Dimensions (UK) Limited

Dimensions 2 Dunstans Drive

Inspection report

2 Dunstan's Drive,
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Wokingham,
Berkshire.
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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 was an unannounced inspection which took place on 07 October 2015.

Dimensions -2 Dunstan's Drive is registered to provide care for up to four people with learning and associated physical disabilities. There were four people living in the service on the day of the visit. The service offered ground floor accommodation.

There is a registered manager running the service. 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.

People who use the service, staff and visitors' were kept as safe, from harm, as possible whilst in the service. Staff understood how to identify abuse and knew what action to take if they had any concerns about people's safety. Staff were trained in and understood health and safety matters and followed the relevant policies and

Summary of findings

procedures. The service made sure that individual or general risks were identified and action was taken to minimise them, as far as possible. There were enough staff to look after people safely. The necessary steps had been taken to ensure, that as far as possible, staff were suitable to work with the people who live in the home.

People's health and well-being needs were met effectively. The service worked with other professionals to ensure people were kept as healthy as they could be and enjoyed their lifestyle as much as possible. Medicines were given safely by properly qualified staff.

Peoples' human and civil rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager made appropriate DoLS applications. People were supported to control their lives as far as they were able to.

People's care was provided by kind, caring and committed staff who knew people and their needs well. Their needs were met by an attentive staff team who responded to them in a timely way. Individualised care planning ensured people's equality and diversity was respected

People were provided with a variety of activities, according to their needs, abilities and preferences.

People's care was effectively overseen by a registered manager and management team who listened and responded to them and others. The culture of the home was described as open and positive. The registered manager was highly thought of. The quality of care the service provided was maintained and improved, when necessary.

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 is safe.

Good

People, staff and visitors were kept from any type of harm by staff who had been properly trained and understood how to protect people in their care, themselves and others.

Risks were identified and any necessary action was taken to make sure they were minimised.

The service made sure that staff were trained and were able to look after peoples' medicines and give them correctly.

There were enough staff, who had been recruited safely, to meet people's needs and keep them safe.

Is the service effective?
The service is effective.

Good

People were encouraged to make as many choices and decisions for themselves as they could. If people did not have capacity to make certain decisions the service took action to make sure their rights were upheld.

People were helped to keep themselves as healthy and happy as possible.

Staff received training in all aspects of care and with particular regard to the needs of people who lived in the home.

Is the service caring?
The service is caring.

Good

People were supported by a kind, committed staff team. They were treated with respect and dignity at all times.

People's individual needs and lifestyle choices were recognised and respected.

People were helped to build relationships with staff and keep relationships with people who were important to them.

Is the service responsive?
The service is responsive

Good

People were provided with personalised care which took into account personal choices and preferences.

People's care met their assessed needs which were regularly reviewed to make sure staff were giving care which met people's current needs.

People were supported to choose and participate in a variety of activities that helped them to enjoy their lifestyle.

The service had a robust complaints procedure which was produced in an easy read format. It was available to people who live in the home, their relatives, visitors and others.

Summary of findings

Is the service well-led?

Good

The service is well-led.

The service was well run and staff felt supported by the registered manager. The culture of the home was described as open and positive.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, as appropriate.

The quality of care the service was providing was monitored and action was taken, if necessary, to improve or maintain good standards of care.

Dimensions 2 Dunstans Drive

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.

This inspection was unannounced and took place on 7 October 2015. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received one safeguarding notification since the last inspection. This had been investigated and dealt with appropriately. We had received notifications relating to Deprivation of Liberties Safeguards (DoLS) referrals and the absence of the previous registered manager.

We looked at the four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at a sample of other records such as quality assurance audit reports, health and safety documentation and staff records.

We spoke with the four people who live in the home, however they were not able to communicate with us in any depth, verbally. We spoke with three staff members and the registered manager. A local authority representative told us no concerns were known about the service at this time. After the inspection we spoke, via the telephone with three relatives of people who live in the home. We received written comments from another professional who had no concerns about the care people received.

We looked at all the information held about the four people who live in the service and observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People who did not communicate, verbally, were confident to approach staff and seek their help or attention. Relatives told us they were confident their family members were safe.

Staff made sure that people were protected from any form of abuse or poor care. The eight permanent staff members and all bank staff had been trained in safeguarding, which was up-dated regularly. Staff understood their responsibilities with regard to protecting people in their care. They were able to describe what action they would take if they identified any safeguarding concerns. They told us they would, ''not hesitate'' to report issues to the police, local authority or other external organisations, if necessary. However, staff members told us they were confident that the management would take immediate action to ensure the safety of people who live in the service. The local authority's latest safeguarding information was displayed on the wall in the office. Various other policies and information leaflets such as ''be bold'', ''bullying'', ''whistleblowing'' and ''what Dimensions does about abuse'' were readily available to people and staff.

