Dimensions (UK) Limited

Dimensions 30 Church Road

Inspection report

30 Church Road
Locks Heath
Southampton
Hampshire
SO31 6LU

Tel: 01489885981

Date of inspection visit:
20 July 2017

Date of publication:
22 August 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?	Requires Improvement

Summary of findings

Overall summary

30 Church Road is registered to provide accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder.

We inspected the home on 20 July 2017. The inspection was announced 24 hours in advance because the service was a small care home for younger adults who may be out during the day. There were three people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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 range of systems in place to assess and monitor the quality and safety of the service and to help ensure people were receiving appropriate support. However, the provider had not managed to drive through improvements to the environment, which required action by the housing provider. Some areas of the home were in need of repair and redecoration and did not promote the dignity of the people living there.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. Agency staff were being used to maintain sufficient numbers of staff to meet people's current needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place.

People and their relatives or representatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences.

The service was responsive to people's needs and there were systems in place to help ensure any concerns or complaints were responded to appropriately. People were supported to do the things that interested them, maintain relationships and to participate in community activities.

The registered manager demonstrated an open management style and provided leadership to the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider checked staff's suitability for their role before they started working at the home. Agency staff were being used to maintain sufficient numbers of staff to meet people's current needs.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who received relevant training and supervision.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. The manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence and involved them as much as possible in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

There was a process in place to deal with any complaints and people were supported to express any concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

While quality assurance systems were in place to monitor and identify improvements within the service, the provider had not always driven through improvements, particularly in relation to the environment.

The registered manager promoted an open and inclusive culture and staff received support and felt well informed.

Dimensions 30 Church 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. The inspection was planned to check whether the provider was 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.

We visited 30 Church Road on 20 July 2017. The inspection was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service and the service provider, including notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We used a number of different methods to help us understand the experiences of people using the service because the people had complex needs, which meant they were not able to tell us their experiences. We obtained feedback from a relative of one person and two external professionals. We spoke with the registered manager and two members of staff. We observed interactions between staff and people using the service.

We looked at a range of documents and written records including people's care and support plans, risk assessments, staff recruitment and training files. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

This was the first inspection of 30 Church Road since the current provider took over the running of the service in November 2016.

Good

Is the service safe?

Our findings

A relative confirmed staff worked in ways that promoted the person's safety.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the policy and procedures for protecting people from abuse or avoidable harm. Staff understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action. The registered manager showed us how they carried out daily checks on people's money and the records they kept to protect people from financial abuse. In addition to these checks, the provider carried out finance audits.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, including accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well. Examples of this included risks relating to mobility, choking, or unpredictable behaviour.

Occasionally people became upset, anxious or emotional. Staff demonstrated their knowledge of people's behavioural support plans and appropriate action such as verbal reassurance and redirection or withdrawing and giving people space and time. Staff were aware of the provider's policy and guidelines around not using any forms of control and restraint.

There were plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Regular health and safety checks, fire alarm tests and drills were carried out and staff attended relevant training. Equipment was checked and serviced at regular intervals.

Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. There were two staff on each of the early and late shifts and one sleeping staff member on duty at night. The registered manager told us there had been problems recruiting staff and so agency staff were being used. Comments we received from external professionals suggested that the agency staff used were not always confident with supporting people. The registered manager told us they tried to ensure that an experienced member of staff was on each shift if and when agency staff were used. This was reflected in the rotas we saw. Records showed the registered manager obtained confirmation of the training completed by agency workers. An on-call system was in place to deal with emergencies including any unforeseen staff shortages.

