Dimensions (UK) Limited

Dimensions The Swallows 183-189 Hanworth Road

Inspection report

183 Hanworth Road
Hampton
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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

This was an unannounced inspection and took place on 28 July 2017.

The home provides care and accommodation for up to six people with learning disabilities. It is located in the Hampton area.

The home 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 and associated Regulations about how the service is run.

At the last inspection in June 2015 the home met all the key questions and was rated good in each with an overall good rating.

People felt happy living at the home and with the way staff helped them to enjoy their lives. There were activities they chose, the house felt safe and the staff supported people very well. During our visit there was a welcoming, friendly atmosphere and people enjoyed doing activities and interacting with each other and staff. The activities were varied and took place at home and in the community.

The records were kept up to date, covered all aspects of the care and support people received, their choices and activities. People's care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, if they were required. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said they were happy with the choice and quality of meals provided.

People knew the staff that supported them and the staff knew them and their likes and dislikes. They were well supported and they liked the way their care was delivered. Staff worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. The staff were well trained and made themselves accessible to people and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work at the home. They had access to good training, support and there were opportunities for career advancement.

People said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 remains Good'	**Good**
Is the service effective? 'The service remains Good'	**Good**
Is the service caring? 'The service remains Good'	**Good**
Is the service responsive? 'The service remains Good'	**Good**
Is the service well-led? 'The service remains Good'	**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 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 was an unannounced inspection and took place on 28 July 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with five people, four care staff and the deputy manager. The registered manager was on leave. There were six people living at the home.

Before the inspection, the 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. These included personal care and support plans for two people and three staff files that contained recruitment, training, and supervision and appraisal information.

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.

Good

Is the service safe?

Our findings

People felt safe living at the 'Swallows'. This was also reflected in their relaxed body language. One person said, "I love it all, I've got a nice big cinema TV."

Staff had an in-depth knowledge of what constituted abuse and the action required should it be encountered. This followed the relevant provider's policies and procedures and meant staff were able to protect people from abuse and harm safely. Staff were also trained in how to raise a safeguarding alert. There was no current safeguarding activity and previous safeguarding alerts had been suitably reported, investigated and recorded.

The organisation had an acceptable risk policy called 'just enough' that focussed on staff exercising the minimum of control and interference to promote people's freedom of personal choice and maximising peoples' control within a safe environment.

People had individual risk assessments for all their activities and aspects of their daily living that enabled them to take acceptable risks and enjoy their lives in a safe way. The risk assessments were carried out by trained staff. They included required support areas such as communication, sensory impairment, 'stranger danger', their health and their finances. Staff were able to evaluate risks for chosen activities with and for people against the benefits they would experience. The risks assessments were reviewed annually or as required and adjusted when needs and activities changed. They were contributed to by people, their relatives and staff. There were building risk assessments including fire risks that the home had completed. Equipment was regularly serviced and maintained.

The staff shared information within the team regarding risks to individuals. This included passing on any incidents at shift handovers and during staff meetings. There were also accident and incident records kept. Staff were aware of situations where people may be at risk or felt uncomfortable and took action to minimise the risk and make people at their ease.

The staff recruitment process was thorough and the records demonstrated that it was followed. After short listing, the interview process encompassed scenario based questions that identified if prospective staff had the skills, knowledge and experience to provide care for people with learning disabilities. If there were gaps in prospective staff's knowledge or experience but the organisation felt they had the right attitude and potential, the person would be employed. There were also literacy and mathematics tests. Before starting work, references were taken up, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained. If there were work history gaps staff were asked the reasons for this. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures.

The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs at short notice such as medical appointments. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely. There were two staff vacancies that were in the process of being recruited to and these posts were covered by the staff team.

Staff were trained in de-escalation techniques and there was an organisational policy and procedure. Individual de-escalation guidance was contained in people's care plans as appropriate and any behavioural issues were discussed during shift handovers and staff meetings. The care plans recorded situations where challenging behaviour specific to a person may be triggered and there were plans that detailed the action to follow in those circumstances. Staff also monitored the effect behaviour had on other people.

People's medicines were safely administered. We checked the medicine administration records (MAR) for all seven people and found the records were accurately maintained; medicines safely stored and disposed of. There were regular internal audits and an external audit carried out by the local pharmacy. Staff were trained to administer medicines and this training was regularly updated.

Good

Is the service effective?

