

Dimensions (UK) Limited







Dimensions Newton House

Inspection report

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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 the 12 August 2015 and was unannounced. When the service was last inspected in September 2013 there were no breaches of the legal requirements identified.

Dimensions Newton House provides respite care for people with learning disabilities and/or physical disabilities. It is registered to accommodate up to five people who require personal care. The service is located in a residential area on the edge of Bath.

The people met by the inspector on the day, stay frequently either each week or for long periods of time,

however, the service have a number of people whose stay may vary from weekly, less frequent monthly or for some, an annual holiday break. At the time of our inspection four people were staying at the house.

A registered manager was not in post at the time of 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were told that a new manager has been appointed and is due to start in September 2015.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions.

People felt safe staying at the home and the provider had arrangements in place to respond to suspected abuse. Positive comments were received from people and relatives we spoke with about the relationships they had with staff and people felt safe in their company.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported safely with their medicines by staff and we observed people having their medicines when they needed them.

People received effective care and gave positive feedback about the staff that supported them. We received positive comments from people we spoke with at the home and relatives about the staff. One relative commented, "The staff are very knowledgeable. They're very calm and take things in their stride."

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. People's support records reflected people's involvement and the decisions made in their care planning. Staff understood the needs and preferences of the people they cared for.

People were involved in activities of their choice and staff continually ensured the support people received was in line with their wishes.

There were arrangements in place for obtaining people's feedback about the service. The provider had a complaints procedure and people felt confident they could speak with staff about matters of concern. People who had raised concerns felt they had been listened to and thought the manager was approachable.

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.

There were sufficient numbers of staff to meet people's needs and appropriate recruitment procedures were in place.

Risks to people were assessed. This helped to ensure people were safe when receiving care from the staff.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Good



Is the service effective?

The service was effective.

Staff received appropriate support through a supervision and training programme.

The manager was reviewing requirements of the Deprivation of Liberty Safeguards for each person.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



Is the service caring?

The service was caring.

People and their relatives reported that staff treated them with kindness, dignity and respect.

People were given opportunity to express their views about the care they received.

Good



Is the service responsive?

The service was responsive to people's needs.

People made choices about their daily lives and the support they received.

People were involved in care and support planning and reviews.

People were supported to maintain their independence through educational and social activities.

Good



Is the service well-led?

The service was well-led.

People and staff spoke positively about their relationship with the senior management team.

There were quality assurance systems in place to monitor the service provision and safety.

Good



Dimensions Newton House

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.

The inspection took place on 12 August 2015 and was unannounced. The last inspection of this service was in September 2013 and we had not identified any breaches of the legal requirements at that time. .

On the day of the inspection and the following day we spoke with two people and four relatives of people who

received care from the service. We also spoke with three members of staff, the manager, an advocate and an Independent Mental Capacity Advocate (IMCA). IMCA's assist people who lack mental capacity to make key decision in their lives.

Some people who used the service were unable to tell us of their experience of living in the house. For those who were unable we observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, accident records, complaints, surveys, audits and training records.

Is the service safe?

Our findings

People felt safe and the provider had arrangements in place to respond to suspected abuse. Positive comments were received from people and relatives we spoke with about the relationships they had with staff and people felt safe in their company.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults and there was a written “Stop Abuse” procedure to follow. This included how to report safeguarding concerns both internally and externally and provided contact numbers. The guidance was also displayed for all to access on the communal notice board.

Staff understood the term “whistleblowing”. This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told that staff files were held in head office. The files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member’s identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Risks to people were assessed and where required a risk management plan was in place to support people and keep them safe. These assessments were personalised to people’s individual assessed support needs and reflected their own daily lives. For example, people attended a local day centre and a gardening project. Within the person’s records, support and guidance for staff was recorded. The level of detail recorded what works well and what to do if things do not work so well. These risk management plans enabled the person to live an independent life as far as possible.

Additional risk assessments and management plans were recorded within people’s care records to guide staff in relation to positive behaviour management. For example, where people may occasionally present behaviour that may be challenging, guidance showed how staff could support the person during these periods. The guidance showed what events may trigger a change in behaviour. For example, a change of routine may contribute to a change in behaviour or the warning signs the person may become aggressive. The guidance showed the proactive and reactive ways staff members should support the person during this time.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening in the future. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the manager. Recent incidents had been acted upon and staff had taken action where necessary.

Staffing numbers were sufficient to meet people’s needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. We observed that there were sufficient staff to help people if they needed and we observed people having ‘one to one’ time with staff. The registered manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service.

People were safely supported with their medicines by staff and we observed people having their medicines when they needed them. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately. Staff had received training in medicines. Owing to people only staying a few days a week they brought their own medicines to the service. We found that the provider had an appropriate recording system to audit medicines particularly when noting a stock balance of the person’s medicines on entering and leaving the home.

Is the service effective?

