

Dimensions (UK) Limited

Dimensions Woodmere Lower Wokingham Road

Inspection report

Woodmere
Lower Wokingham Road
Crowthorne
Berkshire
RG45 6BT

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Tel: 01344752682

Website: www.dimensions-uk.org

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 29 June 2018.

Dimensions Woodmere is a care home (without nursing) which is registered to provide a service for up to six people with learning disabilities. There were five people living in the home on the day of the inspection. Some people had other associated difficulties such as being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions Woodmere accommodates people in a large adapted building. Two people had their own flats and four people shared two flats. The service was run in line with the values that underpin the "registering the right support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can lead as ordinary a life as any citizen.

At the last inspection, on 24 May 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found that all domains remained good. Evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People continued to be protected from all forms of abuse. Staff training in safeguarding people was refreshed regularly and staff continued to understand their responsibilities and what action to take if they identified any concerns. The service identified health and safety, safe working practices and individual risks to people. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

People continued to be supported by appropriate staffing ratios. Staff met people's specific needs, including any relating to diversity, safely. Recruitment systems ensured, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained staff whose competency was assessed regularly.

A well-trained and knowledgeable staff team offered people effective care. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked closely

with health and other professionals to ensure they offered individuals the best care in the most effective and comfortable way.

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

The service was person centred and remained responsive to people's diverse, individualised needs and aspirations. Activity programmes met people's preferences and choices. Care planning was individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The staff team continued to be caring and were committed to meeting people's needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

The registered manager was experienced, respected and highly thought of. She and the management team ensured the service continued to be well-led. The registered manager and the staff team offered people person-centred and responsive care. They did not tolerate any form of discrimination relating to staff or people who live in the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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.

The inspection was unannounced and took place on 29 June 2018. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the five people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with two people who live in the service and observed interactions between people and the care staff. After the inspection we e-mailed a further person who lives in the home. We spoke with two staff members and a visiting professional. We requested information from thirteen professionals including the local safeguarding team. We received responses from seven. All responses were positive. We received very positive comments from two relatives.

Is the service safe?

Our findings

People remained safe and were protected, as far as possible, from any form of abuse. Staff continued to receive appropriate safeguarding training and knew how to raise a safeguarding concern should they need to. People told us they felt safe living in the home. One person said, "I feel safe". The local safeguarding authority told us they had no concerns about the service. Professionals commented, "I am extremely confident the individuals at Woodmere are safe and well treated" and "I am very confident that the clients residing in Woodmere Care Home are safe and very well treated." Another said, "Absolutely (confident that people are safe and well-treated) ... Money management systems are in place." A family member told us, "For the first time in his life [name] is in a very safe environment, I can sleep at night."

The service continued to keep people, staff and visitors as safe from harm as possible. Staff provided with regular health and safety refresher training. Maintenance and safety checks were completed at the required intervals. There were robust fire safety procedures and records of fire safety checks. A professional told us, "To my knowledge the environment complies with health and safety requirements and appropriate risk assessments are in place. Safeguarding alerts are appropriately made." Emergency response plans, covering areas such as fire evacuation and inclement weather, were in place.

Risks to people were identified by an individual risk analysis and appropriate risk management plans were incorporated into individual support plans to assist staff to provide care in the safest way possible. These included areas such as aggression and living with other people. People's finances were protected by a variety of systems and their finances were checked regularly. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours. A professional commented, "I realised that risks identified prior to the client living there were being well managed and as a result, physical and mental health has greatly improved."

Care staff continued to support people with behaviours which may cause distress or harm to themselves or others. Behaviour plans were developed by the management team and other behavioural specialists, as necessary. The service did not, currently, use physical interventions. A professional commented, "When working with staff on supporting behaviour they have a good appreciation of improving people's quality of life and taking a positive and proactive approach to supporting people described as challenging. Clients at the service have complex needs and can be behaviourally challenging; sometimes unpredictably. Staff are experienced and able to defuse any incidents."

People continued to be given their medicines safely by competent and appropriately trained staff. There were guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when needed. Two medicine errors had been reported in the preceding 12 months and appropriate action had been taken to reduce the risk of recurrence.

Staffing ratios remained at appropriate levels to meet people's diverse, assessed needs. There were a minimum of three staff per shift and some people had additional hours allocated to them. The service

continued to check the safety and suitability of staff prior to their employment.

Is the service effective?

Our findings

People continued to be supported by an effective staff team who met people's individual identified needs. Support plans were of a very high quality and provided staff with all the necessary information to enable them to offer people appropriate care and support. Information was up-to-date and relevant. A professional commented, "I had the opportunity to place my client in the home last year and they're still living there. The client's transformation in relation to behaviour, attitude and general presentation has been so positive and amazing. During a care review meeting, all present expressed the positive impact the placement was having on the client's general wellbeing."