Robust health and safety policies and procedures were followed to make sure people, staff and visitors to the service were kept as safe as possible. Health and safety checks were undertaken to make sure equipment and the environment were safely maintained. These included an annual boiler check (18 March 2015), hoists and moving equipment (September 2015) and weekly water temperature checks. The service had overall safe working risk assessments such as food safety, basic life support, infection control and lone working. All accidents and incidents were recorded and added to the provider's computer system every week. Six incidents and accidents had been recorded in 2015. The reports were checked by the registered manager and senior staff of the company. The health and safety department and operational director contacted the registered manager if they noted any emerging patterns or had any concerns about the reports. Actions to minimise the risk of recurrence were noted on the records and communicated to the staff team. However, they were not always clearly cross referenced to people's care plans. The service had emergency guidelines available, by the front door, in the event of an evacuation or other emergency procedure being necessary.

People were kept as safe as possible by the development of individual risk assessments. The assessments were incorporated into people's personalised care plans and gave staff clear information and detailed care guidelines. These ensured staff knew how to minimise risks for the individual and others. Areas of risk were identified by using a risk analysis tool. Mobility, scalding and burning, isolation and epilepsy had been identified as potential areas of risk for some people. Each person had a personal emergency evacuation plan in place.

People were supported by staff who were suitable to provide care for vulnerable people. The service had a robust recruitment procedure to ensure staff had been recruited as safely as possible. The provider used an external organisation who completed the necessary safety checks on prospective applicants. Fully completed application forms and all staff recruitment records were available to the registered manager, who viewed them prior to making an appointment. Recruitment records contained the necessary information such as criminal records checks, full employment histories and appropriate references. Interviews were held and records of them were kept. They included observations of candidates' interactions with people who live in the home.

People were provided with care by enough staff to ensure they could enjoy their life, safely. The minimum number of staff on duty was three per shift during the day. There were two staff available during the night, one awake and one sleeping in. Staff were supported by a management team who spent time in the service, generally during the week. The service used bank staff, staff working extra hours and a limited amount of agency staff to cover staff shortages. Staff members felt there were enough staff to keep people safe and give them ''very good care''.

People were given their medicines safely, in the correct doses and at the right times. Staff received specialist training to enable them to administer medicines and their ability to do so competently had been tested by senior staff members. An assessment of staff's competency was completed every year. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for

Good

Is the service safe?

the use of any PRN (to be taken as necessary) medicines and a stock check list of them was kept. The service used PRN medicines for pain and epilepsy but not to assist people to control behaviours. They did not use 'controlled' medicines. The administration of medicines guidance and procedures policy had been reviewed by the provider in May 2015 and were displayed on the front of the medicines cabinet. The local pharmacist had visited in April 2015 and had no concerns about the way the service administered medicines.

Good

Is the service effective?

Our findings

Relatives told us they were happy their family member received good care. One relative said, ''[name] receives excellent care''. One relative gave an example of a family member having to be admitted to hospital and staff staying with them 24 hours a day throughout their stay. They described this as, 'amazing care''.

People were helped to stay as healthy as possible. Their health needs were clearly identified in their, ''My Health'' plans. These included a list of health issues and specialist health needs such as epilepsy. They noted people's health routines and detailed guidelines which described how to support people with their sometimes, complex healthcare needs. People were supported to make routine and specialist health and well-being appointments, as necessary. Follow up appointments and the outcome of health visits and checks were clearly recorded. Instructions given by health practitioners such as epilepsy specialists were recorded in healthcare plans and followed by staff. A 'red alert' sheet ensured any vital health information was immediately available to all staff and emergency services, if required.

People's care needs were included in their individual care plans. The plans were very detailed and clearly described the action staff were to take to meet people's individual needs. People had six separate files (including their health file) to ensure their needs were met. One file held the paperwork which described how people were to be supported with their care, on a daily basis. Good quality daily notes included a description of the outcomes, for people. of staff following care plans.

People were supported by staff who understood consent, mental capacity and DoLS. The registered manager had submitted appropriate DoLS applications to the local authority. The eight staff had received Mental capacity Act 2005 and DoLS training. Staff were able to explain what a deprivation of liberty was and when a DoLS referral may be necessary. They told us they would discuss any issues with regard to people's freedom with senior managers.

People were encouraged to make as many decisions and choices as they could. Decision making profiles and agreements and how people could and should be involved was clearly noted in plans of care. Staff were instructed how to obtain and record people's consent if the person was unable to verbally communicate with them. Staff described how they helped people to make choices about their daily lives. Staff gave people time to make decisions for themselves and used the methods described to enable them to make choices. Care plans included a section called, ''how do I want my life to be''. Daily notes provided a record of where people had made day to day choices. Best interests meetings had been held in regard to health and well-being procedures, such as flu protection injections.

