Dimensions Somerset Sev Limited

Dimensions Somerset The Saplings

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

People's experience of using this service and what we found
Systems were not always in place to protect people from the risk of infection spreading. Staff did not always use personal protective equipment (PPE) such as aprons, gloves and masks safely or follow government guidance. People were not always kept safe as there were not always enough staff deployed effectively to meet people's needs. Risks to people had not always been recognised or guidance provided.

People's needs and their quality of life did not always form the basis of the culture at the service. Although staff were kind and caring, they did not always put people at the centre of their care. For example, staff levels and guidance were not always facilitating people to stay safe and meet all their needs. People were living in a service where there had been positive changes. For example, the current manager was promoting an open, transparent culture. Relatives of people felt they were kept informed of anything which happened. However, it was not clear whether these improvements were sustainable.

The provider had a culture of people receiving "active support" placing the person at the centre of their care. Leadership of the service had not always been consistent which meant improvements were required. However, examples were seen where staff made blanket decisions such as everyone having the same evening meal. Communication systems were not always empowering people to express their needs and wishes. Mixed opinions were heard from staff about how valued they felt.

- People were not always supported by enough appropriately skilled staff to meet their needs and keep them safe. Staff knew how to protect people from abuse and who to raise concerns to.
- People had opportunities for positive risk taking. People were starting to be involved in managing their own risks whenever possible. However, people's existing risks were not always assessed regularly.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs.
- People were starting to be supported to be independent and have control over their own lives. Their human rights were being considered and this was led by a new manager.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity. Staff members understood most of people's needs. However, people were not always having their communication needs met and information shared in a way that could be understood.
- People who could become distressed and upset resulting in behaviours towards others had proactive plans in place. However, these were not readily accessible to all staff working with them. Systems were in place to report and learn from any incidents although action could be delayed.

● People had opportunities to make choices with the limited communication strategies in place. They took part in activities which were part of their planned care and support. Staff were beginning to help people put aspirations and goals in place.
● People's care, treatment and support plans reflected their sensory, cognitive and functioning needs. However, there were times these plans contained contradictory details or lacked key information.
● People received support which met most of their needs and aspirations. Support tried to be focussed on people's quality of life and it was emerging that best practice was followed. Systems were not always in place for staff to evaluate the quality of support given, involving the person, their families and other professionals as appropriate.
● People received most of their care, support and treatment from trained staff and specialist able to meet their needs and wishes. Managers had not always ensured that staff had relevant training, regular supervision and appraisal.
● People and those important to them, including advocates, were beginning to be actively involved in planning their care. Where needed a multidisciplinary team worked together to provide the planned care. Although, there were times when reviews had been missed.
● People were not always being supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems were being developed to ensure people were kept safe and received a high quality of care and support in line with their personal needs. People were not always equipped with tools to help them work with leaders to develop and improve the service. Although relatives felt involved.

Why we inspected
We undertook this inspection to follow up areas of concern raised with us around staffing and care people received. Also, to provide assurance that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, infection control practices and managing risks to people.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Dimensions Somerset The Saplings

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried about by one inspector, a member of the medicine team and an Expert by Experience to make phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Dimensions Somerset The Saplings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we have received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience. We also carried out multiple observations throughout the inspection to capture peoples' experiences.

We spoke with eight members of staff including a provider's representative, the manager, assistant manager and support staff. One health and social care professional was spoken with on site. Some of these were through video calls. We spoke with four relatives on the phone. We reviewed a range of records some on site and some virtually. We looked at four people's care records and multiple medicine records. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training information, rotas and quality assurance records. We spoke with two health professionals and one member of staff on the telephone.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. People were placed at risk of infections spreading because staff were inconsistently wearing and disposing of PPE and were not wearing PPE in line with government guidance. A few visual prompts were in place to remind staff of the correct putting on and taking off of PPE. This resulted in staff not sanitising hands and one staff member was seen removing their mask whilst putting an apron on. Staff were not always able to tell us how to put on and take off PPE in line with the guidance. The manager told us they would look into refresher training for the staff.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. However, one staff member, on arrival, was seen taking a lateral flow test on the dining room table where people and other staff were sitting. Hand hygiene had not been followed and little consideration appeared to have been taken about the risk of potentially spreading infection and the people's quality of life in their home.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Used gloves and aprons were being disposed of in various open bins throughout the home. This included two in the lounge area and one in a shared toilet. No staff or management had identified the safety risks of this culture and the impact it could have on people in their home. During the inspection bins with lids were purchased to replace open bins.
- We were somewhat assured that the provider was meeting shielding and social distancing rules leading to the risk of infections spreading. People were sometimes receiving kind and caring close support from staff who were incorrectly wearing PPE. For example, one person had an infection and staff would support them wearing an apron and mask with no gloves and then help another person without sanitising hands or putting on gloves.