Our findings

People made their own decisions about their care with support from staff and they said it was what they needed and was delivered in a way that they liked. One person said, "I'm happy with everything." Another person told us, "I have a good social life."

Staff received a comprehensive package of induction and annual mandatory training that they thought was of good quality. This was reflected in the staff practices observed. The induction was on line and group based depending on its nature. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There was a three month probationary period and the expectation was that the 'Care Certificate' would be completed during this period. Monthly staff meetings and quarterly supervision sessions and annual appraisals gave an opportunity to identify any further training needs. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff. There were staff training and development plans in place. The home also shared their experiences with other homes within the organisation. New staff shadowed more experienced staff during shifts to enhance their knowledge of people using the service and the home's operational procedures. There was also access to specialist service specific training such as epilepsy, autism and mental health awareness.

People's care plans contained sections for health, nutrition and diet that included regularly updated nutritional assessments and weight charts if required. Staff monitored the type of meals and how much people ate to encourage a healthy diet. They provided nutritional advice and guidance and knew the type of support people required at meal times. There were regular visits by local authority health team dieticians and other community based health care professionals. Staff said any health concerns were raised and discussed with the person and their GP. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. This included relevant accompanying documentation for hospital visits.

People chose the meals they wanted, decided on a menu at the weekly house meetings and participated in food shopping if they wished. Meals were timed to coincide with people's preferences and activities they were attending. Meals were monitored to ensure they were provided at the correct temperature and preferred portion sizes were included in the care plans. One person said, "This is your home not a hotel and you are encouraged to make your own tea." They meant make a cup of tea.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are 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 were being met.

The mental capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. Mental capacity was part of the assessment process to help identify if needs could be met. Mandatory training for all staff included the MCA and DoLS. They displayed a thorough knowledge of how to apply them to ensure people's human rights were respected.

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and had been or were awaiting authorisation. Best interest meetings were arranged as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

People's care plans contained their consent to treatment and this was regularly revisited by staff that checked people were happy with their life styles and activities they pursued.

The home was well maintained, clean, and people had bedrooms personalised to their preferences and inputted into the choice of décor, furnishings and furniture in the communal areas. They also had access to a secure garden at the back of the property.

Good

Is the service caring?

Our findings

Staff had received training regarding recognising people's rights to dignity and treating them with respect. This was mirrored by the support staff provided and positive care practices we saw. The staff team provided a relaxed, inclusive and fun atmosphere that people clearly enjoyed. They supported people in a compassionate, caring and friendly way with much laughter by people and staff throughout our visit. Staff were fully aware of people's needs and preferences and met them in a skilled and patient way. They listened to each person, valued their opinions and acted on them, rather than just meeting their basic needs. People also valued staff and regarded them as friends. One person told us, "All the staff are very nice, especially the night staff. I'm a night bird and like chatting to them." Another person laughed and said, "Staff are average, only joking. They are really good" Someone else said, "They [staff] are my friends."

There were numerous positive interactions between staff and people during our visit that was reflected in people's positive body language. This was based on helping people to do as much for themselves as possible. Staff spent time engaging with people, talking in a supportive and reassuring way that people liked. One person was very proud of the necklace they had got on holiday and staff admired it and patiently encouraged the person to show it to them as many times as they wished. Staff were warm, encouraging and approachable. They were aware that this was someone's home and explained who we were and why we were visiting to everyone, individually and in a way and at a pace they could easily understand. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. This made people more relaxed, less anxious and not distressed.

There were advocacy services available and people were made aware of them. An advocacy service represents people and speaks on their behalf. People were not currently using the advocacy service.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Good

Is the service responsive?

Our findings

Staff provided person centred care with the focus being on the person as an individual and we saw staff putting their person centred training into good practice. They spoke slowly so people could understand what they were saying and waited for people to respond in their own time. They enabled people to make decisions regarding their care and they chose the activities that they wanted to do. Staff were aware of people's needs and wishes and met them. People said their needs were met in a way that they enjoyed and this was reflected in the happy atmosphere and laughter throughout our visit. If people had a concern or displayed anxiety, this was resolved quickly and appropriately. One person told us, "I went on holiday to Kent and saw my sister and brother for the first time in 20 years." Another person said, "I like to keep up with the news but prefer the horror channel and Jeremy Kyle." Someone else told us, "We have barbecues and birthday. I had a party." During our visit one person received a phone call from their mum. They told us this happened regularly.