People were helped to choose a well-balanced nutritious diet which could be produced in a way which met their individual needs. People's eating and drinking needs included soft diets and being fed by artificial means. Staff were trained in how to provide the different types of food and how to feed people in different ways. Their competence in using artificial feeding techniques was assessed on an annual basis. Detailed guidelines with regard to people's dietary and feeing needs were included in their plans of care and were available in the kitchen for staff to consult. Photographs and pictures were used to produce a weekly menu and enable people to choose meals. People's weight was recorded and reviewed, if necessary.

The service took responsibility for small amounts of people's personal monies and they each had their own bank book to keep extra personal allowances safe. The service had a robust system of recording the money they held on behalf of people. Financial records were accurate and up-to-date. Other financial matters were dealt with by families or the local authority acting as appointees. However, there was some confusion with regard to under what legal system people's money was being dealt with. Some people's decisions and choices with regard to financial expenditure were limited because they were not aware of their overall financial position. The registered manager undertook to clarify these issues with the provider and local authority. People paid a contribution for transport from their benefits and were provided with transport which met their needs.

Staff were properly trained to meet the needs of the people who live in the service. Training was delivered by a variety of methods which included computer based and classroom learning. Staff told us they had, ''good training opportunities''. Staff completed the care certificate during their induction and probationary period. They completed additional service specific modules such as the use of

Good

Is the service effective?

rescue medicines for epilepsy and artificial feeding techniques. Senior staff checked that they had assimilated and understood all the learning before they 'signed them off 'as competent. Staff told us they always completed their 'core training' at the correct intervals. Core training included health and safety, fire safety, first aid, autism and epilepsy. Five staff had attained a qualification, one staff member's course was in progress and one had recently enrolled on a qualification course.

Good

Is the service caring?

Our findings

Staff included people in all conversations and interactions. They treated people with kindness and care and were patient and respectful at all times. Relatives told us they were, 'very pleased'' with the care their family member received. They told us that the staff keep them informed of any developments.

Staff made sure that people's privacy and dignity was maintained at all times. Most people needed assistance with intimate care tasks. How people were to be supported with respect and dignity when staff were helping people with these tasks was described in detail in their personalised care plans. Staff told us they had received privacy, dignity and respect training. They described how they helped people to maintain their privacy and dignity. They explained that people should be treated in the same way as they would want themselves or their relatives to be treated.

People received person centred (individualised care) which focused on their individual needs. Any special needs were met as part of the strong culture of equality and diversity. Staff had received equality and diversity training and reflected this in their day to day work. Diversity and cultural events were advertised on the staff notice board and people were supported to attend them, if they chose to. Support plans gave very detailed descriptions of the people supported. This information was called, ''getting to know you better'' and was gained by encouraging input from families, historical information and the involvement of the people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included positive information about the person and included areas called, ''my gifts and skills'' and, ''my perfect week''.

People were supported to keep in contact with their family and friends and others who were important to them.

People were helped to maintain and build relationships, as appropriate. The service worked closely with families and kept them involved in the person's care. People's established relationships were noted in a particular section of the plans of care which instructed staff how to support people to maintain them. Staff were knowledgeable about the needs of people and had developed strong relationships with them and their families and friends.

People and their families were as involved in their care planning and reviews, as far as they were able and was appropriate. People received a 'person centred' review every year. This gave people the opportunity to express what they felt about the service and their lifestyle. The service used a variety of communication methods to ascertain people's views. Daily notes recorded how people had expressed their views on daily activities and were written in a respectful way.

Information was given to people in various ways, according to their individual communication plans. The service used communication methods such as photographs, simple English and symbols. Care plans included a support agreement which was produced in an easy read format so that people had the best opportunity to understand its content. Care plans included how people wanted or needed things explained to them, how they wanted to be supported to control their lives and to maintain or increase their independence.

The service had an end of life policy for the information of staff and people who use the service. The procedure for staff described what action to take in event of death which included making sure people's religious and cultural needs and wishes were adhered to. End of life care plans had been developed for individuals, if appropriate. They included people's choices, wishes and preferences and who would be responsible for final arrangements.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. They quickly identified if people needed help or attention and responded immediately. Staff were able to accurately interpret people's body language or communication sounds and acted appropriately. Relatives told us that the service always responded to people's needs.

People's needs were met in a service with high staffing ratios, by a small staff team. The service's staffing ratio enabled people's diverse care needs to be met with little or no delays. People were offered consistent care by a well-established staff team, many who had worked in the service for over two years. The staff were committed to working together to offer the best possible care to individuals.

