

Dimensions (UK) Limited

Dimensions 149 Ash Street

Inspection report

149 Ash Street

Aldershot

Hampshire

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Dimensions 149 Ash Street is a care home which provides care and support to five people with learning disabilities. The home is situated in a residential area with accommodation over two floors.

This inspection took place on 5 August 2015 and was unannounced. The inspection was carried out by two inspectors.

There was a registered manager in post who assisted us with our inspection on the day. 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.

Medicines were not always stored and administered safely. Some medicines were stored in an unlocked drawer in the office as the medicines cabinet provided did not allow adequate storage. People's medicines were dispensed from packs which did not have a pharmacy label attached to guide staff. This meant people were at risk of not receiving their medicines as prescribed.

Summary of findings

Systems were in place for recording medicines administered which included as and when required medicines. There was an arrangement in place for unused medicines to be disposed of safely. Any changes to people's medicines were verified and prescribed by the person's GP.

Staff did not have a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant people had restrictions in place without the proper procedures being followed and reviewed at regular intervals.

People were safe at the home. There were sufficient staff deployed in the home. Staffing numbers were flexible to ensure people's individual needs were met. There were enough staff to enable people to go out and to support the people who remained at home.

Where risks to people had been identified, action had been taken by staff to mitigate these risks. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. There was an effective recruitment process that was followed which helped ensure that only suitable staff were employed.

Staff received training and supervision to enable them to have the necessary skills to carry out their role. Training was regularly reviewed to ensure staff had the most up to date information.

People were involved in choosing what they had to eat and drink and menus were displayed in a pictorial format. People could choose where they ate their meals and specialist dietary requirements were catered for.

People had access to healthcare professionals to enable them to stay healthy. Health appointments were recorded in detail and shared with staff. People's weight was recorded regularly.

Staff showed people kindness and compassion. They recognised people's individual personalities and respected their privacy. Visitors were made to feel welcome in the home.

Detailed assessments were completed prior to people moving into the service. Comprehensive care plans were in place and completed in a person centred way. Care plans and risk assessments were regularly reviewed meaning that staff had up to date information on how to support people.

People had access to a range of activities which were planned according to their individual needs and preferences. Staffing levels were adjusted where required to ensure people had the right support when taking part in community activities.

There was a complaints policy in place which was displayed in an easy read format. Relatives told us they knew how to make a complaint should they have any concerns.

Staff were involved in all aspects of the home and attended regular staff meetings. Staff felt supported by the manager and senior staff and felt they were always available to give advice and support. Staff understood the ethos and values of the service. Quality assurance audits were completed and actions identified were completed. Relatives were asked their views of the service, results were positive.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always stored and administered safely.

There were sufficient staff deployed to meet people's individual needs.

Staff were aware of the different types of abuse and how they should report any concerns. Safe recruitment processes were followed.

Risks to people were identified and control measures implemented to protect people from avoidable harm.

People lived in a safe environment. Equipment was regularly checked and relevant risk assessments were in place.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act 2005
Capacity assessments and best interest decisions were not always completed appropriately.

Staff received training and supervision to ensure they had the skills to meet people's needs.

People had a choice about what they had to eat and drink and individual needs were catered for.

People's health care needs were met and relevant health care professionals were involved in people's care.

Requires improvement



Is the service caring?

The service was caring.

The atmosphere in the home was positive and welcoming.

People's privacy was respected by staff who knew people well.

People were encouraged to remain independent and to develop skills.

Good



Is the service responsive?

The service was responsive.

People had access to a range of activities to suit their individual needs.

Detailed assessments were completed prior to people moving into the service.

Care plans were comprehensive and presented in a person centred way.

Good



Summary of findings

Information on how to make a complaint was made available to people and their relatives.

Is the service well-led?

The service was well-led.

There was an open and positive culture in the service and management support was accessible.

There was an effective quality assurance process in place and relatives were asked their views about the service.

The manager was aware of their responsibilities and felt supported by the provider.

People told us the staff were friendly, supportive and management were always visible and approachable.

Good



Dimensions 149 Ash Street

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 5 August 2015 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion as we inspected the service early than planned. A PIR 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.

As people living at 149 Ash Street were not able to tell us about their experience we observed the care and support provided to them. We spoke to the manager, three staff members and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 7 November 2013 and there were no concerns identified.

Is the service safe?

