

Dimensions (UK) Limited

Dimensions 42 Jubilee Road

Inspection report

42 Jubilee Road
Mytchett
Camberley
Surrey
GU16 6BE

Date of inspection visit:
30 January 2017

Date of publication:
09 March 2017

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

Dimensions 42 Jubilee Road provides accommodation, care and support to five people with learning disabilities. The home is situated in a residential area with accommodation all on one level.

The inspection took place on 30 January 2017 and was unannounced.

There was a registered manager in post who supported us during the inspection. 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.

At our inspection in October 2015 we found that staff did not have a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's legal rights had not always been protected as people's capacity to make specific decisions was not assessed and decisions taken in their best interests were not recorded. At this inspection we found that improvements had been made and staff were working in accordance with MCA guidance. Staff were knowledgeable about people's rights, capacity assessments had been completed and best interest decisions recorded.

We also identified that the Care Quality Commission had not always been informed of significant incidents in the service to enable us to monitor the service effectively. At this inspection we found that the registered manager had submitted notifications in line with their responsibilities as a registered person.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We observed that staff were available to support people when required and no one had to wait for their care. Prior to being employed staff underwent a robust recruitment process to ensure they were suitable to work at the service. All staff had completed mandatory training and had an induction into the service to enable them to get to know people and the systems in place. Staff told us they felt supported by the manager and records confirmed that all staff received regular supervision to monitor their professional development.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were knowledgeably about the support people required to stay safe. Regular health and safety monitoring was completed and where concerns were identified these were acted upon. A contingency plan had been developed to ensure people would continue to receive their care in the event that the building could not be used.

People received their medicines in line with their prescriptions and safe medicines practices were in place. Records showed relevant healthcare professionals were involved in people's care. Relatives told us they were informed of any health concerns in a timely manner.

People were supported by staff who knew them well and understood their individual communication styles. Staff treated people with kindness and respected people's need for privacy. Care plans were person centred and contained details of people's preferences. Guidance was available to staff on the support people required and we saw that this was followed. People's nutritional needs were met and choices of food and drinks were available to people. People had access to a range of activities which reflected people's hobbies and interests.

There was a complaints policy and procedure in place and relatives told us they felt confident any concerns would be dealt with by the registered manager. Records were securely stored and well maintained which meant staff had easy access to the information they required. Quality assurance systems were used to monitor the quality of the service people received and improvement plans were developed to address any shortfalls identified. People and their relatives were given the opportunity to give feedback on the service they received.

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.

Staff were aware of their responsibilities in safeguarding people from abuse and how to report any concerns.

Risks to people's safety were assessed and staff followed guidance to minimise these risks.

There were sufficient staff to meet people's needs in a timely manner.

Medicines were administered and stored safely.

There was a contingency plan in place to ensure people would continue to receive care in an emergency.

Is the service effective?

Good ●

The service was effective.

The requirements of the Mental Capacity Act 2005 were followed to ensure that people's legal rights were protected.

People's nutritional needs were met and choices of food were provided.

People were supported to access a range of healthcare professionals.

Staff received training and support their development and enable them to meet people's needs.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between staff and people. Staff had respect for people's privacy.

People were supported by staff who knew them well.

People were treated with dignity and respect and supported to

maintain their independence.

Relatives told us they were made to feel welcome when visiting their family members.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People took part in varied activities which took into account their individual hobbies and interests.

There was a complaints policy and procedure in place and relatives told us they would feel comfortable in raising any concerns

Is the service well-led?

Good ●

The service was well-led.

The registered manager had informed the CQC of notable events in line with their responsibilities as a registered person.

Quality assurance process were in place to ensure continuous improvement.

The provider had sought feedback from people receiving support, their relatives and staff.

There was a positive culture and staff were clear on the values of the organisation.

Dimensions 42 Jubilee Road

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 30 January 2017 and was unannounced. The inspection was carried out by one inspector.

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.

