely way. The appropriateness of the support was reflected in the positive responses of people using the service and their positive body language. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns displayed by people using the service were attended to as the priority during our visit.

People and their relatives were asked and encouraged to attend meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify any changes in performance positively or negatively. Relatives were sent questionnaires to get their opinions.

People and their families and other representatives were fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished, including meals before deciding if they wanted to live at Harvey Road. Staff told us the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff added to the assessment information. Service commissioners forwarded assessment information to the home, which also carried out pre-admission assessments. Information from any previous placements was requested if available.

There was written information available about the home and organisation for prospective people moving into the home, their relatives and placing authorities. There were regular reviews to check that the placements were working for people. If a placement was not working alternatives were discussed and information provided about prospective services where needs might be better met.

People's support plans were part pictorial to make them easier for people to use. They were based on the organisation's 'Personalisation journey' that focussed on the principle of providing as much freedom of choice, with minimal unnecessary staff intervention within a risk assessed environment. They recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. Video support plans were

being introduced to further bring to life what people's routines and what they liked to do.

People's needs were regularly reviewed, re-assessed with them and support plans updated to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of individual and group and took place at home and in the community. Each person had their own weekly activity planner and monthly activity planning meetings took place. One relative said, "They (People using the service) have plenty to do." Another relative told us, "It's always nice to see people enjoying their activities when I visit." The home made use of local community based and London wide activities wherever possible and people chose if they wanted to do them individually or as a group. People using the service had access to the 'London in touch' website that enabled them to get in contact with people who had similar interests. People had a number of regular activities as well as others that were focussed on specific interests. Regular activities included visits to Ellory Hall that gave people an opportunity to socialise with their peers. This was also encouraged within the community and during our visit a friend from another service within the organisation visited someone at Harvey Road. Other regular activities included visits to the Hydro pool at Teddington, church, the library and shopping. People were encouraged to develop their life skills by carrying out tasks around their home such as vacuuming, helping with meal preparation, arts and crafts and putting away shopping. People using the service and staff sat down to lunch together and this was made into an enjoyable event for people using the service who were encouraged to positively interact with each other as well as staff. One person took their plate out to the kitchen for washing up after lunch. They also took time to show us the magazines they were looking at. Another person was engaged in drawing and someone else was beading.

A number of interest specific activities also took place, for example one person was very interested in comics and action heroes and had visited the 'Comic.com' fair at the excel. Another person was very keen on Harry Potter and had visited Harry Potter Land. Others had attended the England v Italy rugby match at Twickenham. The home had access to transport so that people were easily able to access these activities.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home and organisation used a variety of methods to provide information and listen and respond to people and their relatives. There was an 'In touch' website where people and their relatives could contribute and access information about what was going on in their lives and within the organisation. Quarterly 'Everybody counts' people's councils took place with regional representatives that was video conferenced. The representative visited each home to get people's views. There were six monthly care reviews that people were invited to, monthly house meetings and annual placing authority reviews and surveys of people and their relatives. People were also asked to contribute to annual staff appraisals.

Good

Is the service well-led?

Our findings

The service helped people to successfully achieve their desired outcomes by promoting a positive culture that was person-centred, open, inclusive and empowering. People and their relatives told us that they were happy to speak with the manager and staff and discuss any concerns they may have. One relative said, "The manager and staff are always friendly and helpful." Another relative told us, "They (Staff) keep us informed of what is going on." During our visit, we found that the home had an open culture with staff listening to people's views and acting upon them.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication and specific areas of responsibility. Staff told us the support they received from the manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. One staff member said, "The management are approachable, hands on and great." Another staff member, who was relatively new, told us, "The staff team and management have been brilliant supporting me to fit into a work environment that was completely new to me."

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was a career development programme in place to enable staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals took place when due. There was an 'Aspire' career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Regular audits formed the base of the quality assurance system that contained performance indicators which identified how the home was performing, areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider. These included quarterly compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about

each person that enabled staff coming on duty to be aware of anything they needed to know.