Our findings

The people we met during the inspection had communication difficulties and were not able to tell us if they felt safe in the home. However, we saw that people were comfortable with staff and were happy to engage with visitors to the service.

One relative told us they felt the service was safe and there were always enough staff on duty when they visited. Another relative told us they were confident their relative was safe, “We have never had any cause for concern; (name) is cared for and well thought of by the staff.”

However we found that people’s medicines were not stored securely. The locked medicines cabinet was not large enough to store all medicines and an unlocked drawer in the office was used to store prescription medicines not currently in use.

Each person had a plastic container within the locked medicines cabinet which contained medicines currently in use and was clearly labelled with their name. Several strips of medicines had been removed from labelled pharmacy boxes in the drawer and placed in people’s individual containers in the locked cabinet. This demonstrated that when administering medicines staff did not have the information regarding the person’s name, medicine, dosage and amount recorded on the pharmacy label to cross reference with the Medication Administration Record (MAR). This put people at risk of medicines being administered incorrectly.

We found that the registered person had not protected people against the unsafe use and management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All the staff who administered medicines had received training to ensure they could do so safely. Medicines profiles were in place which included a photograph of the person and details of their medicines, how they preferred to take them and any potential side effects. The MAR charts were fully completed to show when people had received their medicines. Clear guidance was provided to staff on when to give PRN (as required) medicines, which included the reason the person, may need it.

We saw evidence that potential risks to people had been assessed and measures had been put in place with guidance to staff to minimise the impact on people. For example, a risk assessment was in place for someone who needed support when going out and may become distressed. This included details of how the person should be supported and things they enjoyed doing which could be used as distraction techniques. We also saw guidance for staff on how to support someone when they became anxious and ways to help them calm down.

There was sufficient staff on duty to meet people’s needs. We observed people going out in the community with support. There was enough staff to ensure people not going out were supported. We reviewed staffing rotas for the three month period prior to the inspection which showed that staffing levels were consistent. The registered manager told us that staffing numbers were determined by the number of people living at the home and the activities they choose to do. We saw evidence that on occasions where additional staffing had been required this was provided.

Staff told us they felt there was enough staff to support people’s needs. If they had a busy day with people going out to activities they only had to ask for an additional member of staff and this was provided.

People benefitted from the use of regular staff. This enabled staff to acquire an understanding of people’s care and support needs. The manager told us that agency staff were not routinely used at the service but a number of bank staff were available to cover any shortfalls. They told us that all the bank staff knew people well and were able to respond to people’s needs. Where agency staff had been used we saw evidence that they were familiar with the service.

There was a staff recruitment and selection policy in place and this had been followed, to ensure that people were supported by staff who were suitable. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services.

Is the service safe?

People were safeguarded because staff were knowledgeable about what action to take should they suspect abuse was taking place. They were able to tell us about the different types of abuse, how to identify abuse and how to report it. They understood the role of the local authority safeguarding team and had contact details available. Staff told us they receive regular safeguarding training and records confirmed this.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis and any problems were reported through the maintenance system. Records showed that the regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliance.

People had a personal emergency evacuation plan (PEEP) which set out the individual requirements of each person to ensure they could be safely evacuated from the service in the event of a fire. A continuity plan was in place which detailed where people could be evacuated to in the event that the building could not be used. Staff had clear guidance of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. This minimised the disruption to people should emergencies occur.

Is the service effective?

Our findings

People we met on the day of the inspection were unable to communicate verbally so we observed their care throughout the day. We saw that staff knew people very well including their personal histories, families and interests.

Relatives told us that people were respected in the service and staff knew people's needs well. One relative told us, "Staff know (name) really well and think the world of (them)."

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some people had DoLS applications in place which had been approved by the local authority. However, when we spoke to staff they were not aware of the implications or the reasons for the DoLS being in place. We saw that staff had received training in regards to the MCA but the staff we spoke to were not able to demonstrate their understanding of this by telling us the principles of this or processes to follow. They were not aware of the process to follow when best interest decisions needed to be made.

People may be subject to restrictions which were not needed for them to live safely in their home.

The front door to the property was locked at all times to keep people safe. There was a gate to the kitchen to prevent some people from entering the area which we observed to be closed at all times during the inspection. The registered manager told us the gate had been in place for many years although staff were aware that the level of restricted access was different for some people. For some individuals there was no evidence that the above restrictions had been assessed under the MCA and no best interest meetings held. Whilst some people may require access to the kitchen to be limited to keep them safe, individual needs had not been appropriately assessed. The registered manager told us there had been no review of the use of the kitchen gate and possible less restrictive measures had not been explored.