Our findings

People received effective care and gave positive feedback about the staff that supported them. We received positive comments from people we spoke with at the home and relatives about the staff. One person we spoke with said, "The staff are nice and I feel safe. If I felt sad I would go to the staff. I'm happy today." One relative commented, "The staff are very knowledgeable. They're very calm and take things in their stride. X is more independent and X opens their feelings and tells them everything."

New staff completed an induction training programme. New staff attended an initial one day induction that included learning about the provider and the expectations whilst in employment with the provider. The remaining induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety, moving and handling and infection control. A new induction training programme has recently been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff.

The training records showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in fire safety, nutrition and medication had been completed. A number of staff had also completed the Intermediate Diploma of Health and Social Care. The provider had a training programme throughout the year that ensured staff training was updated when required. A member of staff told us, "They're hot on training and we get a two month reminder when our training is due."

Additional training specific to the needs of people who used the service had been provided for staff. Training in autism awareness, de-escalation techniques, epilepsy emergency plan training and Percutaneous Endoscopic Gastrostomy (PEG) training had been undertaken by staff. One person who stayed at the home had a PEG tube fitted to help them to eat and drink safely.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervision meetings covered topics such as mandatory training, the employee's welfare,

people's care and support needs together with any other areas of discussion the staff member wanted to address were discussed. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. We made observations of people being offered choice during the inspection, for example what the person wanted for lunch or what social activities they wanted to undertake during the day.

Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques such as; the use of pictorial indicators; making clear eye contact; using simple sentences; and writing on a person's white board which gave them time to read the information and then decide. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible.

The manager told us they were reviewing their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so. People were continually supported by staff and where needed the service ensured people had access to an Independent Mental Capacity Advocate (IMCA) present during meetings to determine what was in the person's best interest. On the day of our inspection an IMCA and an advocate was visiting an individual in order to assist them to consider their long term living plans.

The food was nutritious and served at the correct temperature and consistency, according to the person's needs. Staff supported people to buy fresh food, fruit and vegetables from the supermarket. We spoke with one person who stayed at the house and they told us they liked the food and their favourite was ice-cream. One relative told us they thought the food was good but had requested that their relative did not eat too much fast food. We observed that drinks and snacks were available throughout the day. Staff talked to people about what they would like

Is the service effective?

to eat and healthy food was offered as an option, particularly in the evening when most people were together in the house. Although people were encouraged to eat a healthy balanced diet one person wanted to eat pizza and another person requested snacks. Their requests were respected by the staff.

Where a person required assistance to eat and drink safely staff provided support in accordance with the care plan guidelines. Where appropriate professional advice had been sought regarding the consistency of food and the use

of the PEG. All staff had been trained by a health professional to use the PEG equipment. The correct procedures to follow were clearly identified in the person's care plan.

People were supported to use healthcare services. We saw within everyone's care records that appointments were recorded. For example, where necessary appointments had been arranged with dieticians, nurses, speech and language therapists and mental health assessors.

Is the service caring?

Our findings

People and relatives spoke positively about the staff and told us they were caring. They told us the staff were skilled and knew what they were doing; one relative said; "The place is wonderful. X is more independent. They make x see things differently and they go shopping with X. X won't go with me. X opens their feelings to staff and tells them everything." One person who stayed at the house told us; "The staff are nice. I feel safe and I'm happy today." Another person told us they liked the staff when they were staying at the house. Two health professionals commented that people are well cared for. One person commented that the staff are "very professional and sensitive to X's needs without compromising their best interests"

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. Relatives had mentioned qualities in the staff they particularly liked, such as staff members being "friendly" and "calm and take things in their stride." We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans, for example offering to accompany them to the park or sitting outside in the sun which two people had accepted and went out.

Care plans contained detailed information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, we saw within records that provided guidelines such as maintaining eye contact, use simple sentences, speak clearly and use visual aids whilst offering a clear

explanation. Observations made during the day showed staff understood the person's communication needs. Staff we observed were patient, understanding and genuinely warm towards the people they cared for.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs. They were able to explain how behaviour that may challenge was managed and reduced through different methods. Staff understood the risks associated with some people's behaviour and how their behaviour may change inadvertently because for example of a change of routine.

People were supported to be involved in day to day decisions about their care such as food choices, clothing and activities. Other decisions involved family members and a wider circle of health professionals. This was dependent on the issue such as epilepsy management and longer term living arrangements. People had access to advocates to assist them to make key decisions in their lives. Relatives told us they felt involved and their relatives lived their lives as they wished and in accordance with their preferences. For example, one relative had expressed that their relative's visit to the local college was not working and they suggested an alternative activity which they knew their relative would prefer. The service fully supported this decision and enabled the person to attend the preferred activity. The relative told us they thought their support regarding this particular decision had been "excellent."

People were encouraged to bring their own personal items when they stayed at the home. One person showed us their bedroom and told us they were happy with how it was decorated. They showed us the items that they brought to the home that were personal to them.

