

Dimensions (UK) Limited

Dimensions 40 Cody Road

Inspection report

40 Cody Road
Farnborough
Hampshire
GU14 0DE

Tel: 01252372057

Website: www.dimensions-uk.org

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13 September 2023

15 September 2023

19 September 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Dimensions 40 Cody Road is a residential care home providing accommodation for persons who require personal or nursing care for up to 5 people in 1 adapted building. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 5 people using the service.

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

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.

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

Right Support: People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care: The service was close to small local shops, there was a lack of easily accessible close public transport. The service had a minibus; however, people did not go out regularly and there was a lack of engagement and meaningful activity taking place. People were at risk of harm because staff did not always have the information they needed to support people safely.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services lead confident, inclusive, and empowered lives.

Support plans and risk assessments were not regularly reviewed or updated.

Infection prevention and control was not managed in line with the provider's policy.

Medicines and recruitment were managed safely.

The provider's quality and risk monitoring systems were not always effective in identifying and action on shortfalls to ensure people received safe and high-quality care.

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

Rating at last inspection

The last rating for this service was good (published 4 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection control, lack of activities and person centred care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 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 40 Cody Road on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to managing risk, infection control, person centred care, consent to care and treatment and governance.

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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dimensions 40 Cody Road

Detailed findings

Background to this 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

This inspection was carried out by 3 inspectors. Two inspectors were on site and 1 inspector made phone calls to staff and relatives.

Service and service type

Dimensions 40 Cody Road 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 40 Cody Road 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. 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

Due to people's abilities, we were not always able to communicate with them, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences.

We received feedback from 1 relative about their experience of the care provided. We reviewed a range of records. This included 2 people's care records in full, an overview of 3 people's care records and 4 people's medicines records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with 5 members of staff including the registered manager and 4 care workers. We received email feedback from 1 care worker.



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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not working in line with the principles of the MCA.
- Not all care staff had good knowledge of the MCA and relevant guidance. For example, 2 staff could not tell us anything about the MCA.
- Where people lacked capacity to consent, mental capacity assessments had not always been completed for specific decisions, such as end of life care and personal care. Where capacity assessments had taken place there was not always a fully recorded best interest consultation and decision to ensure people's rights would be upheld.
- The service could not evidence for people, whose finances were managed by their family, that the family had the relevant legal authority to do so. This meant there was a risk people's finances were not being managed in line with the law.
- Although the manager who had been in post since November 2022 had some understanding of the MCA, they were not aware the best interest decisions made on people's behalf, did not record how these decisions had been made. This meant they had not taken action to address this. People were at risk of decisions being made not in accordance with the principles of the MCA.

Providing care and treatment without the consent of the person or in their best interests following mental capacity legislation was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- DoLS applications had been made for all 5 people living at the service. Where DoLS authorisations had expired, new applications had been made. There were no conditions associated with the DoLS authorisations in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always assessed and mitigated to ensure people would receive safe care.
- Cupboards containing hazardous cleaning products that posed a risk to people, were not always kept locked. There were risks people could get hold of products which could cause harm if they came into contact with their skin or were swallowed.
- Although risk assessments were in place for some risks, they did not always contain enough information to guide staff on how to identify and manage the risks to people,
- One person living with cataracts and glaucoma, did not have detailed risk management plans in place to describe how these medical conditions impacted them nor any detail of the signs to look out for should these conditions deteriorate.
- Another person's care plan gave conflicting information about their dietary needs. This increased the risk that they might be given food which posed a choking risk.
- One person was prescribed blood thinners. The registered manager was not aware of this. There was no risk assessment to guide staff on the risks associated with blood thinners. For example, excessive bleeding and bruising easily. The registered manager told us he would put one in place.
- The service had a fire risk assessment completed on 25 October 2021; this had not been regularly reviewed. The registered manager had written, "Reviewed 18/5/23" on the fire risk assessment however, there was no review documentation to evidence what was reviewed or the outcome of the review. The service had recently had some internal work carried out to change the use of the sensory room to a bedroom. Sliding doorways were blocked and a new bedroom door put in place. There was no review or new fire risk assessment following these internal changes. This meant the fire risk assessment was no longer current and may not be sufficient to keep people safe .
- Service users' food was not managed safely placing them at risk of exposure to harmful bacteria and ill health. This included not taking temperature recordings for all fridges and not labelling all food and drinks stored in the fridge when opened.
- We could not be assured lessons were learned when things went wrong. Risk assessments and care plans were not always reviewed following incidents and accidents to prevent reoccurrence. The registered manager told us, "I know a lot of paperwork needs updating. It has been difficult due to low staffing levels."
- People were prescribed flammable emollients for skin conditions. There was no risk assessment in place to reduce the risks associated with these creams. Clothes were washed at low temperatures which could increase the build-up of flammable creams in clothing. The registered manager told us he would put risk assessments in place for flammable creams.