Not meeting the requirements of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We observed that people were supported with lunch in a relaxed and unhurried way with staff offering assistance where required. People were able to eat their meal where they wished, one person took their meal to the dining room and another person who liked to eat alone had their own lunch in a separate dining area. We observed staff offering choices of drinks by showing people the tea and coffee so they could choose.

Staff told us that they sit with people each week and look through pictures of food to establish a menu for the following week. The menu was displayed on the dining room wall in pictorial form. Staff were aware of people dietary requirements, likes and dislikes and said they ensured the menu was adapted to meet individual needs. For example, one person required a soft diet and we saw this was made available to them. Menus were varied with a good mixture of nutritious foods. There was fresh fruit available for people to access when they wished.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Relatives told us that they were informed promptly of any health concerns and actions taken. Appointments with health care professionals such as doctors, dentists and chiropodists were recorded and systems were in place to ensure all staff were aware of any outcomes. There was evidence that health checks were carried out and that changes in health were identified in a timely manner. People's weight was monitored regularly and recorded in their health plans.

Records showed that staff received training in areas appropriate to their work and staff confirmed the training supported them to carry out their roles effectively. We looked at training records in place and saw that mandatory training which included manual handling, first aid, food hygiene, fire safety awareness, health and safety and administration of medicines were undertaken by staff as part of their ongoing development. We noted that staff training needs were monitored to ensure their knowledge was regularly updated.

Staff told us that they received regular supervision with senior staff and annual appraisals of their performance. Quality audits confirmed this was the case. The registered manager was not able to access supervision or appraisal

Is the service effective?

records on the day of the inspection. Following the inspection they sent a copy of a team monitoring sheet which showed that staff had received supervision in line with the provider's policy.

Is the service caring?

Our findings

We observed that people looked comfortable and interacted easily with staff. Relatives told us that they were always made to feel welcome when they visited. One relative told us “The staff are never anything but caring, we truly appreciate everything they do, it’s very important that we know how much we value them.” Another relative told us, “Staff are very caring and my (relative) is very happy there, (name) loves to visit us but always loves to go back.”

Staff clearly knew people’s needs and generally spoke to people in a respectful manner. However, on a number of occasions we observed two staff members in the kitchen chatting. We saw people go up to the gate across the kitchen door. Staff remained in the kitchen to talk with people rather than coming out of the area or moving closer to the person. This appeared undignified for people.

We observed interactions between people and staff which was warm, friendly and fun, evidenced by the laughter we heard. The registered manager knew people well and was able to tell us about the things they enjoyed. Staff talked about people in an affectionate manner. One staff member told us the home was, “Like a second house to me. I feel connected with people, motherly and protective.” Staff were able to describe individual’s needs and how people communicated.

On the day of the inspection the operations director and health and safety manager were visiting the home. Both

spoke to people in a warm and friendly manner and people responded to them in a way which showed they were familiar to them. We observed one person had communicated they were looking for something. The operations director had understood what the person was asking for and helped them to find it.

Staff encouraged people’s independence. The registered manager told us that people rarely go out as a large group as people have different interests and like different things, “It’s not person-centred to take everyone out together all the time.” They told us the service aims to give individual support which meets people’s needs. One staff member told us that they felt the service was good at helping people to be as independent as possible. For example, one person was able to make their own drinks and another person was able to make their own sandwiches, both were encouraged to utilise these skills. Staff told us people were encouraged to lead a full life by getting the right support and going out when and where they liked. We observed staff giving verbal prompts and direction to people rather than doing things for them.

People’s privacy and individual needs were respected. Staff addressed people appropriately by their preferred name. Staff were discreet in the way in which they supported people and personal care was undertaken in private. We observed that one person did not like soap being in the bathroom areas. This was therefore kept near to the area so it did not cause them distress but was accessible to others.

Is the service responsive?

Our findings

One relative told us, “The service is tailored to (family member).” Another relative told us, “Staff can say what (family member) likes and doesn’t like. (Name) goes shopping, chooses clothes and goes out quite a bit, there is always something to keep them occupied.”

People’s needs were assessed prior to them moving into the service. People were involved in their assessment as much as possible and were supported by a relative or advocate if appropriate. Assessments were completed in detail and covered all aspects of people’s care and support needs. We saw that one person’s needs assessment highlighted that they were reluctant to go out. Since moving in staff had planned activities with the person and offered reassurance. The person was now going out regularly with staff support and enjoying a fuller life.

