

Dimensions (UK) Limited

Dimensions 7 School Drive

Inspection report

Spadesbrook House
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Bromsgrove
Worcestershire
B60 1AX

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Dimensions 7 School Drive is a home for people living with a learning disability. At the time of the inspection there were five people living at the home.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was small domestic style property. It was registered for the support of up to five people. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People liked and were comfortable around staff who understood how to keep them safe. Staff knew the risks to people's health which were also documented in people's care plans. The registered provider had a centralised system for recruitment and checking the background of potential staff. Staff and relatives we spoke with told us staffing was sufficient. Staff had received training and undertook checks to ensure people received their medicines safely. Changes made to people's care were shared with staff so staff understood how to support people.

People's care was based on best practice standards and staff had the correct training to meet people's needs. Guidance on people's care was also shared through supervision and staff meetings. People were offered choices at mealtimes and supported with a specialist diet where appropriate. People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care.

People liked and responded warmly to staff who understood their individual needs and care requirements. Care staff communicated with people in ways that was appropriate for each person. Care staff treated

people with dignity and kindness and respected their personal items and space.

People were encouraged to develop interests and take part in activities that they enjoyed. People's care plans were reviewed and updated in line with changing needs and preferences. People and their families were encouraged to speak with the staff and management of the home to ensure people received the care they needed. A system was in place to investigating and responding to complaints.

The registered provider had not always checked that notifications for the approvals of a Deprivation of Liberty had been submitted to the CQC as required. When this was identified during the inspection, this was immediately addressed and no harm had come to people.

An action plan was in place and progress was being monitored by the registered provider to ensure people received the care they needed. The registered provider was also supporting a new manager that had taken up the post. Work with other partners was also ongoing and the manager was keen to develop further the links with the local community.

Rating at last inspection: Good (21 September 2017)

Why we inspected: The inspection was prompted in part due to concerns received about how risks to people were managed. A decision was made for us to bring forward a planned inspection and include those risks.

The information CQC received about the incident indicated concerns about the management of falls from moving and handling equipment. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well led sections of this full report.

Follow up: We will continue to monitor notifications sent into us.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dimensions 7 School Drive

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector in the inspection team.

Service and service type

Dimensions 7 School Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Although the service had a registered manager they had resigned the day before the inspection, and a new manager had started who intended to register with CQC. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also gathered feedback from health professionals and commissioners who work to find appropriate care and support services for people and fund the care provided.

During the inspection we spoke with three staff, the deputy manager and the manager. People were not able to verbally communicate with us. We therefore observed their interaction with staff and we also spoke with one relative after the inspection. We reviewed two care plans and systems for checking people's care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable, relaxed and at ease in the company of staff. A relative told us they had no concerns for their family member's safety and felt assured staff would keep their family member safe.
- Staff understood how to report any concerns they may have and the process for doing so. Notifications we reviewed prior to the inspection confirmed these had been sent in promptly.

Assessing risk, safety monitoring and management

- We reviewed practices for transferring people following a recent incident at the home where a person was injured. Equipment such as hoists had been serviced regularly. People had individual slings and slings had been assessed to ensure their suitability for each person. Training had also been provided to staff to move people safely.
- Care plans we reviewed detailed the risks to people's health and how these should be managed. For example, where people used lap belts to prevent them from falling, the reason and instructions for staff were detailed for staff to refer to. Staff could explain to us the risks people lived with and how they mitigated those risks.

Staffing and recruitment

- We saw people being supported in a timely way. A relative told us they had seen some changes care staff but they felt assured there were enough staff to support people.
- The registered provider had a process in place for reviewing the background of potential staff and checking their suitability to work at the home.

Using medicines safely

- People received support with their medicines. Regular checks were carried out by staff to ensure the correct support was given. Processes were in place to order and store medicines appropriately.

Preventing and controlling infection

- 7 School Drive was clean and odour free. We saw staff help to keep the spread of infection to a minimum. Staff had also received training to minimise the risk of infection spreading.

Learning lessons when things go wrong

- Staff meetings were used to clarify issues connected with people's care.

Is the service effective?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were shaped following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to supervision to training and support. Staff received regular supervisions and were offered opportunities to raise any issues they had through team meetings.
- Staff told us they had regular reminders to ensure they attended training to ensure their training was undertaken in a timely way.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choices in the meals and drinks offered to them. A relative we spoke with told us they were happy with the choices offered to their family member. People that required special diets were supported to have these.

Staff working with other agencies to provide consistent, effective, timely care

- Staff explained how they worked with a number of different agencies to support people. They told us about how they worked with learning disability nurses and the physiotherapy team to ensure people received the support they needed.