The failure to ensure people were provided with safe care and treatment and risks were assessed, monitored, and mitigated was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control was not managed safely in accordance with the provider's policy and people were not always protected from the risk of infection.
- Cleanliness had not been managed effectively at the service. We observed some cobwebs on a high window, dirty windowsills, and fans which were covered in dust. The home was generally dusty. This meant people living in the service were at risk of infection from an unclean environment.
- There was a monthly deep cleaning schedule in place, however, we were shown blank copies. The

registered manager told us this was because he had just discovered staff had not been filling them out. We asked if there were daily cleaning schedules, the registered manager told us staff just do a general clean each day after personal care.

- Current COVID-19 guidance states, "Most people with COVID-19 will no longer be infectious to others after 5 days. If you have a positive COVID-19 test result, try to stay at home and avoid contact with other people for 5 days after the day you took your test." The provider did not adhere to this guidance to ensure people and staff remain safe from infection.
- We observed a bin in the toilet which did not have a bin liner. A bin liner helps reduce the spread of infection when being emptied. We spoke with the registered manager about this. On day 2 of inspection the bin still did not have a bin liner. This was rectified on day 3 and day 4 of inspection.

The failure to assess the risk of and prevent and control the risk of the spread of infection was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- Visiting was managed in line with current guidance. The registered manager told us relatives and friends could visit the service whenever they wanted to, and this was confirmed by a relative we spoke with.

Staffing and recruitment

- Planned staffing levels were usually maintained. On 3 occasions over the last month, the morning shifts were short of 1 care worker, and this had impacted on people's opportunity for engagement. The registered manager told us they should have 3 staff on shift however, short notice staff absence meant they had been unable to arrange cover for these shifts. There were people in the service who required 2 staff to hoist them, at these times there were no staff available to observe and engage with the other people.
- Recruitment policies and procedures were in place to ensure staff were recruited safely. Appropriate pre-employment checks were completed.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place to safeguard people from abuse were effective.
- When a safeguarding incident occurred, the registered manager told us they made a referral to the local safeguarding team and CQC.
- A relative told us they were confident people were safeguarded and they were kept up to date with all relevant information.
- Staff told us they would report any safeguarding concerns to the registered manager and felt confident he would take the right action.

Using medicines safely

- People's medicines were stored, administered, and disposed of safely. Staff received medicines training and underwent competency assessments prior to administering medicines on their own.
- We found 'as required' medicines protocols contained sufficient detail to guide staff when and how to administer medicines safely however, these had not always been recently reviewed.
- Temperature checks were carried out daily where medicines were stored. Temperatures were within the appropriate safe range for storing medicines.

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.

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

- The principles and values of Right support, Right care, Right culture guidance were not always reflected in people's activity care planning and delivery
- People's activity plans were in some cases 6 years old and did not reflect what people were doing now and how people were supported to express and review how they wanted to engage with their local community and partake in activities of their choice.
- We reviewed people's support notes, these identified 2 people had only been out once in the month of August 2023, another person had been out 3 times and the remaining 2 people had been out 4 times. There was a lack of recorded activities in people's support notes. We did not see any people engaged in activities during our inspection, people were either in their bedrooms, sat in the entrance hall or in the kitchen or sitting room. This meant people were at risk of boredom, lack of community engagement and social isolation.
- Support plans, risk assessments, mental capacity assessments and records of medical appointments for people contained the names of other people in them. This did not reflect an individualised approach to people's care planning.
- Care plans did not always include people's goals or longer-term aspirations. The registered manager was in the process of updating all care plans to include this and other information.

The failure to provide person centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Effective risk and quality monitoring arrangements were not place. For example, we found breaches of the fundamental standards relating to risk management, consent and the provision of person-centred care which had not always been identified or remedied at the time of our inspection. Where concerns had been identified by the provider action had not been effective at driving improvement.
- We asked the registered manager for evidence of the last 3 copies of each audit on 3 occasions; however, these had not all been provided at the time of writing this report.

The failure to operate effective systems to assess, monitor and improve the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were in the process of transferring all their documents onto an online system and as this was being done the care plans and risk assessments would be fully reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others .

- All staff told us they felt supported by the registered manager and he was accessible when they needed support.
- There were no formal relatives' meetings, however, a relative told us they were involved in meetings when required and they got regular correspondence from Dimensions. They told us it was easy for them to talk to the registered manager, and they were kept informed.
- There was documented evidence that people had access to GP's, opticians, and dentists on a regular basis. A relative told us they were kept updated following appointments.
- The staff had worked with professionals to ensure a positive outcome for a person who required dental treatment in hospital.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents and incidents occurred.
- The provider notified CQC appropriately about certain changes, events and incidents affecting their service or the people who use it.
- A relative told us when things went wrong, they were informed and kept up to date and where required apologies were made in writing.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The failure to provide person centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Providing care and treatment without the consent of the person or in their best interests following mental capacity legislation was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure people were provided with safe care and treatment and risks were assessed, monitored, and mitigated was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The failure to assess the risk of and prevent and control the risk of the spread of infection was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 17 HSCA RA Regulations 2014 Good governance The failure to operate effective systems to assess, monitor and improve the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We issued the provider with a Warning Notice for Regulation 17, Good Governance.