Dimensions (UK) Limited

Dimensions 95 New Wokingham Road

Inspection report

95 New Wokingham Road
Crowthorne
Berkshire
RG45 6JN

Tel: 01344771369
Website: www.dimensions-uk.org

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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 which took place on 21 June 2016.

Dimensions 95 New Wokingham Road is a residential care home which provides a service for people with learning disabilities. The service is registered to provide care for up to four people. There were four people living there on the day of the visit.

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 were kept safe from any form of abuse or harm by staff who knew how to protect people. They were trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood and followed these to keep people, themselves and others as safe as possible. General risks or risks to Individuals were identified and action was taken to reduce them, if possible. There were adequate staff numbers to ensure people's needs were met and they were supported safely. The recruitment procedures were robust and made sure, that as far as possible, staff were safe and suitable to work with the people who live in the home. Medicines were given safely, in the right amounts and at the right times by trained and competent staff.

People's health and well-being needs were met by an efficient and responsive staff team. The service sought advice from and worked with health and other professionals. This ensured people were kept as mentally and physically well as possible, so that they could enjoy their lives.

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 may not have capacity to do so. People were supported to make as many decisions and have as much control over their lives as they were able to.

People's care was provided by kind, caring and committed staff who knew people and their needs well. People's needs were met by an attentive, knowledgeable staff team who were responsive to changes in people's requirements and wishes. 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 supportive. The

registered manager was highly thought of by people, staff and others. The quality of care the service provided was continually assessed and improved, as necessary.

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 was safe.

Staff knew how to keep people safe. They had been properly trained so they knew what to do if they thought people were not being protected from abuse.

Risks to people's health and safety were identified and any necessary action was taken to make sure they were reduced.

Staff were trained to look after and give people their medicine safely.

There were enough staff on duty, to meet people's needs and keep them safe.

Only staff, who had been properly checked and were suitable and safe to work with the people in the service, had been employed.

Is the service effective?

Good

The service was effective.

Staff met people's individual needs and helped them to stay as happy and healthy as possible.

If people could not make certain decisions, staff made sure their rights were upheld and did what was best for them.

People were helped to make as many choices and decisions about their daily lives, as they could.

Staff were trained to meet the individual needs of the people in their care.

Is the service caring?

Good

The service was caring.

People were happy to be living in the home.

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.

Information about their care and the service was given to people in a way that gave them the best chance of understanding it.

Is the service responsive?

Good

The service was responsive

Staff helped people with their care in a way which met people's current needs and took into account personal choices and preferences.

Staff helped people to keep their relationships with families and others who were important to them.

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

People, their families and others knew how and were comfortable to make complaints about the service, if they wanted to.

Is the service well-led?

Good

The service was well-led.

The service was well managed and staff felt supported by the registered manager and management team.

The registered manager made sure the service was run according to the values of the organisation.

The registered manager and management team knew people and their needs well and made sure staff met them.

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

The quality of care the service was providing was monitored and it was developed and improved, as necessary.

Dimensions 95 New Wokingham Road

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 21 June 2016. It was completed by one inspector.

Before the inspection the provider sent us 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 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 looked at four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance and training records.

We interacted with three people who live in the home and spoke with the fourth. We spoke with three staff members, the registered manager (locality manager) and assistant locality manager. We asked for comments from four local authority and other professionals and received two responses. We spoke with three relatives of 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

One person told us and others indicated, by smiling, they felt safe in the service. We saw that people were very comfortable to approach staff and the registered manager to indicate or ask for support or social contact. Family members felt that people were kept safe by the staff team. One relative said, "[Name] is safe and trusts all the staff as we do."

The service ensured people were kept safe from all forms of abuse. The staff team received regular training in safeguarding adults and were fully aware of their responsibilities with regard to protecting people in their care. Staff were able to describe, in detail, how they would recognise and deal with any concerns. Staff were fully aware of the provider's whistle blowing policy. Numbers of who could be contacted, if necessary were displayed in staff areas. Staff told us the registered manager listened to them and they were confident she would react immediately to any concerns reported. There had been no safeguarding incidents since the last inspection in 2013.