People's needs had been assessed before they moved in to the service. People had lived I the service for several years. They and their families, social workers and/or other services were involved in the original assessment process. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month and a formal review was held at least 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'. Daily notes were reviewed at the end of the month and staff responded to any identified issues by amending plans of care, organising additional reviews, changing activity programmes and consulting external health and care specialists, as necessary. The staff team provided person centred (individualised) care. They were trained in this area and their commitment to the individuals' well-being and contentment was reflected in their daily work.

Care plans were detailed and daily records were accurate and up-to-date. Daily records described how people had responded to daily activities, choices given and communications. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why and were able to offer people individualised care that met their current needs. Staff communicated with each other by a variety of methods, such as written handovers and daily diary entries. The small size of the staff team promoted effective communication between staff .The skills and training staff needed to 'match' the required support for individuals was noted and provided, as necessary.

People were encouraged to participate in a variety of activities. The home was staffed to enable people to go to their chosen activities and to participate in community activities when they wanted to. Activity programmes were flexible and were dependent on people's health, mood and choices. Activities could be individual or in groups according to the preferences of people. Some daily living activities were used to promote or maintain people's independence and encouraged people to do as much for them as they could. Examples included table laying and laundry. A record was kept of the activities people participated in so that staff could gauge whether they enjoyed it or not. They then amended activity programmes to ensure people were able to enjoy them and enhance their lifestyle.

People were unable to complain without assistance and needed the support of staff or families to make a complaint. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. One version of people's complaints procedure was called, ''speaking out'' and another was, ''what Dimensions does about complaints''. Other information displayed in an easy read format told people what the provider did about issues such as safeguarding and diversity. The service had a robust complaints policy and procedure .The procedure was displayed in the office and in a communal area of the home so that visitors knew how to make a complaint. Complaints and concerns formed part of the service's and provider's quality auditing processes and were recorded on a computer programme, when received. Relatives told us they had no concerns about the service.

Good

Is the service well-led?

Our findings

Staff described the registered manager as, ‘‘very approachable, motivating and very supportive’’. Staff told us that the morale of the staff team was much higher since the current registered manager had been in post (registered August 2015). Staff members said, ‘‘things have really improved since [name] came’’. They gave examples of the quality of report writing, training and activities for people improving. Other comments included, ‘‘she inspires and encourages staff to perform better’’ and she (the registered manager) has made sure that, ‘‘life has really improved for people who live here’’. Staff described the culture of the service as open and positive. The registered manager held management and care qualifications. She was registered to manage two homes in close proximity to each other and additionally managed some supported living services. Staff told us that the registered manager visited frequently and was always available either in person, via e-mail or on the telephone. They felt well supported even though she had limited time available for each service. One staff member said, ‘‘the manager is approachable and always has time for us or the residents’’.

People, staff and other people’s views were listened to and actions were taken in response, if necessary, appropriate and possible. The service had a number of ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. The provider ran a forum called, ‘‘everybody counts’’. A person who lived in the service attended (with support) as a representative for others and put forward their views. People’s ideas and views were then passed to the ‘service users’ council who meet with the provider’s board of directors. People are asked to complete a, ‘‘tell us what you think’’ survey every year. People’s families and friends were sent questionnaires annually. Staff views and ideas were collected by means of regular team meetings, 1:1 supervisions and staff surveys.

People were provided with good quality care. The service was continually monitored and assessed to make sure the quality of care was maintained and improved. There were a variety of day to day and overall monitoring systems in place. Examples included medications, care plans and financial management. A quality assurance audit (called a compliance audit) was done every three months, the last audit was completed 8 September 2015. After each audit a service improvement plan was written by the registered manager. It noted what and why actions were to be taken, by who and when. The registered manager added actions identified from the other monitoring systems to the quality audit on a monthly basis. Improvements noted as needed and completed included all staff to have an appraisal, improved activities for people and redecoration of areas of the home.

A number of ways were used to keep staff and others up-to-date with new developments. New policies, procedures, legislation was discussed at the various meetings and forums. A monthly on –line newsletter called, ‘’Witter’’ was produced and sent to all staff via their personal work e-mail accounts. The provider had an information source (on computer) that all staff had access to and could use at any time. This included all policies and procedures, new innovations and training. Staff were instructed to ‘log on’ to their accounts at least once a week to check any new information. The local authority provided information about new developments and sent invitations to learning events. The provider’s quality and compliance audit team provided information through bulletins and new policies and procedures. For example, the registered manager was fully aware of the new policy about the provider’s ‘duty of candour’ and was able to explain its relevance and application. The duty of candour means that if the service make a mistake which causes an individual harm, the provider must accept responsibility, apologise and fully and openly investigate the occurrence.

Detailed records accurately reflected people’s needs and how they were to be met according to the preferences and best interests of people who lived in the service. People’s records were of good quality, fully completed and up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were also accurate and up-to-date.