Dimensions (UK) Limited

Dimensions 101 Pinewood Avenue

Inspection report

101 Pinewood Avenue
Crowthorne
Berkshire
RG45 6RQ

Tel: 01344773139
Website: www.dimensions-uk.org

Date of inspection visit:
13 April 2016

Date of publication:
17 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 13 April 2016 and was unannounced.

Dimensions 101 Pinewood Avenue is a care home which is registered to provide care (without nursing) for up to four people with learning and physical disabilities. The home is a detached building in Crowthorne close to local shops and other amenities. People had their own bedrooms and use of communal areas that included an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

The home has a registered manager who works full-time within the home and two other small registered services. The registered manager is supported by a deputy manager who also spends equal time between the three registered services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were effective systems to regularly assess and monitor the quality of service that people received. Various formal methods included unannounced visits by one of the organisations regional managers and health and safety audits that were completed by the registered manager. However, following review and assessment of the communal bathroom the provider had not taken action to minimise the risk of infection or improve the layout and equipment used within the bathroom to ensure the safety of people and meet their needs.

The home was clean and comfortably furnished. People had their own bedroom, which were personalised with their own belongings. Staff had received health and safety training that included infection control.

People who use the service used a range of communication methods. These included non-verbal to limited verbal communication supplemented by use of pictures and objects of reference to indicate their needs and wishes.

There were robust processes in place to monitor the safety of giving people their medicine.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a staff team who had received support through supervision and training. Their care plans detailed how they wanted their needs to be met and these were regularly reviewed to ensure they were person centred. Risk assessments identified risks associated with personal

and health related issues. They helped to promote people's independence whilst minimising the risks.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

The registered manager had made a positive impact. People received good quality care. Staff treated people with kindness and respect. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the communal bathroom and equipment within was safe to use for the intended purpose. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not ensured the communal bathroom was hygienically safe or safe in design to meet people's needs.

People were supported by staff of good character who knew how to protect them from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support them.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

Is the service caring?

Good

The service was caring.

People benefitted from a staff team that was caring and respectful.

People's dignity and privacy were promoted and respected at all times by staff and their independence was promoted as much as possible.

Is the service responsive?

Good

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were being reviewed continually to promote person centred care.

Activities within the home were provided for each individual. These were reviewed to ensure they remained person centred.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

The registered manager was open and approachable and promoted a positive culture.

Staff had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

There were audits completed by external agencies such as the supplying pharmacist, local authority and assessments by health care professionals.

Processes were in place to monitor the quality of the service and the running of the home. These included audits of health and safety and reviews of people's care and support plans.

Dimensions 101 Pinewood Avenue

Detailed findings

Background to this inspection

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

This inspection took place on the 13 April 2016. It was carried out by one inspector and was unannounced.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called 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 to us. We spoke with the registered manager, deputy manager and 5 staff. We also received feedback from a local authority care quality officer, adult social care professional, health care professional and an advocate of two people who use the service.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at two staff recruitment files and an agency staff profile. We also looked at staff training records, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Requires Improvement

Is the service safe?

Our findings

People who lived in the home were unable to tell us if they felt safe. Throughout our inspection visit people were relaxed in the presence of staff.

The communal bathroom within Dimensions 101 Pinewood Avenue was not suitable to safely meet people's needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). This was because there was a potential risk for people's safety as the provider had not ensured the communal bathroom and equipment within the home was safe for the intended purpose.

Three people were supported each day by staff to use the facilities within the communal bathroom. One person was a wheelchair user, but also used a walking frame when supported by two staff. The layout of the bathroom had left limited space for staff and for each person being supported to safely manoeuvre when transferring to the bath chair hoist. The bathroom also contained sluice equipment, which did not promote safe infection control. The bath could only be accessed at one side to support people who have a physical disability. At the opposite side there was a gap of approximately 10 inches between the bath and wall, which was a difficult area for staff to reach to keep clean. The same situation was visible at the head of the bath, which was next to a sluice machine and clinical waste bin.

