

Dimensions (UK) Limited

# Dimensions The Mulberries

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Dimensions The Mulberries is a care home for up to 7 people with learning disabilities and/or autism. At the time of our inspection, 5 people were living at the service.

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, they needed to make improvements to fully meet these.

### Right Care

People mostly received care that was kind and staff respected their privacy, but we saw people were not always treated with dignity and respect at all times.

Staff understood and responded to people's individual needs. They communicated with people in ways that met their needs. The service gave people care and support to meet their sensory and physical needs, but some areas of the environment was not always kept sufficiently clean or safe at all times.

The service had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

### Right Support

Staff supported people with their medicines, but the medicines management arrangements were not always effective.

Staff enabled people to access health and social care support. Staff helped people to enjoy a variety of activities at home and in the community.

The provider follow appropriate recruitment procedures to ensure only suitable staff were recruited to work at the 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.

### Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support.

There was a culture of supporting people to receive compassionate care that was tailored to their needs, but we received mixed feedback about the leadership at the home.

The service involved relatives and advocates in planning and reviewing people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 December 2018).

#### Why we inspected

We received concerns in relation to providing safe support to people. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We inspected and found concerns about people being treated with dignity and respect so we widened the scope of the inspection to include the key question of caring as well.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions The Mulberries on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to dignity and respect, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have also made a recommendation regarding mealtime support.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always 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 The Mulberries

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 2 inspectors, 2 pharmacist inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dimensions The Mulberries is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Dimensions The Mulberries is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During our visit we spoke with 2 visiting relatives of people who use the service, 3 support workers, 1 senior support worker and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records relating to the management of the service including 2 people's care plans and records, medicines support records, health and safety records, and quality checks of the service. After our visit we also spoke with 3 relatives and 1 professional involved with a person who uses the service. We continued to seek clarification from the provider to validate evidence found. We looked at procedures, care records, staff training and staff recruitment records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety and well-being not always managed consistently so as to support people to stay safe at all times.
- There were arrangements in place for preventing and controlling infection but these were not applied consistently. Areas of the communal kitchen were dirty and required cleaning, including parts of the floor, cupboards, the freezer and the oven. There were dirty information posters and shower fittings in a bathroom. This indicated some areas were not kept clean to promote good hygiene practice. We discussed these issues with the registered manager and they arranged for staff to clean these places during our inspection.
- Staff checked hot water temperatures around the home regularly. The form for recording these checks in 1 bathroom stated temperatures over 43°C should be addressed without delay to minimise the risk of scalding people. However, records for the 3 weeks prior to our visit recorded temperatures from between 44 to 46°C, presenting a possible risk of injury to people, and there was no record of actions to address this. We raised this with the registered manager who said this bathroom was only used very occasionally and staff checked water temperatures before each use to ensure it was safe. They then arranged for a maintenance service to check this water outlet to ensure it was safe.
- People's risk assessments set out how to support them safely, such as when providing personal care or going swimming. However, we saw some of a person's risk assessments did not record the date they were reviewed or were dated 2021 or 2020. This meant the provider could not be assured the planned actions to help people be safe were relevant and effective.

We found no evidence that people had been harmed, however these issues indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Comments we received from relatives and professionals included, "The place is clean and tidy" and "Everywhere is clean and tidy and [the person's] bedroom is personalised." Some staff told us they felt the standard of cleanliness had declined since our last inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections and admitting people safely to the service. Staff used PPE appropriately and there were sufficient supplies of this.
- There were arrangements in place for responding to and managing signs of infection. The provider's infection prevention and control policy was up to date.

- Staff had completed food safety training to help them understand how to handle and prepare people's meals safely.
- There was evidence the registered manager had ensured other maintenance work had been reported and addressed to help maintain a safe environment. For example, repairing lighting and door closures. A large bathroom had recently been repaired and redecorated.
- Relatives felt people who used the service were safe. One commented, "I think my relative is safe with the care they have."
- There were processes in place to check and maintain mobility equipment was safe to use, such as overhead hoists to help people transfer from chairs to beds or baths.
- There were fire safety arrangements in place. These included regular checks of fire safety equipment and emergency lighting and staff supported people to practice evacuations.

