

Dimensions (UK) Limited

# Dimensions 1 Ridgewood Drive

## Inspection report

1 Ridgewood Drive  
Frimley  
Camberley  
Surrey  
GU16 9QF

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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 ●

# Summary of findings

## Overall summary

Dimensions 1 Ridgewood Drive, referred to in this report as Ridgewood Drive, is a care home providing personal care to five people living with learning disabilities. The service can support up to five people in one adapted building in a residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives spoke highly of the service they received at Ridgewood Drive. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

Staff knew people well and worked hard to enable them to share their views, make choices and live active lives as independently as possible. People were fully involved in the planning and delivery of their care.

People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. People's support plans contained personalised information which detailed how they wanted their care to be delivered. Staff worked hard to provide people with varied activities and stimulation that met their interests.

Risks to people's health, safety and wellbeing were identified, assessed and acted upon. People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable to abuse and avoidable harm.

People received their medicines as prescribed by their doctor and there were processes in place to manage the ordering, storing and disposal of medicines. Incidents and accidents were investigated, and actions were

taken to prevent reoccurrence. Ridgewood Drive was clean, welcoming and pleasantly decorated. Staff received training and supervision to meet the needs of the people living in the service.

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

People were supported by kind and caring staff who worked hard to promote their wellbeing. Staff were proud to work for the service and treated people with respect and dignity. The service promoted equality and diversity and worked hard to meet all of people's individual needs.

There was strong leadership at the service. People and staff spoke highly of the registered manager and there was a positive culture at the service with people and staff feeling their voices were listened to.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Dimensions 1 Ridgewood Drive

## **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.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

Dimensions 1 Ridgewood Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law. We used all this information to plan our inspection.

#### During the inspection

During the inspection we observed how staff interacted with people. We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six members of care staff, a duty manager and one external healthcare professional. We also spoke with the registered manager following our site visit. We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek further information from the provider to inform our judgements. We looked at training data and quality assurance records.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

- The service was managed in a way that protected people from abuse. People told us they felt safe living in Ridgewood Drive. Comments included; "I am safe and happy here." A relative made comments including; "Is she safe? 100%. It's the actual carers and manager, they are all out for the total welfare of all the residents."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having taken action in the past to ensure people were safe.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported concerns promptly.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. Staff were knowledgeable about identifying risks to people and knew how to raise this with the management and healthcare professionals.
- People were fully involved in their own risk management wherever possible. Plans to minimise risks had been drawn up with their input and agreement wherever possible.
- Where necessary, specialist advice from external healthcare professionals was sought.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary to minimise the risk of reoccurrence.

Staffing and recruitment

- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to

work in a care setting before starting work.

- There were enough staff to ensure people had access to care that met their needs and protected them from risks.

#### Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed by their doctor. One person said, "They do my meds well. They come in every day. They give them in the morning, lunchtime, tea time and bed time."
- Only staff who had been trained in the safe management of medicines administered them to people. Staff competency was regularly assessed through tests and spot checks.
- Where possible people were encouraged to participate in and take control of their medicine management.
- Processes were in place for the timely ordering, storing and returns of medicines.
- Regular audits were conducted alongside reviews of people's medicines and medication administration records (MAR). Any issues identified were investigated and responded to appropriately.

#### Preventing and controlling infection

- All staff received training in the prevention and control of infection and we observed staff using appropriate protective equipment when performing care tasks.
- People told us the service was always clean, fresh smelling and welcoming. Our observations during the inspection confirmed this.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected when unexpected events occurred where lessons could be learnt. During our inspection we saw that following an incident involving an incident at a sister home, a memo had been sent to all services to ensure risks were minimised and learning took place. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings, handovers and on an individual basis.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People spoke highly of the care they received at Ridgewood Drive. Comments included ; "I like it here. It's great" and, "I love it here." One relative said, "(Name of relative) is very very happy. We're very fortunate. They do such a sterling job."
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- The staff and management at Ridgewood Drive were focused on achieving best outcomes for people and improving and maintaining their independence. For example, one person wore protective equipment to minimise risks of them injuring themselves when experiencing seizures without restricting their mobility and freedom.
- Staff sought guidance and support from external healthcare professionals where necessary to ensure people's health was maintained.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence in the staff who supported them.
- Staff received regular training and told us they felt skilled to care for people well. Comments from staff included; "Training is always up to date and current."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "I feel supported by my colleagues and management. My manager and leads are approachable and I feel comfortable broaching issues/ideas with them" and, "All staff at Ridgewood are very supportive and great to work with. It allows the workplace to be an enjoyable environment to work around not just for us (staff) but the people we support as well."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed help with cooking and eating, this was provided.
- People were supported to eat a varied and nutritious diet. People were given choices which met their individual needs and preferences. People were able to take part in choosing, buying and preparing their meals where they wanted to.
- Where people had specific needs relating to swallowing, staff had involved external healthcare professionals such as Speech and Language specialists to create personalised plans for people.