People were supported to remain as healthy as possible. Support plans covered all aspects of care including health and well-being. An excellent one-page profile of the individual's needs and preferences was available as a quick reference for staff and others, as necessary. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. Health professionals' comments demonstrated some exceptional work done by the service. They included, "I have experienced that the care home is very proactive when dealing with my client's health needs. The communication with relevant health personnel in this regard has so far been excellent and they ensure that my client's health needs, at any time, are met." Another said, "Health files are up to date and annual health checks are carried out. One of my clients now has a significantly improved [name of] condition following input from a behavioural specialist; District Nurse and GP (this is after lack of response from the dermatologist; and trying various medications). The client now requires less staff support with personal care."

People continued to benefit from a well-trained and knowledgeable staff team who were supported to understand people's individual needs. Specialist training continued to be provided as and when required to meet any specific or diverse needs. For example, autism awareness, epilepsy awareness and nutrition. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs.

People were encouraged and supported to make decision and choices of their own and staff acted in the best interests of the people they supported. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 and whether any conditions on authorisations to deprive people of their liberty were being met. Five applications had been made appropriately and authorised by the local authority. Best interests meetings were held, as necessary and records were kept of who was involved in the decision-making process. A formal advocate of two people who live in the service told us, "I have been consulted and included as IMCA (formal independent mental capacity advocate) in best interests' decisions including covert medication; proposed medical treatment; DoLS and restrictions in place and the service keeps me updated on any issues for my clients."

People continued to be encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related

to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals as necessary.

The environment was adapted to meet the needs of people and risk assessments were in place, as necessary. A professional commented, "The home is very clean and hygienic, my client there was very happy when he moved in as the service had completely redecorated his room and had new carpets and curtains fitted."

Is the service caring?

Our findings

A caring staff team continued to provide people with sensitive and compassionate support. A professional commented, "I visit the client quiet often and the client is always expressing how happy he feels." "One of my clients is dependent on routine; preferred places to sit and has some repetitive obsessive behaviours that are sensitively enabled. Bathroom doors are always closed. Clients are always neat, tidy and suitably dressed. Individual likes and desires are identified and respected." Another noted, "My clients have never indicated they are anything but settled, content and happy at the service." A person who uses the service drew a picture for staff with a caption that read, "Thank you for looking after me so well." A family member said, "I am, as is [name] who is a resident at Woodmere, completely happy with all the staff and facilities."

People's privacy and dignity continued to be respected and promoted. Support plans included positive information about the person and daily notes, kept for individuals, were written in a positive and respectful manner. A professional commented, "The staff team maintain dignity and respect the individuals they support." Staff spoke with individuals in a respectful and caring way and promoted their dignity.

Staff continued to develop strong relationships with people and knew people's needs exceptionally well. A compliment, received by the service from a professional noted, "The referral we received for a gentleman your service supports was excellent. It was clearly written and included a comprehensive amount of knowledge highlighting that the staff member knows the individual extremely well and really cares about their future." People continued to be supported to maintain important relationships and make new ones, as appropriate.

People could verbally communicate but some used additional individual methods of communication. The ways they expressed themselves were clearly noted in support plans. Monthly house meetings continued to offer people an opportunity to comment on their home and the service they were receiving. They were encouraged to be as involved as possible in developments and improvements.

The service continued to support people to maintain and develop their independence, as appropriate to the individual. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments supported people to live their life as independently and safely as possible. Examples included accessing the community and participating in activities.

People's diverse physical, emotional and spiritual needs continued to be met by a knowledgeable staff team who were trained in understanding equality and diversity. Staff remained committed to supporting people to meet any specific special needs. Individual support plans noted for example, people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary.

Is the service responsive?

Our findings

The service remained extremely responsive to meet people's complex and varied needs. A professional commented, "Staff often appear willing to accommodate the needs and preferences of the residents whenever they are able to."

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded quickly to people's changing needs. A professional told us, "...they listen and work collaboratively and when we have agreed any actions or changes to people's support, then they get implemented swiftly." A family member commented, "The service work co-operatively with me in the best interests of [name]."

People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. The service continued to keep information such as, "what is important for me" and "to me" to ensure people's care remained person centred. This included the person's history and key events in their life and their dreams for the future. People's likes and dislikes and preferences assisted the service to 'match' staff to individual people. People chose which support workers they would like to support them, especially when participating in activities and their choice was accommodated whenever possible.