People were protected from any financial abuse. Each person had a financial file and financial care plan. The local authority acted on behalf of the Court of Protection to oversee the finances of three people. The fourth person's relative was in the process of applying for this service. The service kept personal monies and bank accounts in the house for people to access and requested money for any large expenditure. The local authority audited people's money, held by the service, every three months.

People, staff and visitors to the service were kept as safe from harm as possible because staff were properly trained in and followed the service's robust health and safety policies and procedures. The service had appointed a health and safety representative who met with those from other services, every three months, to discuss any health and safety issues. They passed any relevant information, which might increase everyone's safety back to the staff team. Additionally they took the responsibility to ensure health and safety checks and maintenance schedules were completed, as required. Checks included water safety and legionella testing every three months and portable electrical appliance tests every year. The service was awarded a five star (very good) rating, for food hygiene, by the environmental health department in March 2015.

People's individual safety was carefully considered by the service. People had an individual risk analysis to identify any risks specific to them. Risks were identified, assessed and methods of reducing them were added to people's individual support plans. Risks identified included bathing and showering, use of the house vehicle and being in the community. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours.

The service had completed generic health and safety risk assessments such as lone working and moving and handling. The staff knew how to respond to an emergency as quickly and efficiently, as possible. An emergency plan for the service was in place. It included areas such as fire, emergency hospital admission and seeking alternative accommodation in the event of a full evacuation. The on call folder included a summary of the emergency plan, a torch and emergency booklet which was a quick reference to emergency

contacts and numbers.

The service used accidents and incidents as a learning opportunity to try to minimise the risk of repetition. All accidents, incidents and near misses were recorded and records included the action taken to reduce the risk of recurrence. Additionally the service identified 'never events', such as choking and drowning and individual risk assessments were in place to guard against such occurrences. However, this meant there were a number of risk assessments that may not be relevant to people. This could distract staff from those assessments that were more pertinent to the individual.

People were given their medicines safely by staff who were trained to follow the medication administration processes and procedures. Their competency to administer medicines was tested before they were allowed to carry out this duty. No medication administration errors had been reported in the previous 12 months. 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 detailed guidelines for the use of any PRN (to be taken as necessary) medicines. A medication audit was completed every month. A pharmacist had visited the service on 5 April 2016. They noted that there were no issues to follow up urgently and no safeguarding issues. Advice had been given which initiated some changes that had occurred, in a timely way. Any allergies people suffered from were very clearly recorded in medicine files and on care plans.

The service checked that staff were suitable and safe to work with people. The provider's recruitment processes made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post. An external company completed parts of the recruitment process and the new application forms, parts of which were difficult to read. This created the possibility that the registered manager could 'miss' relevant information. The registered manager undertook to discuss this issue with the provider.

The number of staff on duty ensured that people's needs were met and people were kept safe. A staff member commented, "Staffing ratios are more than capable of dealing with the people we support." Another said, "We always have enough staff to care for people safely." There were a minimum of two staff during the day and one waking night staff. Support could be sought from a nearby home in emergency situations, at night. The number of staff was calculated by assessing the care needs of each person and the amount of care hours individuals needed. Any shortfalls of staff were covered by staff working extra hours, bank or agency staff and the management team working on the care rota. Only bank and agency staff who knew people were used, as far as possible. The registered manager could increase the number of staff in the event of special activities or emergencies.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A relative told us, "[Name] has made extraordinary progress since being in the home." Another said, "[Name] is very well cared for." A person told us, "Staff help me to look after myself, I love living here."

People's plans of care included enough information to ensure staff knew how to meet people's identified needs. The support plans included a summary of the important aspects of people's care. These described, more briefly, people's needs and gave staff quick and easy access to important information about individuals. These were invaluable as care plans were provided in five files per person and included some repetitious information. However, the care plans were of good quality and included all necessary cross-referencing and provided extremely detailed information about all aspects of the individual's care.