We found no evidence that people had been harmed. However, systems to prevent infections spreading were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date. However, staff were not always following it.

● We were assured that the provider was preventing visitors from catching and spreading infections.

Staffing and recruitment
● People were not receiving a safe, meaningful quality of life because staff numbers and deployment was not in line with their needs and wishes. On the second day of inspection, three people were left with two staff members whilst other people had gone out for walks. As a result, two people's health needs were not fully met, and they were placed at potential risk of harm.
● Staff raised concerns about the hours they worked, and the service's risk assessed minimum staffing levels were not considered adequate by them. The staff members raised concerns as some people required two members of staff to support them with intimate care and repositioning. Other people had health risks which required close observation. One person was at high risk of falls and records show they were prone to them although the number of falls had recently decreased."
● The management had identified the lowest level of staffing within a risk assessment. Two versions of this were shared during the inspection by different senior staff. The second version contained a higher minimum staff level of four staff from October 2021. Staff told us and the rota confirmed there were recent occasions when staff levels dropped below the amended risk assessment sent to us. An example was also found when trying to speak with staff via video link because there were only three staff on shift.

We found no evidence that people had been harmed. However, systems were not in place to ensure people were supported by sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management told us they were reviewing shift patterns to try and improve allocation of staff during shifts. They also informed us more staff had recently been recruited to try and rectify the risks to people and improve their quality of life.
● Relatives had mixed views about the staff levels. Some felt they were good. Whilst one relative said, "They probably could do with a bit more staff. But you know…they were one time using agency, but they try to use their regular staff."

Assessing risk, safety monitoring and management
● People were placed at risk of potential harm and the quality of care not in line with their needs. Care records were not always fully accessible to staff. At times, they were missing clinical and care information. Other times they contained contradicting or out of date information.
● One person had moved into the service in August 2021. The old care plan which transferred with them was still in use. It had not been updated in line with their new health and care needs and details from new health professionals. Old documents relating to previous health conditions were still in place which placed the person at risk of harm if staff followed the wrong guidance. During the inspection this was rectified by the manager.
● One person requiring catheter care had no guidance in their care plan for staff to follow to reduce the risk of infections including sepsis. Reliance was placed on a few staff sharing best practice with untrained staff. Inconsistencies were found with staff understanding and knowledge of how to recognise a decline in health.

No additional training had been put in place to reduce the risk of infections and harm. The manager told us they would immediately action putting a risk assessment in place and source training for staff.

● People were placed at risk of choking and aspiration when eating and drinking. Staff were not always following people's speech and language therapist guidance. One person was meant to have a thicker drink when feeling unwell. They were witnessed coughing when supported with a thinner drink despite being ill. The inspector intervened and the thicker drink was tried which resulted in no coughing. Another person had specific guidance about eating in a quiet place which was not always being followed by all staff. On one occasion they were being supported with their meal in the lounge with another person watching television and staff frequently talking to each other. The person was looking around at what was happening so could have been distracted.

● People were not always involved in managing their own risks whenever possible. All people had a communication passport in their care plan. However, few alternative types of communication had been explored to help people communicate about their care needs and risks. One person using alternative communication with the inspector was able to express their bedroom was too noisy and cold. This was rectified by the manager by staff purchasing a thicker duvet.

The provider had failed to robustly assess and manage risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives were positive about being involved with their family member's quality and safety of care. Comments included, "They [staff] called recently to ask if I was happy for [person] to have his COVID-19 and flu jab. They are so respectful and involve me at all times." and, "I trust them with his medicine. They keep me informed all the time."