Adapting service, design, decoration to meet people's needs quire nursing or personal care.'

- Dimensions 7 School Road reflected items that were personal to people. People were surrounded by items that were special or important to them.

Supporting people to live healthier lives, access healthcare services and support

- People had access to support from additional healthcare professionals. During the inspection we saw the GP visit one of the people at the home about an ongoing issue. A relative we spoke with also told us they felt confident staff would seek medical advice when needed. Care plans we reviewed also detailed advice and guidance from the health professionals for staff to refer to.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

- Staff we spoke with understood the difference between protecting people and restricting people unnecessarily. Care plans we reviewed detailed where risks to people were known and how people could be supported without restricting people's liberty. The registered manager had where appropriate applied to restrict a person's deprivation and systems were in place to ensure this was done in a timely way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People appeared relaxed and comfortable around staff. People responded warmly to staff supporting them. We saw people smile and appear pleased to see staff.
 - Staff understood the importance of supporting people in a positive way that ensured people had equal access to care. For example, staff ensured people had the correct equipment in place and that advice and support they received was always to promote their quality of life.
- staff. Staff had received training and gave examples of how they supported people by acting as their advocates and ensuring they were offered the same choices to healthcare as other people.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions in ways that were appropriate for the person. For example, where people used gestures, staff used these to communicate with people and involve them in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A relative we spoke with told us they always saw staff treat their family member with respect.
- Staff understood the importance of treating people with respect and dignity. We saw staff support people with sensitivity and involve them in discussions. We saw staff ensure people had privacy when appropriate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in the process of being transferred from a paper based to electronic format and this process was being used to completely review people's care.
- Care plans we reviewed detailed guidance for staff that was updated following changes in people's needs. A relative told us they were involved in annual meetings to review and update their family member's care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated in ways that were appropriate each person. For example, where people required short sentences, staff used these to speak with people. Where visual prompts were required, staff used these to involve people in making decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff understood the things that were important to people and that they enjoyed taking part in. We saw a person being supported to go to the local town centre and buy food of their choice. The person looked pleased when they returned. A relative told us their family member had been offered lots of opportunities to try different activities and past times.
- People were encouraged to visit local shops regularly and had become regulars which meant staff recognised them and greeted them positively.
- People were encouraged to talk to staff about things they were not happy with. A relative told us they understood the complaints process but had not needed to complain.

End of life care and support

- Where appropriate, people's end of life wishes had been discussed with their families and preferences recorded for staff to refer to.
- Staff understood the importance of end of life care. Staff shared how they had learnt about end of life care from having supported someone at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation.
- We identified on two occasions where notifications had not been sent to inform us of a Deprivation of Liberty Safeguard outcome, which is a statutory requirement. Processes to assess the person's capacity had been followed, but confirmation of the approval of decision had not been sent to the CQC.
- The provider had been open and honest in submitting information to the CQC about accidents and incidents and any concerns about Safeguarding people. The information we reviewed had been submitted in a timely way and all other action taken appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff understood that each person living at the home had very specific care needs and took care in ensuring people received the care they needed.
- Staff described their working environment as very open and staff felt supported by both the deputy manager as well as the registered provider. Some staff had worked at the home for a considerable amount of time and explained they had worked there for a long because they enjoyed working there.
- Accidents and incidents were analysed by the registered provider to understand whether people's care was appropriate for their needs. Where appropriate incidents were investigated. Where changes were required, people's care was amended, and learning shared with staff at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative we spoke with told us they felt able to speak with any of the staff if they needed to about their family member's care.
- Staff told us they attended regular team meetings that gave them an opportunity to ask questions about their work and discuss areas where they may require further information. Staff felt they could raise issues if they were needed.

- Staff told us they felt empowered to support people and would help promote their beliefs. Staff gave practical examples of how they would help people to feel involved which took into consideration any cultural, spiritual and racial differences. Staff also understood some of the barriers people faced as a result of their gender and sexuality and how to try and support people through this.

Continuous learning and improving care

- The registered provider was reviewing people's care through quality assurance checks. We saw that an action plan had been developed for the home to monitor how people's care was being reviewed and updated. The manager explained they were able to review practices at the home with a fresh pair of eyes and identify where changes were needed. Care plans were in the process of being updated onto an electronic system and this was being used as an opportunity to completely review and update people's care.

Working in partnership with others

- The new manager was currently working with managers from the registered provider's other locations to better understand the registered provider's expectations for delivering care. An induction process was in place and this had been developed to help the manager understand people's needs at the home.