As people living at 42 Jubilee Road were not able to tell us in detail about their experience we observed the care and support they received. We spoke to the registered manager and two staff members during the inspection. Following the inspection we spoke to three relatives to gain their views on the service provided to their family members.

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

Is the service safe?

Our findings

Although people living at the service were unable to tell us if they felt safe we observed that they appeared relaxed in the company of staff and approached them without hesitation. Relatives told us they were confident their family members received safe care. One relative said, "They are very particular and fuss over him. They're always there to make sure he's safe." Another relative told us, "It's a lovely place and they care for him beautifully. They make sure he has his medication and always look after him."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff received training in safeguarding people from potential abuse and this was regularly updated. Staff were able to describe the different types of potential abuse, signs to look for that people may be suffering abuse and reporting procedures. One staff member told us, "If I saw something or someone told me something I would always report it straight away and make sure it was documented. I would never disbelieve what I was told by anyone." Staff were aware of whistle-blowing procedures and posters were displayed in the office which gave staff information on how to report concerns outside of the organisation.

Risks to people's safety and wellbeing were identified and control measures implemented to minimise the risk of harm. Risk assessments gave clear guidance to staff on the steps they should take to keep people safe and these were cross referenced with people's individual care plans. Two people's plans highlighted they were at risk of falls and that staff should walk alongside them when mobilising. We observed that staff were vigilant and ensured they were always available to support them when required. One person had been assessed as requiring their chair to be raised to make it safer for them to stand up and sit down. We observed that the chairs had been raised both in the person's room and in the communal lounge so they were able to choose where to sit.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Procedures were in place to report and review all incidents and accidents which occurred in the service. One staff member told us, "We always record everything to be on the safe side, that way we make sure nothing gets missed and it's all checked by the manager." All accident and incident reports were reviewed by the registered manager before being forwarded to the organisations health and safety manager. This ensured that staff had taken the appropriate action to support people and any changes to people's risk assessments or systems were implemented.

There were sufficient staff deployed to support people in line with their needs and preferences. Staff worked flexibly to ensure that people were able to regularly access activities whilst ensuring there were sufficient staff to support people who remained at home. Staff told us they felt they were enough staff and they did not have to rush people's care. One staff member told us, "We have time to be with people and do things properly. We sometimes use agency but they have been here before and know what's needed." We observed that people's needs were met promptly by staff and no one had to wait for support.

Robust recruitment process were in place which helped to keep people safe. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work

at the service. Staff files contained a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

There were safe medicines administration systems in place and people received their medicines when required. Staff received training in medicines administrations and regular checks were completed to assess their competency. Each person had a medication administration record (MAR) which contained a recent photograph, any known allergies and the person's date of birth. There were no gaps in the recording of medicines and daily stock checks of medicines were completed. Where people were prescribed PRN medicines (as and when required) there were guidelines in place to inform staff when and how to administer their medicines safely. Medicines were stored securely and weekly audits were completed to ensure that the systems in place were closely monitored.

People lived in a safe environment and regular health and safety checks were completed and any concerns were reported through the maintenance system. It was noted that a number of communal areas were in need of refurbishment. The registered manager told us they had recently met with the housing provider to discuss these concerns and had received assurances that the work had been scheduled and budgeted for. They told us they were having on-going discussions with the provider as to the course of action they would take should the work not be completed in a timely manner.

A fire risk assessment was in place and fire drills were completed to ensure that people would be able to leave the building safely in an emergency situation. A contingency plan had been developed which meant that people would continue to receive safe care in the event that the building could not be used. There was clear guidance provided to staff on the action they should take and the relevant people to contact.

Is the service effective?

Our findings

The 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).

At our inspection in October 2015 we found that people were not supported by staff who understood their responsibilities around the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards. Capacity assessments had not been completed with regards to specific decisions and best interest decisions were not recorded.

