Dimensions (UK) Limited

Dimensions 48-49 Chichester Court

Inspection report

48-49 Chichester Court
Stanmore
Middlesex
HA7 1DX

Date of inspection visit:
29 January 2016
05 February 2016

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18 March 2016

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 inspection took place on 29 January 2016 and was unannounced. We returned to the home on 5 February to complete our inspection. 48-499 Chichester Court was registered with CQC on 31 January 2014, and this was our first inspection of the home.

48-49 Chichester Court is a care home registered for ten people with a learning disability situated in Stanmore. At the time of our inspection there were no vacancies at the home. The people who used the service had significant support needs because of their learning disabilities such as physical and communication impairments and behaviours considered to be challenging.

There was a registered manager in post. 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.

A family member told us that they felt that people who lived at the home were safe. We saw that people were comfortable and familiar with the staff supporting them.

People who lived at the home were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

People's medicines were managed and given to them appropriately and records of medicines were well maintained.

Staff members at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people living at the home.

Staff members received regular relevant training and were knowledgeable about their roles and responsibilities and the needs of the people whom they supported. Appropriate checks took place as part of the recruitment process to ensure that new staff members were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the relevant local authority to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS,

and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs.

A range of activities for people to participate in throughout the week were provided. Staff members supported people to participate in these activities. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure. A family member told us that they knew how to make a complaint. No complaints had been received in the year previous to our inspection.

The care documentation that we saw showed that people's health needs were regularly reviewed. Staff members liaised with health professionals to ensure that people received the support that they required..

Systems were in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and reflected good practice guidance.

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 was safe. There was an up to date safeguarding policy. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Is the service effective?

Good

The service was effective. Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act 2005. People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Is the service caring?

Good

The service was caring. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we saw that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and

person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

The service had a complaints procedure. No complaints had been received during the year prior to our inspection.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager and his team demonstrated leadership and accountability. They were available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by the registered manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were
promoted on behalf of people living at the home.

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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.

This inspection took place on 29 January and 5 February 2016 and was unannounced.

The inspection was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our visit we met seven people who lived at the home. Because the majority of people living at the home had communication impairments, we were unable to fully assess their views of the support that they received. However, we were able to obtain limited feedback from three people. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with a family member of a person who lived at the home. In addition we spoke with the registered manager, the assistant manager and four members of the care team. We looked at records, which included the care records for four people who lived at the home, four staff recruitment records, policies and procedures, medicines records, and other records relating to the management of the home.

Good

Is the service safe?

Our findings

Although people who lived at the home were unable to tell us if they were supported in a safe way, a family member told us that, "the staff keep people very safe. They always let me know if there is a problem"

Staff members that we spoke with said, "it's important that we keep people safe, "and, "this is their home so it's important that they feel safe and comfortable. All staff members working at the home had received safeguarding adults training and we saw that this had been regularly 'refreshed'. The staff we spoke with were knowledgeable about their roles in ensuring that people were safe and were able to demonstrate an understanding of how to recognise and report any suspicion of abuse. We reviewed the safeguarding records and history for the home and saw that there had been no safeguarding concerns raised with the local authority.

People who lived at the home were protected from identified risks associated with day to day living and wellbeing. Their risk assessments were personalised and had been completed for a range of areas including people's behaviours, anxieties, health and mobility needs. Situational risk assessments were in place for a wide range of activities both inside the home and within the local community. These included, for example, assessments for a range of personal care activities, food preparation and eating, cleaning and laundry, use of public transport and taxis, and going to the pub or on other outings. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included step by step guidance for staff around how they should manage identified risks. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties for people. Staff members had signed to show that they had read people's risk assessments as they were updated.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. People's care plans included step by step guidance for staff on how to administer medicines in the best way for each person. Records of medicines maintained within the service were of a good standard, and included details of ordering, administration and disposal of medicines. We saw that administration of medicines was signed for by two staff members. We saw that medicines were stored safely, and that medicines checks took place as part of the home's 'handover' procedures at the beginning and end of each staff shift.

Small amounts of people's monies for day to day expenditure were looked after. We saw that records of these were well maintained, receipted, and that these matched people's cash balances. The provider used a secure system for ensuring that people's moneys were maintained safely. Money was contained within bags sealed by numbered disks. Whenever a person's money was accessed by staff, a balance was recorded, along with the number of the new disk used to reseal the bag. People's records showed that checks of monies took place at 'handover' at the beginning and end of each staff shift. We also saw evidence that the provider undertook an annual audit of people's finances.