Adapting service, design, decoration to meet people's needs

- Ridgewood Drive was adapted to meet the needs of people living in the service. Corridors were wide enough for easy wheelchair access.
- The communal areas were decorated to a high standard and were clean and welcoming. People's bedrooms were personalised and reflected people's interests and preferences.

Supporting people to live healthier lives, access healthcare services and support

- Staff had good working relationships with other professionals who had contact with the service. The registered manager emphasised the importance of developing positive relationships to maximise the benefits for people using the service.
- People were supported to live healthier lives through regular access to healthcare professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's support plans and risk assessments and these were followed by staff.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.
- Staff and the registered manager had good knowledge of the MCA framework and encouraged people to make choices wherever possible. Independent advocates were regularly used for people to support them in making decisions.
- People told us they were in control of their lives and enabled to make as many decisions as possible. Comments included; "I go out a lot now. I do what I want." A relative said, "(Name of relative) will make as many decisions as she possibly can, they listen."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes well.
- People told us they enjoyed the company of staff with comments including; "They are nice the staff. They have a chat and a laugh" and "They're all very nice." One relative said, "The staff are second to none, I take my hat off to them they are incredible. They are like an extended family. They are incredibly dedicated to what they do."
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personality. Comments from staff included; "I love working with the guys here" and, "I am very fond of the people we support."
- Records showed people's views and needs were considered. The diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity, sexuality and faith. The service had a diversity and equality team. The duty manager told us this team was, "Purely employed to spread the message of equality" and that all people's needs were considered and responded to.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in all decisions about their care and support wherever possible.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication in order to gain their views and involve them in decision making. For example, some people used pictures or signs.
- People attended regular meetings to share their views and the service listened to these and took action where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We observed staff knocking on people's bedroom doors before entering and giving people privacy.
- People's independence was encouraged and promoted. Support plans highlighted what people could do for themselves and how staff should assist with this. Specialised equipment was used to ensure people could be as independent as possible. For example, mobility aids. One person said, "They help me with my walking. I have to have two people to help me but they do it." One member of staff said, "I think we are giving the people we support the best life, getting them involved in all things little and big, i.e. making their own bed or going on holiday."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs.
- People's support plans contained detailed routines for staff to follow to ensure people had the personalised support they needed.
- Support plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Support plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for different people, such as pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the local community.
- During our inspection we saw people being supported to go to day centres and to go out for lunch. The week of our inspection people had been supported to go on a day trip to Basingstoke canal. People also regularly went swimming and went on group activities to the seaside or places of interest.
- People spoke highly of the activities available at the service. Comments included; "I help get shopping, I go to day centre and I go out for lunch. Sometimes I go to the park." One relative said, "They do an awful lot for them, as much as they possibly can. She's done a few different things she's told me about."

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any

minor concerns or issues discussed with them and the action they had taken in response. This ensured potential reoccurrence was minimised.

- People told us they knew how to make a complaint. Relatives told us their views and concerns were taken seriously and acted upon. One relative said, "They take on board anything I say and I get feedback from them."

#### End of life care and support

- People's care wishes at the end of their lives were recorded in their files wherever possible.

- Staff received training on how best to support people at the end of their lives. Staff respected people's religious beliefs and preferences.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well managed and spoke highly of the registered manager. One relative said, "The manager is absolutely brilliant. She's so hands on, if I have any issues at all, which is rare, I can contact her at any time by phone or email. If I have a concern, we talk through it together. We've got a really good relationship with her."
- The service had a clear, positive and open culture that was shared amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people. Comments included; "I love working here. This is a lovely house. You get a lot of satisfaction out of working here" and "I have a relative with significant needs and I would be more than happy for her to come and live here. We give people exactly what they need."
- The registered manager, provider and all the staff we spoke with put people at the heart of everything they did. Staff talked about the satisfaction they gained from making a positive difference to people's lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Ridgewood Drive had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided. Where actions were identified these were acted on.
- Staff spoke positively about the registered manager and the wider management team.

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

- The registered manager was committed to involving people in the running of the service. They regularly

sought views from people, their relatives, staff and external healthcare professionals.

- The service was implementing a new initiative which looked at increasing active engagement, support and personal outcomes for people. This involved identifying people's individual goals and outcomes in order to ensure these were fulfilled where possible.
- The provider held regular events for people to enable them to share their views and feel heard. People could attend these events along with their relatives and/or advocates. People could contribute their ideas and feedback about specific topics. These meetings provided people with information from external professionals to help them make choices and be informed. For example, some topics previously covered involved weight loss, finances, accessing services, life insurance and funeral directors to talk about end of life. These events were made fun by the provider by including activities for people such as karaoke and cake stalls.
- Regular staff meetings and handovers took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management and had an input into the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continually working towards improvements and looking for new ideas.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, registered manager and staff were enthusiastic and committed to further improving the service delivered for the benefit of people using it.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.