There were safe recruitment and selection processes to make sure staff were suitable to work with people. We looked at the records for three staff including a recently employed member of staff. These included evidence that pre-employment checks had been carried out, including written references, employment

histories and satisfactory Disclosure and Barring Service (DBS) clearance. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

People's medicines were stored and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. There were individual support plans in relation to people's medicines, including any associated risks. Clear guidelines were in place for the use of 'as required' (PRN) medicines and a member of staff demonstrated their knowledge of these. Two staff administered each person's medicines after appropriate checks were completed. A weekly audit of medicines was completed by a senior member of staff which included a stock check to ensure all medicines were accounted for. Staff received training and updates in the safe administration of medicines, which included competency assessments.

Good

Is the service effective?

Our findings

A relative said they felt the staff had the right qualities and skills to support the person effectively. We observed that staff interacted with people using the service in a calm and positive manner.

Staff had received regular training to enable them to provide effective support to people, such as moving and handling, fire safety, infection control and first aid. Additional training was provided for staff around people's specific needs, such as epilepsy. Further training was being scheduled around positive behavioural support as it had been identified that not all staff were confident in supporting one person. New staff completed an induction that included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff. A member of staff told us they had found the induction helpful as "A framework to build upon".

Staff were further supported in their roles through a system of supervision and appraisal meetings. They told us there were regular meetings with the registered manager that provided an opportunity to discuss any issues as well as their personal development and training requirements. They demonstrated knowledge and understanding of people's needs and said they felt well supported in their work.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others, such as an independent mental capacity advocate or legal representative. Whilst staff we spoke to demonstrated a good understanding of the MCA, an external professional felt that this was not always the case and had drawn their attention to this. However, they had also identified areas of good practice where staff supported a person in making their own choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of DoLS and had applied for appropriate authorisation where required. Where necessary restrictions were in place, these were clearly documented in people's support plans.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements, routines and preferences. Plans included support guidelines for mealtimes and where necessary, speech and language therapy (SALT) assessments had been undertaken to assist staff to minimise the risk of choking for people who had difficulty swallowing. Staff used pictures and other methods to help people make choices about what they ate and drank. A relative told us staff "Help him to choose his food using pictures" and "He's well fed".

People had Health Action Plans that had been reviewed in June 2017 and they received regular health checks including those by dentists and opticians. Staff were proactive in requesting visits or reviews from health professionals, such as GP's or other health care professionals. Staff recorded all contacts and visits from health professionals in people's care plans and followed up any appointments where required.

Good

Is the service caring?

Our findings

A relative spoke positively about the caring attitude of staff and said "I don't think they can do anything more to make his life better". They told us "He is always clean and well kept" and that staff "Bring him home for visits, for lunch. They take him out for a pint, tea and cakes, that sort of thing. They take good care of him".

There was a good rapport between the registered manager, staff and people who used the service. Staff communicated effectively with people and promoted a calm and friendly atmosphere in the home. The registered manager and staff spoke fondly and with knowledge and understanding of the people they supported. People's relatives or representatives were encouraged to be involved in their care and support. This involvement included taking part in formal care reviews with staff as well as day to day contact with the service.

Staff knew people's individual communication skills, abilities and preferences. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support.

Records of tenants meetings also showed staff involved people in decisions about their care and support, for example menu planning, house decorating and activities. A member of staff spoke about "Learning the non-verbal communication" so that "People can still make choices". They told us "All the team play a big part in their lives, ensuring they are safe, all striving to give the best support (for people) doing the things they like to do".

Staff respected people's privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

Good

Is the service responsive?

Our findings

Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives or representatives were encouraged to be involved in this process. Following the initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and provided staff with information about how to meet the person's needs.

Care plans were written in a personalised way and included information about what and who was important to the person. People's plans gave clear guidance about people's preferred ways of communicating. Activities and tasks were broken down into clear steps for staff and the person they were supporting. For example, a person's mobility support plan provided detailed actions for staff to follow when assisting the person from a lying to sitting position and vice versa. In this way a consistent and personalised approach had been developed that responded to each person's needs and promoted their independence. Staff kept daily records showing how they provided support in accordance with the guidelines. An external professional had identified good practice in the way staff were managing one person whose needs were increasing.