We saw from the staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and there was sufficient space for people to move around safely. Regular health and safety audits of the building had taken place. These included action plans, and we saw that identified actions had been addressed. Records showed that safety checks at the home, for example, in relation to gas, electricity, fire equipment and portable electrical appliances were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. People's risk assessments included information about fire and emergency evacuation.

The provider maintained an out of hours emergency contact service, information about which was clearly displayed on the office wall. The staff members that we spoke with were aware of this and how to use it.

Good

Is the service effective?

Our findings

A family member told that they were happy with the support from staff. They said that, "they are good at supporting [my relative]. I can't fault them."

All staff members at the home had received mandatory training, such as safeguarding, infection control, manual handling, epilepsy awareness and medicines awareness. Additional training that related to people's specific needs was also provided, for example, in understanding learning disabilities, and positive behavioural approaches. Training was refreshed on a regular basis, and we saw that the provider maintained an on-line training matrix that alerted staff members and the registered manager if any training was due. The staff members that we spoke with spoke positively about the training that they received which was delivered through a mix of on-line and classroom based sessions. All new staff received induction training linked to the Care Certificate for staff working in social care services. One staff member that we spoke with was new to the home and in the process of completing their induction training. They told us that, "the induction training is great compared to other services that I have worked at."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others, such as family members and key professionals, to be in people's best interests. Applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) to be put in place for people who lived at the care home to ensure that they were not unduly restricted, and we saw that these authorisations were up to date.

We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions. People's care documentation contained a form that staff members had filled in showing how their care plans had been explained to them. This also included information about how the plans had been developed. For example, where people had been asked how they liked things to be done, their responses

had been recorded, with a description of how the person showed they were happy what was being described to them. Reference to staff knowledge of people's likes and dislikes and how these were used to develop care plans was also included.

Two people were able to tell us that they liked the food provided by the home. We saw that staff members offered choices to people in relation to what they would like to eat and drink in ways that they understood. People were also involved in preparation of food and drink as much as possible. For example, when one person indicated that they would like a drink, they were shown a jar of coffee and a jar of tea bags and they pointed at the coffee. They were supported to put coffee into a cup, and, although a staff member poured the hot water, the person was given the milk and sugar to add as much as they wished. Records of meals maintained by the service showed that people ate a varied and healthy diet that reflected the religious and other dietary needs that were recorded in their care plans. A folder contained pictures of a range of food items that staff members showed to people to assist them to make choices when planning menus and shopping for the home.

Some of the cupboards in the kitchen were locked. We were told that this was to minimise risks to people, and we saw that these risks were fully identified and that best interest processes had been undertaken. Fruit and other healthy snacks and drinks were available in unlocked cupboards and a fridge, and people were able to help themselves to these at any time. We also saw that staff members offered drinks and snacks to those who were unable to obtain these for themselves.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour and diabetes services, as well as the GP and dentist. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing. People also had Health Action Plans. The daily records maintained by the home showed that people's daily health needs were well managed. For example, one person had recently experienced significant health problems, and the records showed that their well-being was closely monitored and that their GP was immediately notified where there were any changes.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that "They are very good at letting me know what is going on with [my relative]."

Good

Is the service caring?

Our findings

Two people were able to tell us that the service was caring. One said, "I like all the staff," and another laughed and pointed at a staff member and gave us 'thumbs up'. A family member told us, "they are all very good and very helpful."

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. Staff members were gentle and positive in their communications and people appeared relaxed and comfortable with the workers who were supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly interactions between people who used the service and their care staff who used words and signs that people understood, and we saw that people responded positively to this. For example, we observed staff communicating with two people with significant communication impairments. It was clear from people's responses that they understood what staff members were trying to tell them. Staff members checked that they understood people's responses, and we observed people smiling and physically indicating that they had been understood.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious, cultural and personal needs and interests were recorded in their care plans. Care plans and care notes showed for example, that a person was able to visit a place of worship on a weekly basis.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. However, people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits were included in people's activity plans. During our inspection a person came to the office and asked to call a family member. They were helped to use a video phone that had been installed for use by people at the home. The assistant manager told us that, "people can't dial numbers, but if we set it up for them, they can press a picture of their family member, which means that they can make the calls themselves."