At this inspection we found that improvements had been made and people's legal rights were protected. Staff were knowledgeable about people's rights and the processes involved in meeting MCA guidance. One staff member told us, "They have the right to make their own decisions, if we don't agree with it doesn't mean that it's the wrong decision. They have rights and responsibilities like we all do. If we assess they can't make the decision we need to try and help them through the best interest route." Another staff member told us, "If a person can make a decision we don't undermine them, it's their decision. If not, we hold a best interest meeting with families and professionals."

People's care files contained capacity assessments and best interest decisions with regard to specific decisions including locked doors, medicines and finances. Where people required their medicines to be administered covertly this had been assessed and the person's GP had signed to acknowledge they were in agreement. Where people were able to make their own decisions about aspects of their care, their choices were also recorded. DoLS applications had been submitted appropriately to the local authority. These clearly indicated the restrictions in place and how decisions had been reached in the person's best interests using the least restrictive options available.

People were supported by staff who received training to support them in their role. The registered manager maintained a training log which showed that all staff were up to date with their training. This included training in safeguarding, health and safety, person centred care, medication and first aid. Staff told us that they completed training using an e-learning programme and practical training such as moving and handling and first aid in group sessions. They told us they found the training useful in their role. One staff member said, "The training refreshes your knowledge. If you don't keep your training up to date you risk making mistakes." Another staff member told us, "It equips us to do our job. If we need anything extra we can ask. They're looking at dementia training because we said we need it now."

Procedures were in place to ensure that new staff received an induction into the service. The registered manager told us that any new staff members completed the induction training and were given time to

shadow more experienced staff members until they felt competent in their role. Staff confirmed that they had received an induction into the service which gave them the opportunity to learn about people's needs and read documentation regarding the running of the service. One staff member told us, "Induction is important, it means staff can learn what the job is. We can support them and make sure they are doing things properly."

Staff received regular supervision and an annual appraisal to support them in their role. Records showed that staff had received five supervisions per year and an annual appraisal, in line with the provider's policy. Staff told us they found the supervision process useful in monitoring their performance. One staff member said, "We talk about what's working and what's not working. It's a way of always looking at what can be improved and what we can achieve." Prior to annual appraisals taking place, feedback on each staff member's performance was requested from people, relatives and other staff members. This formed part of the appraisal process which also looked at what the staff member had learnt, what they had tried and what they wished to achieve in the coming year.

People's nutritional needs were met. People had choice and control over their meals and were supported to maintain a healthy and balanced diet. A pictorial menu was in place and meals were chosen by people on a weekly basis. Staff told us they were flexible and would provide an alternative if people did not want what on the menu. We observed people having lunch and saw that people had chosen different meals which they appeared to enjoy. Relatives told us that staff were aware of people's dietary needs. One relative told us, "They have varied meals and staff are aware of what he should be eating." Another relative said, "He seems to like the food. It smells nice and he always eats it." Where people required support to eat this was done in an encouraging manner and at suitable pace for each person. Guidance was available for staff regarding how people's food should be prepared and presented and we saw that this was followed. People's weight was monitored regular and where significant changes were noted this was addressed with healthcare professionals and people's relatives.

People had access to a range of healthcare professionals and health appointments were monitored by staff. Relatives told us they felt the service responded well to people's health care needs. One relative said, "If he's poorly they will always act on it and let me know straight away with detailed information." Contact details for the healthcare professionals involved in people's care were recorded. Care records showed that people were supported to attend appointments with the GP, chiropodist, opticians and dentist. Records of health visits were informative and documented the reason for the visit and what the outcome had been. During the inspection one person was expressing anxiety and signs of distress. Staff explored possible reasons for the person's distress before making an urgent appointment with the GP to rule out any health concerns.

Is the service caring?

Our findings

Relatives told us they felt that staff were kind and caring. One relative said, "They are so nice, such caring people." Another relative said, "I've been very happy with the care. All the staff are very conscientious and caring." A third relative told us, "The staff are clearly very fond of him. You can tell by the way they share stories about what he's done and things that make him happy."