The bath was worn and had stains that staff said could not be removed. Exposed pipework showed signs of corrosion and handrails were rusting, which again did not promote the control of infection. The registered manager told us that they had raised these concerns a number of times with the provider and landlord to no avail. We were informed that an agreement could not be reached between the provider and landlord to fund the refurbishment of the communal bathroom. An occupational therapist had completed a bathing assessment of the same three people in December 2014. Recommendations were made from those assessments that had included removing the sluice and replacing the existing bath with an updated version. A number of other recommendations were made to improve the bathroom layout and equipment to meet people's needs safely, but no action had been taken by the provider to minimise the safety risks identified.

The service had a contract for the removal of clinical waste and staff had access to protective clothing such as disposable gloves and aprons. Staff had received infection control training and were committed to providing a clean and comfortable home for the people who lived there.

There were six full time staff vacancies that were covered by the same agency and bank staff employed by the provider. This had ensured there was sufficient staff to support people safely. This had included one to one support when needed to assist people to access the community, and two to one support for hoist transfer. The rota identified that there were three staff plus the registered manager and/or a senior member of staff to support four people during the day and one staff at night. Staff were deployed to meet people's individual needs safely. An on call folder detailed emergency planning and guidance for staff to summon help or assistance in the event of an emergency.

The provider had effective recruitment practices which helped to ensure people were supported by staff of

good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments had been completed and were signed off by the assessor when the staff member was competent to support people with their medicine. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Medicines were stored securely within a medicine cabinet that could only be accessed by staff. Staff were aware of individuals preferred method of receiving their medicine and of the maximum dose of medicines given as required such as pain reliever. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

People were protected against the risks of potential abuse. Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and where fully aware of the provider's whistleblowing policy. Staff told us that the training had made them more aware of what constitutes abuse and how to report concerns to protect people. They told us if they were not listened to by the manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC). A social care professional told us that they had, "no concerns about the service and the commitment of care workers with meeting the resident's needs". They have been managing to keep all the residents safe from harm".

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded. Health and safety audits where undertaken to promote the safety of people and others within the home that included fire safety such as fire risk assessment of the building and safety evacuation plan for each person who lived in the home.

Good

Is the service effective?

Our findings

People had access to health and social care professionals such as their GP, community nurse and occupational therapist and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. For example, "things you should know / things that are important" to the person and of their "likes and dislikes". This was used to promote positive communication of people's needs between services and to minimise unnecessary anxiety for the individual when attending health care appointments. People's care records detailed outcomes from relevant health care appointments.

People were encouraged to make healthy living choices regarding food and drink from picture menus and symbols and/or by use of limited verbal communication. Meals were prepared and well presented to meet people's individual needs and alternative choices of the main meal were offered. Staff were seen to be supportive towards a person who required full assistance from staff to eat their meal. People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider had signed up to the care certificate, which is a set 15 standards introduced in April 2015 that new health and social care workers need to complete during their induction period. The registered manager confirmed that staff training was now linked to the new standards, for existing staff to refresh and improve their knowledge.

Staff told us they had the training and skills they needed to meet people's needs. Staff completed training which included safeguarding, fire safety and moving & handling as well as training to support specific individual needs such as epilepsy. However, due to staff turnover new staff had not received training to support people's specific health care needs such as stoma care, diabetes and pressure care. The registered manager commenced enquires on the day of our visit and arranged training for staff to give them a heightened awareness of people's health conditions and how to support them effectively. For example diabetes training for staff was scheduled to take place on 4 May 2016.

Staff told us that they felt supported by the registered manager. They had attended regular staff meetings and had received one to one supervision and appraisal that supported their development needs. Staff said they had completed regular updated training and were very positive about the registered manager and working together effectively as a team.

People's rights to make their own decisions where possible, were protected. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

Good

Is the service caring?

Our findings

People were relaxed and comfortable with staff and responded to them in a positive way. Two people communicated their needs through the use of limited verbal interaction. Other forms of communication used by people included body language, sounds and objects of reference.

People were clearly understood by staff when they made choices and expressed their views. They expressed smiles in recognition of what was being said to them by staff, whilst being treated by staff in a caring and respectful manner. Interactions between people and staff clearly showed people felt valued. For example, general comments from staff, such as, "here you are (name), a nice cup of tea" and staff appearing genuinely interested in what the person had to say.

Staff told us that people were encouraged to be as independent as possible. We saw this throughout the day of our visit. Staff encouraged people to make decisions and supported plans that people had made earlier in the day, such as going for a walk in the afternoon and spending time in the garden.