People were referred by the local authority who provided assessment information. The home also requested information from any previous placements. The registered manager shared this information with staff to identify if people's needs could initially be met. The home carried out a pre-admission needs assessment with the person and their relatives. People and their relatives were consulted and involved in the decision-making process throughout, before deciding if they wished to move in. They were invited to visit as many times as they wished before arriving at a decision. Staff were aware of the importance of capturing the views of people as well as their relatives and of getting the views of people already living at the home. During the course of the visits the registered manager and staff added to the assessment information.

People were provided with written information and pictorial information about the home and organisation and the placements were regularly reviewed to check that they were meeting people's needs. If a placement was not working alternatives were discussed and information provided to prospective services where needs might be more effectively met.

People's care plans were individualised to them and part pictorial to make them easier for people to understand and use. People were encouraged to take ownership of their care plans and contributed to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place. The care plans were reviewed during monthly meetings between people and their key workers that identified achievable outcomes for them and kept the care plans up to date, relevant and focussed on them. This was demonstrated by the variety of activities that people attended.

The care plans recorded people's interests, hobbies, work, educational and life skill needs and the support required for them to be pursued. They also contained individual communication plans and guidance and 'Social and life histories'. These were live documents that were added to by people and staff when new information became available. The information gave people and staff an opportunity to identify new activities people may wish to do and activities they were no longer interested in.

Activities were provided individually and as a group either at home, within the local community or further afield. Each person had their own individual activity plan. One person said, "I like football, Tottenham and watch them on TV." The person's interest in Tottenham Hotspur was reflected in the way their room had been personalised. The home had identified places of interest for people locally, their accessibility, distance and the type of transport required. Activities included cafes, pubs, garden centre, library and shopping. Other activities included the hydro pool, volunteer work and music therapy. People were also encouraged to do tasks in the house such as laundry, helping with lunch and putting the rubbish out. One person told us, "I had cheese sandwiches for lunch and now I'm too full for dinner."

People told us they were aware of the complaints procedure and how to use it. One person said, "If I feel upset, I say so." The procedure was part pictorial to make it easier for them to use. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns. There were no current complaints.

Good

Is the service well-led?

Our findings

People told us that they were comfortable talking to the registered manager, staff and other members of the organisation and approaching them if they had any concerns. One person said, "David [The registered manager is great]." Another person told us, "They [Staff] listen." During our visit the home had an open culture with staff listening to people's views and acting upon them.

The organisation's philosophy was for people to be empowered to make their own decisions and choose their activities and life style and this was clearly set out in their vision and values. The organisation operated a 'just enough' and 'personalisation journey' system. This enabled people to take control of their lives by keeping staff intervention to a minimum and encouraging people to live as independently as possible within a risk assessed environment. Staff told us they understood the vision and values, bought into them and said they were explained during induction training and regularly revisited at staff meetings. The staff practices we saw reflected the vision and values without the registered manager being present.

The organisation had designed and was introducing video care plans that were based on the principles of 'just enough' and the 'personalisation journey' to further promote personalisation, independence and freedom of choice. With their permission people were filmed carrying out tasks and attending activities they had chosen as part of their normal routines. This had a far bigger impact than the written care plans as it really brought people and their needs and what they did to life. It also gave staff a clearer idea of how people wanted and needed to be supported to achieve the greatest possible independence.

Staff said there was a culture of supportive, clear, honest and enabling leadership. They felt excellently supported by the registered manager and that the organisation provided good training that enabled them to perform their duties. Staff said suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that they were confident in. They said they really enjoyed working at the home. A staff member said, "This is the best team I've ever worked in." Another member of staff told us "The management is flexible and supportive." A further staff member said, "They [The organisation] give me opportunities."

People confirmed that the organisation sought their views as well as the registered manager and staff. They were invited to meetings and staff made themselves available to people to discuss any wishes or concerns they might have.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. There was an 'in touch' website where people and their relatives could contribute and access information about what was going on in their lives and within the organisation. Quarterly 'everybody counts' people's councils took place with regional representatives that was video conferenced. The representative visited each home to get people's views. There were six monthly care reviews that people were invited to, weekly house meetings and annual placing authority reviews and surveys of people and their relatives. People were also asked to contribute to annual staff appraisals.

There was a robust quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. The home used a range of methods to identify service quality. These included quarterly compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance such as the National Autistic Society. There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.