

# Trident Reach The People Charity Dimmingsdale Bank

## Inspection report

21 Dimmingsdale Bank  
Quinton  
Birmingham  
West Midlands  
B32 1ST

Tel: 01214227500  
Website: [www.reachthecharity.org.uk](http://www.reachthecharity.org.uk)

Date of inspection visit:  
24 November 2017

Date of publication:  
08 January 2018

## 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

Dimmingsdale Bank provides accommodation with personal care for adults with learning disabilities, autistic spectrum disorder or mental health needs. At the time of our inspection the service was supporting six people. At the last inspection, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

People we spoke with told us that they felt safe in the home. Assessments identified how staff were to support people from any risk of harm presented by their conditions. People were protected from abuse by staff who knew how to recognise if a person was experiencing or at risk of abuse. People were supported by enough suitable staff to meet their care needs and keep them safe. People were supported to take their medications safely. There were effective practices and policies to prevent and control the spread of infection. Staff maintained records of harmful incidents such as falls. This enabled them to identify any trends and how the risk of them happening again may be reduced.

People we spoke with told us that staff were good at meeting their needs. People's needs had been assessed and plans were in place to provide safe and effective care. People had been involved in developing their care plans to ensure they reflected their needs and wishes. The needs of people were met consistently by staff who had the right knowledge and skills. People were supported to receive food and drinks they enjoyed. Staff communicated effectively between themselves and with other organisations. People were supported to live healthier lives and have access to other professionals. The premises were suitable to meet the needs of the people who used the service. Staff demonstrated an understanding of people's rights to choose how they lived their lives and respected their decisions.

People who used the service told us that staff were caring. Consistent staffing had enabled people to develop meaningful relationships with the staff who supported them. People were supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. This helped people to feel listened to and included in how the service was run. People were supported to lead as independent a life as possible while remaining safe. Staff respected people's privacy and were discreet when people required support with personal care.

Staff responded promptly to people's needs and were knowledgeable about the activities that people enjoyed. People's changing care needs were identified promptly and regularly reviewed with the person. There was a range of ways for people to feed back any concerns they may have. Staff took action in response to information shared in order to improve the support people received. People had the opportunity to discuss their end of life wishes if they wanted.

People we spoke with, and their relatives, told us that they felt the service was well run. The registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour. The provider monitored the quality of care people received and had taken action when necessary to improve how people were supported. Systems were in place to ensure regular auditing of

the service and reviews were conducted to identify trends and when further improvements were necessary. The provider had worked in partnership with other agencies so people experienced continuity of care when they visited other services.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Dimmingsdale Bank

## **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 checked 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 comprehensive inspection took place on 24 November 2017 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with three people who used the service. We spoke with the registered manager and four support workers. We sampled the records including three people's care plans, staffing records, complaints, medication and quality monitoring. We spoke with the relatives of three people on the telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe in the home. One person told us "Yes, I'm safe here". A person's relative told us, "They [staff] are very much on the ball [with safety]". We observed that person who used the service was comfortable to approach staff and appeared at ease in their company.

People were protected from avoidable harm. Assessments had identified how staff were to support people from any risk of harm presented by their conditions such as choking or falling. Staff conducted regular audits of the environment and facilities to ensure the home remained a safe place to live.

People were protected from abuse by staff who knew how to recognise if a person was experiencing or at risk of abuse. Staff told us they would tell the registered manager or other external agencies if they felt a person was at risk. There was information around the home for people who used the service, staff and visitors about how to raise concerns about abuse. The registered manager knew how to follow up information of concern.

People were supported by enough staff to meet their care needs and keep them safe. One member of staff told us, "There are enough staff. We can always get more if we need". Planned staffing levels varied depending on people's needs. This enabled people to attend appointments and visit friends or relatives in the community when they wanted. Robust recruitment checks had been completed by the provider's human resources department to ensure people were supported by suitable staff.

People were supported to take their medications safely. The registered manager told us, "We've improved the [medicines] policy since the last inspection". They had taken action to improve how medicines were stored and ensured records contained detailed guidance so staff could identify when as required medicines (PRN) should be administered. Staff we spoke with could explain how each person required supporting so they could take their medicines as prescribed. We observed a member of staff had prepared a person's medicine in line with their care plan and sat patiently with them to make sure the person took it. Regular audits and reviews ensured people received their medication as prescribed.

There were effective practices and policies to prevent and control the spread of infection. Bathrooms and toilets had suitable hand washing facilities and there were antimicrobial gel dispensers in the kitchen and communal areas. Staff told us, and records confirmed, that maintenance tasks were completed promptly. This prevented areas from becoming suitable for the growth of harmful bacteria. There were suitable cleaning, waste, food hygiene and laundry policies and audits in place to prevent the spread of infection.

Staff maintained records of harmful incidences such as falls. This enabled them to identify any trends and how the risk of them happening again may be reduced.

# Is the service effective?

## Our findings

People we spoke with told us that staff were good at meeting their needs. One person told us, "I have a key worker. They're my friend". Relatives we spoke with were pleased with how the service met people's needs.

People's needs had been assessed and plans put in place to provide safe and effective care. People had been involved in developing their care plans to ensure they reflected their needs and wishes. Staff had received training and demonstrated a knowledge of legislation and best practice which promoted people's right to make decisions about how they lived their lives and respected their individuality.