#### Visiting in care homes

- Visitors were allowed into the home in line with national guidance.

#### Using medicines safely

- The provider's processes to support people to take their prescribed medicines safely were not always implemented effectively at all times.
- Staff supported a person to wear prescribed medicine patches. However, there was no record of where on the person's body staff applied the patches and no clear guidance for staff on positioning these to ensure the person wore them safely. In addition, we found a discrepancy regarding the administration frequency of the patches between the person's medicines administration record (MAR) and how regularly the prescriber had stated patches should be applied. We raised these concerns with the registered manager who promptly resolved the discrepancy with healthcare professionals and was assured the person had received their medicine as prescribed.
- Staff supported a person to take their prescribed medicine with yoghurt so they could swallow this safely. The registered manager could not demonstrate that a healthcare professional had assessed that this would not affect the medicine's properties. This meant they could not be assured the person received their medicine as prescribed.
- Staff recorded on a daily basis the temperature of the room and fridge where medicines were stored. However, these checks did not note the minimum and maximum temperatures at which medicines were kept. This meant the provider could not be assured medicines were stored safely at all times. We discussed this with the registered manager so they could address this.
- People had 'hospital passports' in place, documents used to inform healthcare professionals of people's needs in the event of their going to hospital. Some passports did not have up to date information about people's prescribed medicines. This meant there was a risk hospital staff would not have the right information to support people's medicines needs safely. Staff told us they were in the process of updating this and would photocopy a person's current MARs to provide this information to hospital staff.
- The provider conducted regular audits of people's medicine support, but these had not identified and addressed the issues we found.

We found no evidence that people had been harmed however, these issues indicated medicines were not always managed in a safe way and to help ensure people always received their medicines as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It was not always clear if some people had the mental capacity to agree to take their prescribed medicines with food. We discussed assessing people's capacity to decide this with the registered manager so they

could review people's support arrangements to ensure this was in a person's best interests.

- Some people were prescribed medicines to take only 'when required.' There were protocols in place to guide staff on when to support people to take these, although we found 1 protocol required review.
- Staff used MARs to note when they supported people to take their medicines. The MARs we viewed had been completed appropriately. Staff had completed medicines support training and the provider assessed their competence to provide this safely.
- We saw the provider had responded to medicines support incidents by ensuring people were safe, investigating what happened and taking action to mitigate the risk of re-occurrence.

#### Staffing and recruitment

- There were sufficient staff on shift to help people be safe and meet their needs at the time of our visit.
- We received mixed feedback from staff and relatives about staffing levels. Some felt there were enough staff and some felt the service would benefit from more staff to support people. Staff commented that "It is busy" and "Sometimes is very exhausting on shift." Some said it could be challenging providing 1-to-1 support to people at times. Some relatives told us they felt there should be more staff on shift so they could support people with more activities.
- The registered manager told us they rostered additional staff shifts to accommodate activities when needed, that they had risk assessed minimum safe staffing requirements and the provider had set the staffing levels. At the time of the inspection they could not demonstrate how appropriate staffing levels had been established, but after our visit the provider set out the process by which this was determined.
- A professional told us, "They appear fairly well staffed when I am there and I can find staff if I need to." Some staff had worked at the service for a number of years, which helped people develop relationships of trust with the staff who worked with them.
- The provider had appropriate recruitment processes in place so they only recruited suitable staff.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and policies in place to protect people from avoidable harm and abuse. The provider worked with other agencies to do so when there were safeguarding concerns.
- Staff had completed training on how to recognise and report abuse. Staff and the registered manager knew how to raise concerns, including using whistleblowing processes.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Learning lessons when things go wrong