Staff developed a detailed health care plan for people. These included a hospital passport which contained information the hospital staff would need to provide appropriate care for the individual. Health care records were comprehensive and included all contacts with health and well-being professionals. Referrals were made to other health and well-being professionals such as healthcare consultants and nurses from the community learning disability teams, as necessary. People were supported to attend specialist appointments and regular check-ups and the staff team followed any advice given by other professionals such as physiotherapists.

Staff understood, upheld and supported people's rights under the Mental Capacity Act 2005 (MCA). 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 when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option. Staff had received Mental capacity Act 2005 and Deprivation of Liberties Safeguards (DOLS) training and were able to demonstrate their understanding of the Act.

People were encouraged and supported to make as many decisions and choices as they could. People's individual communication methods were identified and understood and staff were able to interpret their choices and decisions if they were unable to verbally communicate. Care plans included a support agreement which was produced in an easy read format. They recorded how the agreement had been explained to people and how people had given/shown they consented to it.

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 application procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made four DoLS referrals which had been authorised by the local authority (the supervisory body). Applications for up-dated DoLS authorisations were made, according to the legal requirements.

People were involved in choosing menus and encouraged to participate in food preparation, when possible. People could refer to photographs of meals and types of food to help them to choose the food they wanted. If people had any specific needs or risks related to nutrition or eating and drinking, these were included in care plans.

People's needs were met by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that they had, "Great training opportunities." They said that they received training up-dates at the correct intervals and could request training in areas where they felt they needed more knowledge. Training was delivered by a number of methods which included computer based and classroom learning. Specific training was provided to support staff to meet people's individual diverse needs. This included epilepsy, person centred tools and communication.

New members of staff received a comprehensive induction which equipped them to work safely with people. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. A staff member confirmed that they were working towards their care certificate. They told us they were not asked to perform any tasks until senior staff were happy with their competence and they were confident they could do so, effectively. The service operated a six month probationary period and ensured staff were performing well and had the right attitudes before they were given a permanent contract.

People were assisted by a staff team who were well supported by a registered manager and management team. Staff received one to one supervision five times a year and an appraisal once a year. Staff told us they felt well supported by the registered manager, the management team and the organisation. One staff member said, "The managers are very supportive and I am absolutely confident in approaching them about anything at any time."

Good

Is the service caring?

Our findings

Staff described the service as, "People's home but with some staff in it." They said it felt like a family because there was, "A very caring staff team." People told us or indicated by smiling that they liked living in the home. One person told us that staff were very kind. Relatives told us that their family members were happy living in the home, one described it as, "…lovely". They added, "We are very pleased with the care offered." One relative felt the staff were perhaps a bit too kind. They said, "The home is a bit too soft on [name] who needs people to be a bit stern." They explained that their family member did not always eat healthily or exercise enough. However, we observed people being gently encouraged to take part in activities and to eat healthy foods. People responded to this encouragement during the inspection visit.

People's privacy and dignity was maintained at all times. Examples included staff discreetly asking people if they needed to meet personal care needs. Females and males were provided with bedrooms on different floors of the house to help them maintain their privacy. People were encouraged to dress appropriately for the situation they were in, such as relaxing at home or going into town, to ensure they maintained their dignity.

People were treated with respect. Staff interacted positively with people, communicating with them throughout the duration of the visit. People were included in all conversations and encouraged to join in with social 'chit chat' and daily household activities. Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. Plans of care included positive information about the person and included areas called, ''How to support me well'' and, ''Things that are important to me.''

People received care and support from staff who had got to know them well. Staff were able to describe what support each person needed and how they gave that support. People were very comfortable with staff and were able to express or display their needs and preferences to them.

People's equality and diversity needs were met by staff who knew, understood and responded to each person's diverse cultural, gender and spiritual needs. Care plans included any special needs people had to support their culture, religion or other lifestyle choices. For example, if people expressed a wish to receive same gender care or attend religious services, this was respected.