Staff monitored people's changing needs through reviews and observation and this was recorded in their support plans. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. The registered manager was having discussions with service commissioners about one person's future needs. A relative confirmed that the service was responsive to people's changing health needs. They said they were kept informed about any significant events affecting the person receiving care.

People were supported to do the things that interested them, maintain relationships and to participate in community activities. People's activities included day services and individual interests such as music, hand massage, horse riding and trips to the cinema, shops and cafes. A person was supported to visit their relative regularly. A member of staff said that while people "Get out and do nice things" they would "Benefit from more hours regarding activities out". This was particularly in relation to one person whose behaviour could be unpredictable. They told us the registered manager was looking at changing the day a particular activity took place to better match the person's support needs.

As part of the service improvement plan, one of the actions was for the registered manager to ensure that the people being supported were given the opportunities to attend their chosen activities by having the appropriate commissioned hours in place. The registered manager told us a meeting had been held with commissioners to discuss hours and additional hours had been requested, with particular reference to one person being supported to do a particular activity.

The registered manager told us they had received no complaints about the service. A complaints procedure was in place and this was also made available in an easy read picture format for people who were unable to read complex information.

Requires Improvement

Is the service well-led?

Our findings

A relative said the service was "Excellent". They told us they were kept informed of any issues affecting their family member and they were "100% happy with the service".

We received mixed feedback from two external professionals about the effectiveness of the way the service communicated with them. Both external professionals told us that improvements could be made to the stability of the staff team.

The provider had not managed to drive through improvements to the environment. Some areas of the home were in need of repair and redecoration and did not promote the dignity of the people living there. The guttering at the rear of the building was rusted and broken in places. Indoors the skirting boards were worn, there were broken tiles in the downstairs wet room and cracked plaster on the wall in the utility room. The decoration in people's bedrooms also appeared tired and worn, despite the efforts of staff who had been involved in painting and decorating some of these areas and the communal lounge. The registered manager acknowledged the home "Has a neglected feel about it, which doesn't help us". Environmental audits were completed and action plans developed, however not all actions were completed because this required the housing provider to deliver maintenance to the home. The registered manager told us the housing provider had been unresponsive to requests from the service to provide the required maintenance.

One of the actions on the service improvement plan was for the registered manager 'to ensure fire actions highlighted in the fire risk assessment are carried out by the housing provider'. The service provider's health and safety team had recommended that the doors to the rear of the building be considered as an escape route in the event of a fire. This would entail improving the emergency lighting and wheelchair access. The registered manager told us the housing provider did not agree with the recommendation and showed us records demonstrating the service was continuing to chase the matter.

The registered manager promoted an open and inclusive culture within the service. Staff had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any concerns with the manager and were confident that they would be addressed. Records of staff meetings showed that discussions took place in relation to policies, procedures and role expectations. Matters involving the support of people who use the service could also be raised and discussed. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.

Regular audits of the quality and safety of the service took place and were recorded. These included checks carried out by the manager and through the organisation's quality assurance team. The provider had undertaken a full audit of the service in relation to meeting organisational and regulatory standards. The registered manager had an action plan in relation to the continuous improvement of the service.

One particular action for the registered manager was to ensure all the service documentation was transferred from the previous to the current provider's systems and format, which was to be completed by November 2017. The registered manager acknowledged this was a challenge particularly as they worked part-time and was also responsible for managing two of the provider's other services. The registered manager was supported by an assistant locality manager across the three services. The registered manager had a good understanding of the challenges and areas where improvements or developments were needed. They were positive about working through the recent organisational changes with the inclusion of the established staff team, so that people continued to receive consistent care.

There was a system for recording, monitoring and taking action in relation to accidents and incidents. For example, following three medicines errors in April and May 2017, which had no adverse effects on people using the service, the registered manager had worked with staff to increase vigilance around checks and communication with the pharmacy.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.