Dimensions (UK) Limited

Dimensions Theobald House 46 Dartmouth Avenue

Inspection report

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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

Overall summary

This inspection took place on the 22 December 2015 and was unannounced. When the service was last inspected in December 2013 there were no breaches of the legal requirements identified.

Dimensions Theobald House is registered to provide care and support for up to four people with a learning disability. The home is located in a residential street in Bath. On the day of our inspection three people lived at the service.

A registered manager was in post at the time of 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.

Summary of findings

People who used the service were unable to tell us of their experience of living in the house. We found that people's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked capacity to make informed decisions.

Staff endeavoured to keep people safe because they understood their responsibilities should they suspect abuse was taking place. They knew the protocol of how to report any suspected concerns. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. For example, if people were at a risk of choking they had been assessed by an appropriate professional and guidance was in place for staff.

People had their physical and mental health needs monitored. All care records showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

There were enough staff on duty to meet people's needs, both within the home and when people wished to go out. Staff we spoke with felt the staffing level was manageable The provider's recruitment procedures helped ensure that only suitable staff were employed to work in the service

People's medicines were managed safely. People were supported with their medicines by staff and people had their medicines when they needed them.

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for. Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

People's individual care plans reflected the most up to date care people required. Care plans were person-centred and focussed on the individual and their specific needs. People had access to a wide range of activities which were both individualised as well as being meaningful to them.

There were systems in place to assess, monitor and improve the quality and safety of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Good

Is the service effective?
The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good

Is the service caring?
The service was caring.

Staff were kind and treated people with respect.

Staff supported people in a way that maintained their privacy and dignity.

People maintained contact with their family and were therefore not isolated from those people closest to them.

Good

Is the service responsive?
The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Good

Is the service well-led?
The service was well-led.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Staff felt supported by the registered manager.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 December 2015 and was unannounced. The last inspection of this service was in December 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff, the assistant locality manager and the registered manager.

The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with generally felt the staffing level was manageable. There were sufficient staff to help people. We observed people having 'one to one' time with staff and going out to participate in activities. The assistant locality manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service. This position was confirmed by members of staff we spoke with.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told by the registered manager that staff files were held in head office. They contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were safe arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded correctly.

People's medicines were managed and they received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There was clear guidance for the staff to follow to minimise the risks and to prevent harm. These included assessments for the person's specific needs such as utilising the home environment, support in the kitchen, managing finances, nutrition and mobility. Assessments were reviewed and updated, mostly on a monthly basis. Examples included of how to keep a person safe when they provided support in the kitchen. Potential hazards were identified and control measure instructions were provided such as the need for staff to be present and vigilant at all times. Practical instructions were also detailed enabling the person to be independent, as far as possible.

Incidents and accident forms were completed when necessary and reviewed by the manager. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. An example of this involved the petty cash being down by £10. The matter was fully investigated and

Good

Is the service safe?

the issue was resolved with actions taken to mitigate future risks. In this case all staff were reminded of the need to record money leaving the service and document the money spent on their return.

People were cared for in a safe, clean and hygienic environment. Each staff member were allocated daily cleaning duties and the premises and equipment were well maintained. The registered manager told us that the service intended to implement cleaning rotas to ensure that each staff member completed their respective duties.

Good

Is the service effective?

Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. New staff attended an initial one day induction that included learning about the provider and the expectations whilst in employment with the provider. The remaining induction training period was over twelve weeks and included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. Training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, basic life support and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as autism awareness. In accordance with the needs of a new person coming to live at the service a member of staff told us that they were going to attend Makaton training. Makaton is a language programme using signs and symbols to help people to communicate.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as mandatory training, the people that staff support, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. Staff we spoke with felt well supported through their training and supervision programme.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed an emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "I try and encourage people to make choices. For example regarding food I show people a variety of foods or take them to the fridge and people can choose what they want. People are given as much freedom as possible with their daily routines."

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques. These included using simple sentences and using pictorial indicators. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. We were told by the registered manager that the latter were invited to attend such meetings but did not necessarily attend all the meetings.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Risk assessments had been carried out to identify any risks to people when eating and drinking. For example, in relation to the risk of people choking. We saw that one person had been assessed by the Speech and Language Therapy (SaLT) team and guidance for staff was in the form of a table mat. This meant information was easily accessible to staff and provided guidance regarding the person's needs such as

Good

Is the service effective?

their positioning, food consistency and assistance required. We observed that people were encouraged to eat a healthy, balanced diet and their food choices were respected. The deputy locality manager told us that they try and support people to eat healthily but if people choose to have treats their decision is respected.

People were supported to maintain good health and had access to external health care professionals when required.

People's care records demonstrated that their healthcare needs had been assessed and were kept under review. There was a health action plan in place for each person that recorded their health needs and any guidance or appointments relating to healthcare professionals. We saw people had received input from the GP, occupational therapist and physiotherapy as well as other professionals.

Good

Is the service caring?