People had an individual communication plan (called a communication passport) which was especially detailed for people who were not able to verbally communicate. The passport described, in detail, how people made their feelings known and how they displayed choices and preferences. Additionally, it instructed staff how to communicate with people such as, using simple words, showing pictures and using any specific signs people understood. The passport helped staff and others to understand people and people to understand them.

People were provided with any information that was relevant to them in an easy read format. This included information such as, easy to read information about medicines, 'What Dimensions does about making a compliment' and 'Your support agreement'. The easy read format consisted of pictures, symbols and simple

English and some were designed specifically for the individual. This gave people the best chance to understand them.

People who chose to be were involved in their care planning and review process, their involvement or otherwise was clearly recorded. Families and representatives were invited to reviews of care if people wanted them to be there and if it was appropriate. The service had a written 'family charter' which was included in individual's care plans. It told families and friends of people what they could expect from the service. How the staff team would work with the family and how family and friends would be involved in their relative's care. It noted people's rights and explained the sharing of information would be as the person chose and consented. A relative told us, "They go to great lengths to keep us informed of what is going on with [name]."

People were given opportunities to be involved in making decisions about the running of the service. They attended events and meetings where issues with regard to the development of their service and others were discussed. These included their attendance at house meetings if they chose to be. Attending 'everybody counts' meetings which were organised by the provider to encourage people to share their views about their services. The service also had a representative who attended the residents' forum where people represented their house mates' views and ideas at an area meeting of people who use services.

People had end of life care plans in place, even though they were relatively young. The plans described people's wishes for if they became very ill and what they wanted to happen after their death. These were developed with people and family members, as appropriate.

Good

Is the service responsive?

Our findings

People's needs were responded to very quickly by an alert staff team. Staff were able to recognise when people needed assistance, however their needs were expressed. We saw staff responding to body language and behaviour as noted in people communication passports. They knew people well and took action to ensure people did not become uncomfortable or distressed. An example included meeting a person's personal needs requirements, immediately, when the person returned to the service from their activities.

People were encouraged and supported to maintain and develop relationships with people that mattered to them. Relatives gave examples of how the service had made it possible for them to maintain contact with their family member. They told us that travelling to visit their family member had become an issue because of a variety of factors. The service had responded by meeting them halfway between their home and the person's home. They said this was working very successfully and meant they could continue to keep face to face contact with their family member. A staff member told us how they had allayed a person's anxiety about visiting a family member's home by transporting them to and from the visit. A development of a family relationship that had not existed for some years had been encouraged by staff. The person was currently visiting and communicating with their relative, regularly.

People, relatives, social workers and other relevant services were involved in an initial assessment of the person prior to them moving into the service. A detailed care plan was developed from the assessment and agreed by the person and/or their representatives. New residents received a six week and six month review of the care to establish if it was able to meet their individual needs. Thereafter, people's care was reviewed a minimum of annually or whenever their needs changed. Each person was allocated a key worker, a key worker is a named member of staff that was responsible for ensuring people's care needs were met. Informal care plan reviews were completed approximately once a month. These were completed by the key worker and involved a one to one meeting with the person and a review of the daily notes written during the month.

People's care was very person centred and care plans were personalised. People's care plans were individualised and ensured that staff were given enough information to enable them to meet their specific needs. Care plans included sections called, 'My outcomes and options', 'What do I want my life to be' and 'My perfect week.' Staff were trained to provide and fully understood the concept of person centred care. One staff member described it as, "People getting to choose what they want and choosing how to live their lives." Another told us, "People should be comfortable and responded to as individuals. They should make the decisions they want, with us in consultation if necessary."

The roles and responsibilities of the person and the staff members were recorded on care plans. The skills, training and personality traits staff needed to enable them to be 'matched' to individuals and offer the required support was noted and provided, whenever possible. Staff told us they loved working in the home and enjoyed the, "…family like atmosphere."

People's activity programmes were tailored around the needs, interests and abilities of individuals. There

were a wide range of activities people could choose to participate in. Two people had a weekly set activities plan which included attending formal day centres. Two other people had a more flexible programme which responded to their choices, moods and well-being, on a daily basis. People were offered an annual holiday as well as outings and day trips. People showed us photographs taken on holidays and outings and displayed pleasure and excitement when discussing past and future holidays.