- There were systems in place to record and learn from incidents and accidents.
- The provider monitored incidents and accidents to make sure these were responded to and practice

learning was identified.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff mostly treated people with dignity and respect, but we saw occasions when this was not always everyone's experience.
- We observed staff supporting people to eat their lunch. While we saw 4 staff variously interacted with some people in a pleasant manner, 1 person sat waiting for 45 minutes without any interaction. Although they appeared calm this meant they experienced a significant period of time with no staff interacting with them, not even in passing as they afforded to other people.
- We observed staff support 2 people who used wheelchairs to enter the home's sensory room. 1 person was positioned behind the other person's wheelchair which meant this was all they could reasonably see rather than other aspects of the room and sensory equipment
- We saw staff search in a bag hanging on the back of a person's wheelchair. While the person looked around indicating they were aware something was happening, staff did not speak with the person to tell them what they were doing. We also saw occasions when staff moved people around in their wheelchairs without speaking with them and explaining what they were doing.
- We discussed these issues with the registered manager so they could make improvements.

The issues we found indicated people were not always treated with dignity or respect and their independence was not always promoted. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also observed staff supporting people in a respectful manner. For example, when helping a person to eat or drink.
- Relatives told us they thought care staff were kind and caring. Their comments included, "Really very loving people," "I think that the staff more or less respect and treat my relative with dignity" and "Staff are good, I cannot fault them. They are caring, very supportive of the people."
- We saw staff respected people's privacy, for example by ensuring bathroom or bedroom doors were closed when they provided personal care to people.
- Staff promoted people's independence in their daily living. For instance, we observed staff providing hand-over-hand support to a person so they could feed themselves and involving a person in managing their laundry. A relative told us staff encouraged their family member to do things such as lay the table and butter bread.

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

- Relatives and professionals told us they were involved in people's care. The service involved them in planning and reviewing people's care. This gave them opportunities to help make decisions about people's care.
- We saw staff interact with people in a patient manner when helping them to make choices about their day to day care, such as what drink they would like to have and what activity they would like to do.
- Staff enabled people to access independent advocacy support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There were arrangements in place to ensure people always received care and support in a planned way.
- People's support plans included information about their life histories. However, this was lacking from the plan of a person who had moved to the service over 5 months before our inspection. We discussed this with the registered manager so they could improve this. After our visit the provider demonstrated that assessments of the person's care need provided staff with some personalised information about them and their life experiences.
- Relatives and professionals found the service met people's care and support needs. A relative told us, "I am happy with the care my relative receives."
- Staff provided care that recognised and respected people's protected characteristics. For example, staff promoted a person's religious beliefs by supporting them to follow a relevant diet, keep and store food separately and listen to prayers regularly. The person's relative also told us this took place.
- Support plans set out person-centred information about people and what was important to them, including their day and night time routines. There was guidance for staff on how to meet people's needs.

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

- We observed staff support 4 people at lunchtime. Staff supported people to eat one after another rather than offering the opportunity for some people to enjoy their experience with another person.

We recommend the provider consider current guidance on promoting positive mealtime experiences in adult social care settings and take action to update their practice accordingly.

- The service supported people to take part in activities and maintain contact with people important to them.
- Staff supported people to participate regularly in activities at home, including sessions with a visiting musician, using the sensory room, listening to music, arts and crafts, massages, exercising and watching television. We observed staff support a person with a variety of activities, such as drawing and playing with an interactive musical toy. Staff we spoke with knew what activities people liked and their favourite programmes or songs.
- Staff supported people to go out and about regularly. These included going swimming, to the cinema, shopping and walks in the local area.
- A professional commented, "My client is meaningfully occupied." Relatives also said activities took place. A relative told us they would like staff to support people with more of these.

- Staff supported people to maintain relationships with their families. Some relatives told us they would like the service to hold more social occasions for families to meet with each other and had raised this with the registered manager.