Staff interacted with people in a friendly and supportive manner. It was clear from our observations that people felt comfortable with the staff supporting them. We observed staff sharing jokes with people and enjoying each other's company. Staff took time to listen to people and supported them to express themselves according to their individual communication styles. One person enjoyed using rhymes and we observed staff using them when encouraging the person to stand up. Another person took staff by the hand to guide them to what they wanted. We observed staff reacted positively to the person's requests.

Staff knew people's routines well and supported them with kindness. One person liked to have a rest on the sofa after lunch. Staff asked them if they were comfortable and found them an extra cushion and blanket. Other people enjoyed spending time in their rooms and staff respected people's need for privacy. They checked with people if there was anything they needed and set up activities for people where appropriate. One relative told us, "The staff know him so well. They know he doesn't like a lot of noise and prefers to be quiet so they give him space to go to his room."

Staff understood the importance of treating people with dignity and respect. One staff member told us, "During personal care all doors and curtains are closed, we don't expose people and use towels to cover them and keep them warm." Another staff member told us, "We will give people privacy and not rush them. We ask people for permission to go in their room or the bathroom, make sure doors are closed and have towels and their dressing gown ready to keep them covered." We observed staff knocked on people's doors before entering and people were supported with their personal care discreetly. We saw that people were appropriately dressed and care was taken over people's personal appearance. One relative told us, "They always make sure he looks smart and that all his clothes match. I've never turned up and seen him unshaven. It's something that's important to him and to me." Staff were heard to pay people compliments about how they looked. One staff member was heard to say, "You look nice today, that colour really suits you."

People were supported to maintain their independence. Care plans contained details of what people were able to do themselves and the areas where they required support. We saw that this guidance was followed and staff were aware of people's skills and needs. At lunchtime people were provided with adapted crockery to enable them to eat independently where appropriate. One staff member told us, "One person often likes to eat with their hands so we try and give them finger foods where we can so they can do it their self." Another staff member told us, "It's important we keep people walking as they get older. We have a brilliant physio so can get the equipment people need to stay independent."

People's visitors were made to feel welcome. Relative told us that they were always welcomed to the service.

One relative said, "When I arrive they have a chat and make us a drink then give us privacy to spend time together." Another relative said, "They're always welcoming and if they know we're in a rush to go out they go out of their way to make sure he's ready when we arrive."

Is the service responsive?

Our findings

Relatives told us they were happy with the care and support staff provided. One relative said, "They're very good with him. His keyworker knows him inside out and always want to make sure everything is right for him. If I mention anything (keyworker) already knows and is dealing with it." Another relative told us, "They know him so well and try things with him that we'd never have thought of."

A comprehensive assessment was completed prior to people moving into the service to ensure their needs could be met. People were also given the opportunity to spend time at the service to meet other people and check if the service was right for them. The registered manager told us, "Some people do lots of visits and over-night stays but that's not always possible. One person only visited a couple of times because the change would have caused them anxiety and distress. It depends on the person."

Support plans were personalised and included details of how staff could encourage people to make their own choices. Information about people's personal history and preferences were recorded and staff were able to tell us about relatives and friends who were important to people. There was guidance available on how people expressed their wishes. One staff member told us, "You get to understand people's communication when you've been working with them for a while. You notice body language and facial expressions which helps when you're offering choices. We shouldn't assume they will want the same thing as they wanted yesterday. We always offer choice and don't assume." We observed staff offered people choices regarding what they wanted to eat and how they wanted to spend their time.

Support plans contained guidance for staff regarding people's needs and how they preferred their support. Each person had a one page profile which detailed what was important to them, what people admired about them and how to support them well. Information on what would be a good day and a bad day for the person enabled staff to understand people's preferences and routines. Additional guidance was provided in areas including mobility, eating and drinking, personal care, activities and health. We found the support people received was reflected in their support plans. One person's plan stated they enjoyed spending their time writing in their room. We observed staff ensuring they had their pens and books close to them and showed an interest in what they were doing. It was important to another person that went out each day and records confirmed that staff ensured they were supported to do this.