● Staff anticipated and managed some risk in a person-centred way. The manager and representatives of the provider were trying to promote a culture of positive risk taking. Staff members had a high degree of understanding people's needs. For example, staff were putting arrangements in place for one person to have more freedom of movement despite a decline in mobility. The manager was liaising with other health professionals to ensure the person was supported in a safe way by staff who were competent to manage the risk.

● People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment. The environment met people's sensory and physical needs. People had space to sit and spend time with staff. Staff members spent time in the kitchen and dining area involving people in what they were doing whilst monitoring the risks. Staff had liaised with health professionals to arrange a specialist chair for one person to meet their fluctuating needs and risks. A range of moving and handling equipment was available. A sensory space had been created including a bed so people could relax. People expressed they were happy with most of their environment.

Using medicines safely

● People were not always supported to make their own decisions about the medicines they took. Information about medicines was not available in an accessible format although staff did talk to people about their medicine. One person expressed to the inspector they were not happy about their medicines using an alternative communication system. However, they were aware, and the person's care plan stated they sometimes did not want their medicines. The manager told us they would look into this further and see if there is alternative options.

● People received the correct medicines at the right time when they indicated they were happy to take it. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store medicines.

● Leaders understood and implement the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) and ensured that people's medicine is reviewed by prescribers in line with these principles.

Learning lessons when things go wrong

● The service had not always kept people and staff safe. The service had repeated incidents which had not always been resolved in a timely manner. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and the current leaders recognised patterns. Leaders usually investigated incidents and shared lessons learned with the whole team and wider service.

● The service recorded incidents where people became distressed and could place risk on themselves or others. Most of these incidents had been reviewed by leaders. However, actions had not always been taken promptly and key guidance was not always accessible. The provider's specialist team had been consulted to provide support to staff.

● Patterns were identified through systems which led to reviews, retraining and changing systems around medicine management.

Systems and processes to safeguard people from the risk of abuse

● People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. People were supported by staff who knew them well. Staff were able to recognise non-verbal signs that someone may have suffered potential abuse.

● Restrictive practices were only used where people were a risk to themselves or others as a last resort, for the shortest time possible. However, one person had a positive behaviour support plan which was not accessible to staff, and their needs had changed. The manager assured us they were working with the provider's behaviour support specialist to review and update the plan.

● Staff understood that restrictive interventions include restraint, segregation and seclusion. People were supported to spend time in places around the home they wanted.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Our findings from the other key question we reviewed showed governance processes had not always helped to keep people safe, protect their human rights and provide good quality care and support. The new manager and a representative of the provider had plans to rectify this. However, it was not clear how these would be sustainable.
- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used it. They were visible in the service and approachable for people and staff. One relative said, "There was a recent change in management…I have got to say the lady we met, she was impressive, excellent people skills and well educated." However, this had not always been the case. The provider had a history of multiple managers at this location. Therefore, it was not clear yet whether these improvements would be maintained.
- Staff knew and understood the provider's vision and values. However, they did not always know how or have enough staff to apply them in the work of their team.
- Staff had mixed views of how respected, supported and valued they felt. Staff felt they could raise concerns to the new manager although had mixed views of the response. The provider promoted equality and diversity in its work by having training for staff. Senior staff adapted the support around the needs of each member of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and those important to them worked with managers and staff to develop and improve the service. One relative said, "They have a new manager. In fact, she called me just last week. She was very friendly and told me all that they are planning, it was all positive. She seemed pleasant and approachable." However, communication systems had not always been explored to increase the input that people could have. This had now changed, and the provider sought feedback from people and those important to them and used feedback to develop the service. They shared positive comments with us from a recent people's survey. Examples seen were things like 93 percent of people felt safe and 97 percent were happy with how they have been supported.
- The service apologised to people, and to those important to them, when things went wrong. Staff gave

honest information and most of the time suitable support. The staff applied duty of candour where appropriate.

Working in partnership with others

● Staff had information they needed to provide safe and effective care from other health and social care professionals. They used information to make informed decisions on treatment options. However, areas of improvements and inconsistencies were found. When necessary they liaised with other health and social care professionals. Information was also reported externally.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always managed or recognised including reducing the spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure people were supported by sufficient numbers of suitably qualified, competent, skilled and experienced staff.