Our findings

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking an interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They played music in people's rooms they liked, took them out and joined them in their rooms spending one-to-one time with them. Where one person appeared distressed the member of staff was calm and provided reassurance. They listened to the person who provided clear indication that they did not want to go out. Their decision was respected.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, one person's plan advised that the person's vocabulary was limited but they understood instructions and requests. Staff were instructed to speak clearly, calmly and concisely and be patient for a reply. Staff demonstrated a sound understanding of the person's communication needs and we observed that they followed the principles of the plan when conversing with the person. Staff we observed were patient and fully engaged with the people they were caring for.

People's privacy and dignity was maintained. Staff told us they always considered the person's privacy. A staff member described how one person at times liked to be left alone and preferred spending time in their room. The person's personal space was respected. We observed staff knocking at the person's door to ensure that they were content and left them alone if they wanted to remain in their room. Staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. An example of this included laying out clothes on the person's bed to choose from and assisting the person by providing verbal prompts when providing personal care. This enabled the person to make choices and request personal care needs, where required.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such the person's preferred morning and evening routines. The level of detail provided by staff members was clear and reflected in the person's care plans.

The staff members enabled the people who used the service to be independent, as far as possible. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. People were provided with activities, food and a lifestyle that respected their choices and preferences.

People were encouraged to maintain links with their friends and relatives. Relative's visited regularly and people had attended a recent Christmas party with their friends at another service run by the provider.

Good

Is the service responsive?

Our findings

The service was responsive to each person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people through their expressions and body language appeared content living in the service and they received the support they required.

People's needs had been assessed before they moved in to the service. A care plan was written and agreed with individuals and other interested parties. Care plans were reviewed every month and a formal review was held once a year and if people's care needs changed. Reviews included comments on 'what is working', 'what is not working' and 'how do I want to change things'.

Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where one person had been to hospital changing needs were amended in the care plan to assist their recovery. An example of this included changing the person's room to assist their mobility needs and provide more staffing hours to deal with their everyday routines.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included having contact with their family and loving music. An action plan was implemented to enable the person to maintain contact with their family and engage in the activities they liked to attend such as having regular music therapy sessions.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The service knew people well and were responsive to their needs. People had access to a wide range of individualised, meaningful activities. On the day of our inspection people were engaging in different activities such as attending the day service, preparing for Christmas, going out shopping and staying at home listening to music in their own rooms. People also engaged in other activities such as volunteering at a city farm, swimming horse-riding and family visits.

People maintained contact with their family and were therefore not isolated from those people closest to them. Family members were encouraged to visit regularly and people were enabled to visit their families. We reviewed feedback from family members and they considered that their relatives were engaging in activities that were important to them. They felt the service kept them well informed about their relative's welfare. They provided feedback on things that were working well and areas that required improvement, such as providing a driver at weekends.

Family feedback regarding the staff and their understanding of their relative's needs was really positive. Comments included: "[staff member's name] is an amazing person, thoughtful, caring, also knows so well [relative's name] and does all he can to make sure he does the things he likes best" and "I feel very confident and the way [staff member's name] cares for [relative's name]. [staff member's name] understands his needs and is excellent at knowing what he likes, a real asset to Theobold House."

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. An example of this included where a person became increasingly distressed owing to a change in their routine. This was reported to their manager and is currently being reviewed. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

People and their representatives were encouraged by the provider to provide feedback on their experience of the service and monitor the quality of service provided. Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities.

As part of the internal quality assurance audit family members were asked to participate in the 360' feedback on the staff team. Comments included: "When [person's name] was in hospital [staff member's name] proved to be an exceptional manager and arranged to ensure [person's name] welfare, whilst he had his pacemaker fitter, keeping me informed throughout and said I could contact her at any time I was worried which was a great help to me." and "The house is kept very tidy. Thank you for looking after my relative."

Staff told us they felt well-supported by their manager. One member of staff told us; "It's all really good here and we're well supported." When we spoke with staff they were all enthusiastic when describing their role and responsibilities. We observed them encouraging people to be as independent as possible and staff team members supported each other. We observed the assistant locality and registered manager providing support to the team, where required. There were methods to communicate with staff about the service. The manager told us that staff meetings were held approximately every month. Minutes of the meetings demonstrated that items discussed included safeguarding, 'people we support' and health and safety issues.

There was a well-organised shift planner in place which meant staff knew who was responsible for particular tasks each day. Communication books were in place for the staff team as well as one for each of the individuals they supported. We saw that staff detailed the necessary information such as the change of medication and issues identified from a recent medication audit. This meant that staff had all the relevant up-to-date information at staff handover. Staff were required to read the communications book for the service and the individuals.

To ensure continuous improvement the manager conducted regular compliance audits. They reviewed issues such as; planning and delivery of support, observations of support, training and health and safety. The audits identified good practice and areas where improvements were required. They were addressed with the staff to highlight positive areas of their work and ensure current practice was improved, such as staff having the required number of 'One to One Performance Monitoring Meetings' by the end of March 2016.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.