The service was in the process of developing a computerised care planning and recording system. This had been designed to replace all paperwork which would mean records storage was more organised and secure. It would also save staff time and provide easy audit trails. Currently the service was using the system to keep daily records, daily tasks, activities and appointments but there were more functions that could be used at a later date.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff and people could communicate as effectively as possible. Information was produced for people in user friendly formats such as an easy read version of the complaints procedure, safeguarding process and care planning. Photographs, pictures and symbols were used to aid communication. There was excellent communication between staff and people who understood each other very well. Staff interacted exceptionally sensitively and respectfully with people.

People continued to be encouraged and supported to participate in individualised, flexible activities. Arrangements for activities were made with people and met people's individual needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. These included voluntary work and participating in daily activities. A professional commented, "There are individualised activities plans in place; and sufficient staff to enable ad hoc activities both in-house and in the community."

Another said, "I have worked closely with the staff team from this service over a couple of years and have known the individuals that live there for longer; I can say I feel they are well looked after and supported to be as active as possible." A family member told us, "The service is very proactive with supporting [name] with activities."

People were compassionately supported during the end of life and bereavement process. People had an end of life care plan if they and their families were 'ready' to be involved in writing one. Staff assisted people to understand a house mate's death and spoke with them gently and sensitively about why the person was no longer there. The staff and service were complimented by fellow professionals and family members on the way they dealt with a sudden death. Compliments included, "As a team you should all be very proud of yourselves for acting so courageously during such a sad and stressful time."

Discrimination was understood by the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles.

The service had a robust complaints procedure which was produced in a user-friendly format. The service had received no complaints about the care the service offered in the last 12 months. They had received six written compliments. These included, "Thank you so much for your all your love, support and care of [name]...".

Is the service well-led?

Our findings

People continued to benefit from good quality care provided by a staff team who were exceptionally well-led by the registered manager. 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.

The registered manager had been in post since January 2012 (registration of the service). She was vastly experienced, well-trained and held management qualifications. She was called a locality manager and registered to manage two homes with the support of an assistant locality manager. Staff told us she knew the service and the individuals who lived there extremely well and was, "totally" committed to providing person-centred care to individuals. She was supported by a dedicated and knowledgeable staff team. Staff described her as, "very supportive."

The registered and locality managers had created an open culture and developed positive values within the service. This was reflected by staff attitude and behaviours. A professional commented, "I have observed that the manager and her staff are passionate about what they do. They seem to have excellent and professional approach to duty of care towards the people in the care home. They should keep up the good work."

The service listened to and considered the views of people, their families and friends and the staff team. People's views and opinions were recorded in their annual reviews and at monthly house meetings. People were supported to be involved in all decisions about their home, as far as they were able and/or chose to be. A quality satisfaction survey was sent to all relevant people annually. The service was visited by 'quality checkers' who were people who used services provided by the organisation and looked at things from people's point of view. There were other opportunities for people to put forward their views such as the service users' council and participation in staff appraisals. Staff meetings were held regularly and minutes were kept.

People continued to benefit from good governance of the service. The quality of the service was monitored and assessed by the provider, the registered manager and the staff team to ensure the standard of care offered was maintained and improved. A variety of auditing and monitoring systems remained in place. For example, weekly daily notes checks, night checks and six-monthly support plan reviews. The new computerised recording systems meant areas of care could be 'tracked' and audited in 'real time'. Currently this included daily tasks, meals and activities. The computerised system had the capacity to be used more comprehensively as an audit/quality assurance tool when it was being fully utilised. The service created a monthly calendar checklist which ensured all areas of the service were reviewed regularly.

Actions were taken as a result of listening to people, staff, other interested parties and the various auditing systems. An improvement plan for the next 12 months was in place and included the introduction of a new model of support called 'activate' which ensures people are supported to independence. The model is

designed to be as personalised as possible. Other improvements such as producing laminated cards for people's drawers, to assist their independence when caring for their clothes, and monthly checks that all requests from families and people had been actioned.

People's records remained of a very good quality, detailed and reflected their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The service worked closely with community professionals such as the community team for people with learning disabilities (CTPLD) and local G.P surgery. Professionals commented, "Staff have been very proactive in contacting the CTPLD and requesting help and support." "The care home works co-operatively with me in the best interest of my client and the people in the home." Additionally, a professional told us, "The service completed an excellent piece of support with one gentleman in the home which was joint work with the local GP surgery and the CTPLD to provide essential treatment under very difficult circumstances. The home staff put into action all of the recommendations and made the necessary changes to his support needs and made a considerable impact to the improving the person's health outcomes and quality of life. "

The registered manager and staff team understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager and staff team were knowledgeable about new and existing relevant legislation.