Improving care quality in response to complaints or concerns

- The provider had systems in place to receive, record and respond to complaints.
- The provider used a digital system for recording and monitoring complaints to make sure these were responded to appropriately and learning for the service was identified. There were no formal complaints recorded in the year before our visit. Relatives told us they were able to raise matters with the registered manager.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance systems had not always ensured that the service addressed risks to people's safety and well-being or that people were always treated with dignity and respect. This meant the service did not consistently provide good quality support.
- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. These systems had not always been effective as they had not enabled the provider to take timely action to address improvement requirements. For example, the medicines support issues we found.
- The provider's systems had not always ensured that accurate, complete and up to date records of people's care were maintained.
- We saw some digital records of people's daily support gave personalised accounts of things staff supported a person with, how the person responded to these and interacted with people, and their general well-being. However, some daily records were only care task-orientated with little detail about a person's day and well-being. On some occasions there was no record of what support staff had provided to a person on a morning or afternoon shift. We raised this with the registered manager so they could make improvements. They had identified this as an area for improvement and were working with staff to address this. While we found no evidence people had been harmed, recording issues meant there was a risk some people might not receive consistent care and the provider could not be assured of the care provided to people.

These issues indicated systems were not used robustly enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm and demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the matters we found and took action to address some issues promptly.
- The registered manager regularly completed online audits of the service and took action to address issues they found. For example, monthly medicines support checks and quarterly health and safety checks of the home. The system enabled the provided to monitor and make sure these audits took place.
- The registered manager notified the CQC of relevant incidents as required.
- The provider displayed the ratings for the last inspection at the home and on their website to inform people about the quality of the service.

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

- We received mixed feedback about the culture and atmosphere at the home.
- A relative told us, "I don't always feel welcome, sometimes [staff] sit and chat over a cup of tea and other times I am just ignored" and "New staff are not introduced to me." A professional said, "The registered manager is not always there when I visit but I do feel valued by them."
- The registered manager and staff we spoke with appeared motivated about supporting people to have good experiences. A staff member said, "I love the job I am doing here. This job gives me pleasure. I am doing something worthwhile." Another commented, "Here it is like a family."
- Staff said they felt supported by the registered manager and senior staff. The provider ensured there was on-call support available to staff to help with issues outside of usual office hours.

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

- We received mixed feedback from relatives and the staff about feeling listened to and involved in the running of the service since our last inspection.
- Some relatives felt the registered manager did not always proactively engage with them. Comments included, "There is a terrible lack of communication" and "There are less family meetings now and almost no face to face meetings with registered manager."
- A relative said "Staff do ring me with updates" and explained how staff had let them know if their family member was unwell and they had contacted the GP. Another relative told us "The senior support worker is very good and they do all the contact with parents."
- Some relatives felt there were less opportunities for them to be involved in the service and meet other relatives than in the past, such as meetings or social events held at the home.
- Some relatives said in the past they had received questionnaires from the provider to give feedback on the service, but this had not happened for some time. They told us, "I used to get questionnaires but not for a long time" and "I haven't had a questionnaire since before COVID."
- The registered manager held bi-monthly team meetings to discuss the running of the service. Records showed assorted topics were discussed such as the passing of person who had used the service, medicines support, completing daily records, personal care and helping people to mobilise. A member of staff told us team meetings were less frequent than they used to be and said, "The staff meetings are so important but very few and far between."
- Staff held periodic meetings with people who used the service to discuss issues such as the activities being provided and meal choices. Records noted how people reacted to some of these discussions.

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

- The registered manager understood and explained their duty of candour responsibilities. They told us, "It is about being open and transparent about mistakes, so we can learn to avoid them."

Working in partnership with others

- The service worked in partnership with other agencies, such as doctors, dentists, speech and language therapists and social workers, to help to provide joined up care to people.

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 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 persons did not always ensure care and treatment was provided in a safe way for service users

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The registered persons did not ensure that service users were treated with dignity and respect

**The enforcement action we took:**

Warning notice