Is the service responsive?

Our findings

People received care that met their needs and staff assisted them with the things they made the choices to do. We observed that people were content living in the home and they received the support they required. During conversation, people were positive about the choices they had and the freedom the service gave. We saw that there were systems in place to ensure that staff were matched to the needs of the person they supported. One relative told us that their relative did not want a male carer and the service adhered to their request.

Where required, a behaviour management plan was held within people's records. These showed what may make a person anxious, upset or distressed and how staff could support the person during this time. This information within the records meant staff were aware of personal information about the person that may help to reduce or eliminate distress or anxiety.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented.

Each person's care plan included personal profiles which included what was important to the person, how best to support them and their personal goals. For one person this included staying calm and enjoying relaxation time and building relationships with staff. Due to their medical condition the person was at risk from falling out of their bed. The service reviewed the person's needs by consulting with the person's main carers, community nurse, occupational therapist and social worker to discuss and agree the person's night time support. Additionally, to enhance the person's well-being an action plan was implemented regarding the introduction of an exercise programme. A referral was made to the appropriate health professional to consider options.

Relatives we spoke with felt the level of communication between them and the service was good and they confirmed that they were contacted and offered the option of attending care plan reviews and meetings relating to their relative's best interests.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to undertake them. The manager and staff told us that although there was a record, people in the service were supported in what they wanted to do. Some people liked a structured routine and their timetable would not change, however others could change their mind at short notice. This demonstrated the service knew people well and were able to be responsive to their changing needs.

On the day of our inspection people were engaging in different activities such as attending the day centre, sitting in the garden and visiting the park. People also engaged in other activities such as shopping, going to the cinema and the pub. The records showed that time was spent with staff discussing food choices for the week. Time was also allocated for food preparation if people wanted to become involved. The majority of the feedback received was positive about the activities provided. One relative did comment; "It's very good and a lovely place. I just wished they did a bit more. X has been to the firework display and the pub but X tends to stay in their bedroom, but it is difficult to get X out." The relative explained that the person also spends a lot of their time at home watching the television and will not tend to leave their bedroom.

One person we spoke with told us they would feel able to raise a concern when necessary and would approach a staff member. Within the service there was a complaints process in an 'easy read' format to ensure people were able to understand the process or who they could contact. Relatives felt they would be listened to if they raised a concern. We discussed an informal complaint a person had raised with the service. They told us their concern had been acknowledged quickly and resolved with a satisfactory outcome. There were systems in place to respond to complaints and this was set out in a written policy. The service had not received any formal complaints this year to date.

Is the service responsive?

The compliments file held a number of cards praising the service. One recent card included the wording; "Thank you and all the staff for their great care of X. X loved so much being there always. You have all been so kind and caring.

My mind was always eased knowing he was always happy and safe in your care." One relative told us; "I wish it was bigger and they could take people permanently. I would recommend them to anyone. They're fab."

Is the service well-led?

Our findings

People were aware of who the manager was and told us that in addition to the support staff, the manager was easy to speak with. Positive comments were received about the manager. When we spoke with the manager it was evident they knew people well and understood their individual needs. One relative described the manager as “excellent and I have nothing but praise for X and they’re very approachable.”

The service issued an informative family newsletter. The newsletter identified changes that were occurring with the company and also advised people of the Commission’s new inspection methodology and regulations. It also highlighted where actions had been taken in response to raised issues.

The service has a family forum which had put together a vision of how the provider would work with families. The recent published newsletter identified the work that had been achieved so far and the work that still needs to be taken forward. An example of what they said they would do was to provide useful and practical information booklets. This resulted in the forum developing a series of factsheets, a guide to the Mental Capacity Act and booklets to help families understand person-centred reviews. There was a clear emphasis on being open and transparent and the need to continually strive to improve.

The manager held meetings to communicate with staff about the service. The manager told us that staff meetings were held approximately every month. Minutes of the meetings demonstrated that matters general to the home were discussed at these meetings such as people’s care needs, house-keeping, staffing and training.

Staff we spoke with took real pride in their work and felt well supported by their manager. Staff comments included; “We’re always being asked what we think and they value what you say. We’re listened to”; and “The manager is excellent. I really like it here. It’s the best home I’ve worked for. There’s a positive environment and we work as a team. The staff are well supported.”

People were encouraged to provide feedback on their experience of the service and monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives if they wished to give their views.

The most recent annual review identified the issues people were most pleased with such as staff enabling people to do the things they wanted and they were supported to stay safe at their home. The survey also identified things that people were worried about. This included people feeling concerned that they did not always get to choose new staff. The provider published the results of the survey and provided assurances that would do something about the things that people were worried about. One of the areas they have implemented is to involve people who use the service during the interview process.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm and equipment tests were completed and water temperatures and legionella tests were also completed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.