There was good guidance given for staff on how to support people in the way they preferred to be supported. Staff told us they were able to use care plans to know how to support people well. We saw that all records were reviewed and updated regularly.

Care plans were reviewed and completed in detail meaning staff had the most up to date information to guide them when providing care to people. Care plans highlighted people likes, dislikes, what was important to the person, how support should be offered, health needs, support with behaviours, goals and dreams for the future. People’s communication needs were described in detail. For example, “(Name) is autistic and has agoraphobia, (name) doesn’t like crowds. Use short sentences in a calm tone

when speaking.” This was followed by a list of phrases the person used and what they meant. There was also guidance on how to support the person when they became anxious or upset.

We saw that people had access to a range of activities according to their individual needs and preferences. These included shopping, going to a disco, horse-riding, art classes, music sessions, going to pub and out for lunch. We saw evidence that activities took place within people’s personal notes although the registered manager told us they were in the process of reviewing activities with a view to increasing people’s community involvement. They told us that following recent reviews of care packages the funding of some external activities had been lost which had left some gaps within people’s activity programmes. The staff team were currently looking at how these could be replaced with individual activities. On the day of the inspection we observed that one person was attending a local day service, one person went out shopping with staff in the morning and people went for a drive in the afternoon.

We observed that people communicated well with each other and saw that staff positively encouraged this. One relative told us, “It’s unusual for five people to mix so well together, we wouldn’t want them to move.”

The relatives we spoke to said they had not had reason to raise a complaint regarding the service but were aware of how to do so. One relative told us they would feel comfortable in raising anything they were not happy about. A complaints policy was in place and displayed in an easy read format. A complaints log was kept and monitored although no complaints had been received within the last year.

Is the service well-led?

Our findings

People benefitted from an open and positive culture in the home. The registered manager told us they managed three services of a similar size and aimed to visit each one weekly as a minimum. Staff told us they see the registered manager regularly and said they normally visited twice each week. There was a lead support worker in post and staff told us, “(Name) is always there for us. (name) are very effective and know everyone well. (Name) makes working here very easy.” Relatives told us that the registered manager was always accessible to answer any queries and they always received a response.

At the services request a fire officer was also visiting on the day of the inspection. The registered manager told us that funding discussions had indicated that night cover within the service may be reduced. The service had responded by assessing the risks to people and asking for the professional opinion of the fire officer as to how risks could be managed with a reduction in staffing numbers. The fire officer confirmed that they believed the service was safe with the current staffing levels and any reduction would leave people at risk. They told us they had not identified any significant concerns with the way fire risks were managed at the service.

Staff told us they had regular staff meetings and were able to speak freely. Meeting minutes showed that people’s care and support needs were discussed. For example we saw that people’s holiday plans were part of the agenda and observed the registered manager and staff discussing arrangements during the inspection. The registered manager told us that team meetings were held every two months and records confirmed this.

Staff told us they were aware of the ethos of the home and the provider and were reminded of this through information on the staff IT system and through training and supervision.

There was a cycle of audits completed within the service to ensure that any issues were identified promptly. Audits were comprehensive and looked at health and safety, staff training and recruitment, support and care plans and finance administration. We saw evidence that action plans were completed to address any areas identified and saw that these had been completed. For example, one audit highlighted there was insufficient evidence that staff had taken part in a fire evacuation or discussion. Records were available to show this had been addressed.

The service has procedures in place to report accidents and incidents and staff were aware of how these were used. We saw evidence that when incident and accidents were reported, actions are identified and responded to. All incident reports are reviewed by senior managers and the Health and Safety Advisor for the organisation to ensure appropriate action had been taken.

The registered manager told us that feedback is obtained from relatives regarding the quality of the service. However, this was completed on an area level meaning it was not possible to extract information directly relating to the service. Following the inspection the manager sent us information from the compliance team which showed that relatives had been contacted earlier in the year and had not expressed any concerns which required action. Feedback from one person’s relatives said they were, “Really happy with the way their relative’s life has developed and blossomed since they moved in. They feel confident in the team listening to them and keeping them informed.”

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. The provider continued to notify CQC of all significant events that happened in the service in a timely way. This meant we are able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider failed to ensure the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider failed to ensure staff followed the requirements in line with the Mental Capacity Act 2005.