The service had a robust complaints procedure which was accessible by people, their friends and families and others interested in the service. An easy read version of the complaints procedure called, 'Making a complaint, speaking out' was available to people and gave them the best chance to understand the process. Additionally care plans included information entitled, 'What Dimensions do about making complaints' and 'What Dimensions do about whistleblowing'. A poster called, 'Be Bold, Speak Up' was displayed on the wall to encourage people to tell someone if they had any concerns. A relative told us they knew how to make a complaint should it be necessary but said, "We have never had to make a complaint and have absolutely no concerns about the home." Another relative said, "I feel comfortable to talk to [name - the registered manager] or [name - senior staff] who are lovely people." The service had not received any complaints during the preceding 12 months and had recorded one compliment in the same timescale.

Good

Is the service well-led?

Our findings

Our findings
People received good quality care from a staff team who were well led by a skilled and qualified manager. The registered manager held management and care qualifications. She was called a locality manager and registered to manage three homes with the support of an assistant locality manager. Staff described the registered manager and the management team as, ''Very, very supportive." They told us that the registered manager made them feel valued and they felt their views were listened to. One staff member said, "[Name – the registered manager] will listen to me and give me any support I need, this is one of the best homes I work in." Staff described the team as, "Strong and supportive like a massive family." Relatives told us they could always approach any of the management team who were, "open and positive."

People knew the registered and assistant managers well and were pleased to welcome them into the service. One person told me that the registered and assistant managers visited the service regularly and on occasion covered care shifts. One person told us the registered manager was their key worker. The management team told us that working occasional shifts and working directly with people and staff kept them up-to-date with staff performance and people's needs. The registered and assistant managers were knowledgeable about people's current needs.

The service had a variety of ways of listening to the views of people staff and others interested parties. People had four weekly key worker meetings with staff to discuss their satisfaction with the service. The provider organised residents' forum and everybody counts meetings. Care plans were reviewed regularly and people, their families, friends or advocates were asked for their views, which were recorded. Staff views and ideas were collected by means such as, regular team meetings, staff forums and one to one supervisions. People could join and participate in the staff meetings if they chose to. Actions taken as a result of listening to people, staff and other interested parties included increasing the variety of activities, particularly with regard to developing community links. For example people attended a social club run by the local pub. Other developments included people having regular meetings with their key workers and working together with other homes to reduce some people's isolation and enhance their social experiences.

People benefitted from a good quality service which was monitored and assessed to make sure the care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Examples included health and safety maintenance and accidents and incidents monitoring. The provider's quality team conducted a compliance audit) every three months. They rated the service from green to red (red being non-compliant) and any issues were included in a service action plan. However, the registered manager had completed three monthly self-assessment audits since March 2015 as they had been rated as 100% compliant at that time. The service had a 'live' service improvement plan which was up-date every month. This recorded any required improvements, dates they should be completed by and when they had been completed. For example the plan noted that carpets should be replaced in March 2016, this had been completed and recorded as done.

The management team completed unannounced, random 'spot' checks in the service to check staff

performance and that staff were adhering to the values and principles described by the provider. These included respecting people and allowing people to determine their daily lives. We saw that staff adhered to these principles in their daily work. Additionally, staff appraisals included a ''360 degree'' review. For this review the supervisor sought the views of people who use the service, colleagues, people's families, and other professionals to ensure the quality of staff performance.

People's records accurately reflected their individual needs, they were detailed and up-to-date. They informed staff how to meet people's needs according to people's preferences, choices and best interests. 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. Records, in general, were good quality, well-kept and easily accessible. The registered manager understood that statutory notifications had to be sent to the Care Quality Commission when required and in the correct timescales. Additionally they kept up-to-date with regulation and legislation such as the duty of candour responsibilities. There had been no notifiable incidents in the service during the preceding 12 months.