People were involved as much as possible in decisions about their care. A staff member told us, "we get to know what people like and we make sure that we support them in the way that they want." We saw that care plans included information about people's likes and dislikes, along with guidance for staff on their communication needs and preferences. The plans included information on 'what works' and 'what doesn't' for each person, and the staff members that we spoke with demonstrated that they were familiar with this guidance.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "they keep me involved and they always try to make sure that [my relative] understands everything."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English. There was a clear link to people's assessments and other information contained within their files.

The care plans that we viewed detailed people's personal history, their spiritual and cultural needs, health needs, likes and dislikes, preferred activities, and information about the people who were important to them.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear stage-by stage information to reduce levels of arousal and enable staff members to support the person to manage their behaviours in a positive way. One staff member told us that, "the care plans are really important for us, but the best thing is when we see that paperwork becoming actions that work."

Information about people's communication needs was detailed and contained clear guidance for staff members on how to ensure that people were enabled to communicate their needs effectively. For example, there was information about how people communicated their needs, and how staff should respond to this communication using signs, pictures and objects of reference. During our inspection, we were able to observe staff communicating with people, and we saw that they used a range of methods described in their plans. A picture communication book was maintained at the home, and staff members told us that they used this, along with objects of reference, to help people to make choices about the activities that they wanted to do.

People participated in a range of activities within the local community that included shopping, walks and meals out. Some people attended day centres on a number of days each week. People's care documentation included individual activity plans and we saw that people participated in a range of activities. During our inspection we saw that a person was supported to go on a shopping trip by a staff member. Everybody at the home was able to participate in at least one evening activity during the week. These included meals out, cinema visits, local clubs such as Gateway, and drives to places of interest for the person. Records of activities, including how people were supported were completed regularly for each person.

People who lived at the home were also supported to take roles in organising and supporting activities. For example, two people were 'health and safety representatives.' A senior support worker told us, "they assist

me in carrying out checks. They really enjoy this and are good at it." Another person had a role in planning entertainment, as they loved music. We spoke with them about this with the support of a staff member. They indicated by smiles and physical signs that they enjoyed this role.

The home had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. They told us that, "I know how to complain but I don't have any complaints." We looked at the home's complaint's log and saw that there had been no complaints during the past year.

Good

Is the service well-led?

Our findings

A family member told us, "the management is very good. It's got better." The complaints, comments and compliments folder included a letter from another carer, thanking the registered manager for his, "dedication and managerial insight to the needs at all of no 49."

The registered manager was also the manager of another home for people with learning disabilities that was situated in the next door building. They were supported by an assistant manager who worked across both homes, and senior support workers based in the home.

The staff members that we spoke with told us that they felt that the manager and assistant manager were supportive and approachable. They also spoke highly of the support that they received from the provider. One staff member told us, "I am very happy with the management overall." Another said, "the management is very supportive." We saw that the manager and assistant manager spent time with staff members and people who used the service, and that their interactions were positive and informal. Staff members told us that a member of the management team was always available if they needed any guidance or support.

A senior support worker told us that they participated in a local senior team member forum which they had found helpful in sharing "who does what well." The registered manager told us that he had set this up so that managers and senior staff within nearby services could come together and share good practice.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The assistant manager told us that urgent information was communicated to staff immediately. We saw recorded evidence of this, which included the communications book and 'handover' meeting records, and the staff members that we spoke with confirmed that this was the case.

There were systems in place to monitor the quality of the home and we saw evidence that monthly safety and quality reviews had taken place. The records of the provider's quarterly internal compliance audits showed that detailed monitoring of a range of quality issues had taken place. These included monitoring of records, recruitment, medicines, monies, health and safety, and community engagement. They also showed that observations of staff support and engagement were monitored. Actions required as a result of these audits were amalgamated into a service improvement plan. We looked at the most recent plan, and noted that these showed clear evidence of how and when actions had been addressed.

The provider had undertaken regular satisfaction surveys with people and family members. The recorded outcomes from the most recent one dated 2015/6 showed high levels of satisfaction. The registered manager told us that this was the record of a national survey by the provider, and that he intended to

facilitate a local satisfaction survey during 2016.

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.