People's care plans centred on their needs and detailed what was important to them such as contact with family and friends. Care plans included "my end of life plan". This detailed information about the person and their wishes and asked the person to confirm questions such as the name of people they would like to see if they become ill. However, these were not fully completed. The registered manager told us that they had asked people's representatives who spoke on behalf of the person, but had not received a response. People's religious beliefs were specified within their care plan and people were supported to attend religious services of their choice.

Information about advocacy services was available to people. An independent advocate for two people stated, "I have made several visits to Pinewood in my role as advocate for two of the gentlemen who live there. The home presented as welcoming and friendly and the staff who were present during my visits appeared to have a positive and enabling relationship with the residents. The residents appeared to be treated with consideration and respect".

Staff completed training that covered dignity and respect and made reference to promoting people's privacy and of equality and diversity training that they had received.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and the professionals involved in their care. Information from the assessment had informed the plan of care.

The registered manager had completed a review of people's records to make sure all information required was readily available for staff to support people. There were five files for each person, which included their support plans and review documentation. The examples seen were thorough and reflected people's needs and choices. These were split into sections to describe what was important to the person and described how the person wanted to be supported with their personal care. Staff told us that they felt there was enough detailed information to support people in the way they wanted to be supported.

People's care and support needs were reviewed at least annually or as changing needs determined. The registered manager made sure referrals were made to health and social care professionals who were directly involved in the joint review process of people's needs. A social care professional told us that they had identified issues in relation to the suitability of the building, as the mobility needs of some of the people had changed. The professional stated, "I have requested nursing and health needs assessments from the community nurses and GP". A health care professional told us that they had commenced a review of people's needs following referral.

People were involved as much as they could be in the review process. An independent advocate for two people told us they had met with the people in preparation for their care reviews. The advocate stated, "I met them both in the communal lounge and one of the reviews was held in the resident's bedroom at his request".

Daily reports and monitoring records about each person's life were completed. These included details of appointments that the person attended visits/contact they have had with their family or advocate, and of activities they had participated in throughout the day.

People were supported to maintain their independence and access the community. There were activity records individual to each person that detailed what they liked to do on a weekly basis. These included attendance at a daycentre, which was not linked to the provider organisation. On the day of our visit two people were being supported by staff to the shops and to a new café in town. Staff said that the café was, "very welcoming towards the people they were supporting". One person enjoyed some time in the garden, whilst another person enjoyed an afternoon walk that had been previously planned.

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection the service had not received any formal complaints. Staff told us they could tell if a person was unhappy. They said they would talk with the person and watch for signs that may indicate what the concerns were and report those concerns to the registered manager.

Good

Is the service well-led?

Our findings

There was a registered manager at Dimensions 101 Pinewood Avenue who registered with the Care Quality Commission (CQC) on 1 January 2014. The registered manager and deputy manager were both present during our visit.

People and those important to them had not been given full opportunity to feedback their views about the home and quality of the service they received. Residents meetings were held, but the last meeting had taken place in April 2015. The registered manager had recognised that this was an area for improvement and had produced a questionnaire to support future resident meeting. This was being further developed to support and enable people to comment about the services. Feedback about the services provided had been received from people, their families and advocates through care reviews.

There were audits completed by external agencies such as the supplying pharmacist, local authority and assessments by health care professionals. The registered manager had acted on those assessments to improve the service. Additionally the registered manager had informed the provider and landlord of recommendations made to promote people's safety when using the communal bathroom. However, at the time of our visit action had not been taken by the provider to improve the safety of the bathroom to meet people's needs.

Internal processes were in place to monitor the quality of service being delivered and the running of the home. These included audits of health and safety such as fire, legionella and hot water outlets to minimise the risk of scalding. Furthermore staff training and people's care and support plans were reviewed regularly to ensure staff had the knowledge and skill to meet people's needs safely and effectively.

Staff described the registered manager as open, approachable and supportive. The registered manager and deputy manager regularly worked alongside staff which promoted a positive culture. Staff told us that despite the high usage of agency staff they worked well as a team. Staff had confidence that the registered manager would listen to any concerns they had and that they would be received openly and dealt with appropriately. Additionally they informed us that the registered manager kept them informed of any changes to the service provided and needs of the people they were supporting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured that the premises used by the service provider were safe for their intended purpose. Regulation 12(2)(d)(e)(h).