People's care and support was regularly reviewed. Relatives told us they were invited to review meetings and had the opportunity to make suggestions and comment on the support provided. One relative told us, "I'm always involved and can advocate any changes I think would be useful." Another relative said, "They always invite me to reviews. I can't attend as often as I used to but they let me know what they talked about and ask my opinions." Records showed that reviews were held annually to discuss people's progress, what had been tried, what was working and suggestions of new things to try.

People had access to a wide range of activities in line with their needs and preferences. Relatives told us they felt their family members were provided with activities which were meaningful to them. One relative said, "They are always looking for things he'd enjoy. They try to be as imaginative as possible to give him the

opportunity to try different things." Staff were able to tell us about the activities people enjoyed and how they supported them. One person enjoyed travelling on trains. We heard staff chatting with the person about the trip they had planned on the train the following day. Another person told us they loved horses and had been supported to visit a local stable. Staff supported the person to watch a horse jumping DVD which they clearly enjoyed. On the day of the inspection everyone was able to go out to a variety of activities including shopping, for a walk or to visit a café.

The provider's complaints policy was displayed in an easy read format using pictures to aid people's understanding. Although there had been no complaints received since the last inspection the registered manager was able to describe the processes in place which included senior managers reviewing all complaints and responses. Relatives told us they would feel comfortable in raising any concerns and felt these would be acted upon. One relative said, "If I spoke to them about anything I think they would be as concerned as I was. They're very good with everything." Another relative said, "I can't think of anything I'd want to complain about. If I wasn't happy I would tell them and I'm sure they would respond."

Is the service well-led?

Our findings

Relatives told us they felt the service was well managed and the service offered was of a good standard. One relative told us, "I'm very happy with it. It's the best place he's ever lived. It's a lovely place." Another relative said, "The staff always seem happy and there's good communication. They really do their best for people."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. At our last inspection in October 2015 we found that the registered manager had not notified the CQC of all notable events. At this inspection we found that improvements had been made and the registered manager had submitted notifications regarding significant incidents in line with their responsibilities as a registered person.

Systems were in place to monitor the quality of the service and ensure continuous improvement. The registered manager ensured that regular checks of medicines, finances, health and safety, staff supervision and training were completed. A service improvement plan was developed from this information which gave timescales on when the improvements should be achieved. For example, it had been noted that the housing provider had not responded to maintenance concerns in a timely manner. The registered manager had arranged a meeting with them to address outstanding concerns which had led to the landlord providing a more responsive service. The provider's quality assurance team completed comprehensive audits of the service to ensure people were receiving the support they required and that regulations were being met. Audits included checks of people's support plans, risk assessments, activities, complaints and support for staff. The last audit completed showed that the service was meeting expectations.

People and their relatives were given the opportunity to provide feedback about the service they received. As part of the audit process the quality assurance team contacted relatives to seek their views. Records showed that relatives spoken to had provided positive feedback. The provider employed a number of quality checkers who were responsible for observing people's care during quality audits. This enabled the provider and registered manager to gain feedback on people's experiences of the care they received. Annual surveys were distributed to people and their relatives and results collated on a regional basis. This allowed the provider to monitor trends in each area and make decisions regarding where resources should be focussed.

Staff were given the opportunity to be involved in the development of the service and organisation. Monthly staff meetings were held and records showed these were well attended. Discussions included an overview of people's progress and good news stories, a review of delegated responsibilities, feedback on health and safety issues and discussions regarding future plans. The provider produced a briefing document which gave an overview of board meetings and organisational issues. This was shared at team meetings to enable staff to give feedback on any future plans or concerns. Staff told us they were able to contribute within team meetings and felt their views were listened to. One staff member said, "I always say if things could be improved and they always act on any concerns raised. It's a very open team."

Staff told us they felt supported in their role and felt the values of the organisation were clear. One staff

member told us, "The manager is good and we're a good team. If there's anything wrong they respond quickly." Another staff member said "The managers are very good. If you ever need anything they listen, they don't say no, they try to find a way to make it happen. Everything in Dimensions is about the people living here and what they want and that's my idea too."

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them.