The needs of people were met consistently by staff who had the right knowledge and skills. We saw staff had formal performance reviews and staff confirmed they received informal and formal support from senior staff on a regular basis to reflect on and improve their practice.

People were supported to receive food and drinks they enjoyed. One person told us, "I like chocolate milk", and we saw the registered manager had bought them some earlier in the day. Records showed that staff regularly discussed people's meal preferences with them and provided guidance on healthy eating. When necessary staff had involved dietary and nutritional specialists to ensure people received nutrition in line with their care needs.

Staff communicated effectively between themselves and with other organisations. Staff told us they regularly shared information with each other about the people they supported. Information was regularly updated in a communications 'log' so staff knew the latest changes to people's care plans. We saw the service had shared information with the day centres people visited. This meant people received consistent care.

People were supported to live healthier lives and have access to other professionals such as dieticians and district nurses to meet their needs. This enabled people to receive expert advice and treatment in addition to on-going support provided by staff at the home.

The premises were suitable to meet the needs of the people who used the service. We saw there was suitable equipment and adaptations so people could move safely around the home and garden. Signage and information boards reflected the needs of the people who used the service so they could orientate themselves and identify their own bedrooms.

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. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions and lifestyle choices. When people were felt to lack mental capacity the registered manager had held meetings with appropriate others to identify care which would be in the person's best

interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)". Staff knew how to support people in line with their authorised restrictions. There were procedures to review authorisations and if necessary apply for their renewal. This ensured people's legal rights were respected.



## Is the service caring?

### Our findings

People who used the service told us that the staff were caring. One person pointed to a member of staff and said, "She's my friend". We regularly saw staff and the people they supported sharing hugs. Consistent staffing had enabled people to develop meaningful relationships with the staff who supported them. Staff took an interest in people's lives and spoke fondly about how they enjoyed supporting people to achieve things which were important to them such as developing relationships.

People were supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw one person being shown a choice of meals they could eat. Records showed that people were regularly approached to review their care and identify if they would like to make any changes. This helped people to feel listened to and included in how the service was run.

We saw staff treated people with respect. One member of staff told us, "You've got to do your best. It's their home". People were supported to lead as independent a life as possible while remaining safe. Staff told us, and records confirmed that people were supported to tidy their rooms and help with chores around the home if they wanted. We observed a member of staff support a person to bake some muffins. Another person monitored the front door ready to let in people returning from their day centres. The person referred to this activity as, "Their job," and staff told us they would often do this.

Staff respected people's privacy and we saw they were discreet when people required support with personal care.

## Is the service responsive?

### Our findings

Staff responded promptly to people's needs and were knowledgeable about the activities that people enjoyed. Records showed that people had been supported to engage in things they liked such as going on holiday. We saw staff support a person to listen to music and observed them play the person's favourite song when they became anxious. The person relaxed and staff joined in singing the song with the person.

People were actively involved in developing their care plans and were supported by staff who had the skills to assess their needs and knowledge about people's preferred communication styles. People were regularly supported to express their views about how they wanted to be supported and how they wanted to live their lives. We saw staff respect their choices. During our inspection visit people were supported to engage in activities their care records said they enjoyed. These included meeting friends, visiting day centres, baking and drawing.

People's care plans were thorough and reflected people's needs, choices and preferences. People's changing care needs were identified promptly and regularly reviewed with the person. There were systems in place to make sure that changes to care plans were communicated to staff and other health professionals. People received appropriate support promptly when required.

There was a range of ways for people to feed back their experience of the care they received and share any concerns they may have. One person's relative told us, "I have no concerns but I would raise them". When necessary staff took action in response to information received in order to improve the support people received. People and their relatives were given copies of the provider's complaints process when they joined the service.

People had the opportunity to discuss their end of life wishes if they wanted. Some people who used the service had been supported to arrange funeral plans. When necessary people had been supported by family members to express their views about how they would want to be supported at the end of their lives. We saw that staff conducted regular checks when people's conditions changed to ensure people had prompt access to equipment and other health professionals in the last days of their lives.

## Is the service well-led?

### Our findings

People we spoke with said they liked living at the home, and their relatives told us that they felt the service was well run.

At the time of the visit the service had a registered manager. 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. They were aware of their responsibilities to the commission and had notified us of the type of events they were required to. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour. Staff described an open culture and felt confident they could raise concerns if necessary. The provider had a clear vision and set of values, such as promoting peoples independence, which staff aspired to and achieved.

The provider monitored the quality of care people received. We saw that they had taken action when necessary to improve how people were supported. Systems were in place to ensure regular auditing of the service and reviews were conducted to identify trends and when further improvements were necessary.

People could comment on how they wanted to be supported by a variety of systems which met their communication styles. People's wishes were reflected in their care plans and in improvement plans for the service. People had the opportunity to influence and develop the service they received such as how the home was decorated and which staff supported them.

There was a culture of learning and improvement. The registered manager had reviewed incidents in order to identify if adverse events could be prevented from happening again. Staff were regularly encouraged to give their views of the service and how it could be improved.

The provider had worked in partnership with other agencies. The registered manager shared information with day centres so people got the most out of their visits. In one instance this had resulted in a person who used the service regularly meeting a sibling for lunch. People had 'hospital passports' which were a brief history about the person, their care needs and preferences. These could be shared quickly with other agencies when necessary. This enabled the person to receive continuity of care when they moved between care services.