Dimensions (UK) Limited

Dimensions 53 Cambridge Road

Inspection report

53 Cambridge Road
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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

The inspection was carried out on 28 January 2016. Forty-eight hours' notice of the inspection was given to ensure the registered manager and people were available.

Dimensions 53 Cambridge Road is a small service providing accommodation and support with personal care to a maximum of six people with a learning disability. At the time of our inspection, six people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the complex needs of the people and knew how to spot signs of abuse. People felt safe and were supported by the care staff and registered manager. There were robust recruitment checks in place prior to staff commencing work. Medicines were administered as prescribed and stored safely within the service.

Care records and risk assessments were personalised, up to date and were an accurate reflection of the person's care and support needs. The care plans were written with the person, who was fully involved in the planning and identifying of their support needs. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs.

Staff had completed training appropriate to their role. There was an on-going training plan in place as well as additional group training sessions. Staff were observed being kind and caring and treated people with dignity and respect. They spoke to people in a kind, respectful and caring manner. There was an open, trusting relationship between them, which showed that staff and managers knew people well.

People were asked for their consent before care and support was given. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were supported to be part of the local community and were able to attend activities both within the home, as well as in the local community. They made choices about how they spent their time and where they went each day.

People and their relatives were asked for feedback about the service they received and any concerns were addressed promptly. Staff worked well as a team and said the manager provided support and guidance as they needed it. There was an open and transparent culture which was promoted amongst the staff team.

Staff felt the service was well-led and they were supported in their roles. Procedures were in place to learn from any r incidents and there were clear actions recorded.

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.

People felt safe. Staff knew how to prevent, recognise and report suspected abuse.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Medicines were administered safely and systems were in place to assess risks.

Is the service effective?

Good

The service was effective.

Staff felt supported and. received training appropriate to their role. New staff were supported to complete an induction.

Staff followed legislation designed to protect people's rights. They always sought consent before providing any care or support.

People's nutritional needs were met and referrals made to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals and ensured that confidential information was kept securely.

Is the service responsive?

Good

The service was responsive.

People were treated as individuals and were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

People knew how to complain and there was a pictorial version of the complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

Staff reported that the service was well run and was open about the decisions and actions taken. There was a registered manager in post.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

The provider notified CQC of significant events.

Dimensions 53 Cambridge 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 took place on 28 January 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people, the registered manager, and four care staff. We observed the way people were supported in communal areas and looked at records relating to the service. Including two care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. Due to the limited verbal communication of some of the people living at the service, and the nature of their learning disability, they responded to most of the questions asked with a "yes" or "no" answer.

The previous inspection took place in December 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People, we observed, were smiling and looking relaxed when staff spoke with them. One person who had limited verbal communication said "Yes", when asked if they felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. One staff member said, "We'll report it to [the registered manager] and know something will be done". They were aware of how to contact external organisations for support if needed.

The service had suitable policies and procedures in place to safeguard people and their property. For example, one person was at risk of self-neglect due to their personal circumstances; staff had clear guidance on how to work with the person and support them to help reduce the likelihood of this occurring. Staff responded appropriately to any allegation of abuse. The registered manager had conducted an investigation into a concern raised recently, which had been thorough and robust.

Staff were fully aware of the risks posed to people living at the service. There were personalised risk assessments in place, giving details about potential risks to each person. People were assessed as to their abilities and wishes and were encouraged to be as independent as possible. For example, there was a risk assessment for a person who was known to have seizures. It gave clear guidance to the staff as to how to manage the situation should this person have a seizure. There were clear step by step instructions of what action to be taken. A risk assessment was completed by the service and plans were in place to promote this person's independence.

There were plans in place if an emergency such as a fire occurred. Staff were clear about the action they should take in an emergency. Each person had emergency details in their file, giving details about the person and a recent photograph which could be given to emergency service personnel to help locate people should they go missing from the service. Staff had also undertaken first aid training and were able to deal with emergencies of this kind. The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. The assessments covered areas such as electrical and gas appliances and water checks These checks were all up to date.

People were supported to receive their medicines safely. All medicines were stored safely and appropriate arrangements were in place for obtaining, recording, administrating and disposing of prescribed medicines. Topical creams were administered by care staff and there were appropriate care plans in place to support this. These gave clear descriptions of which cream was to be used, when and where it had been used. The creams were labelled with dates to show when they had been opened, and when they needed to be disposed of. There were protocols in place for people who had been prescribed 'as required' medicines (PRN). We saw records showing that when any medicine had been given two staff members had signed to say they had checked the medicine; this reduced the risk of errors. Training records showed staff were suitably trained to administer medicines and had been assessed as competent. There were clear guidelines for staff to follow when administering medicines. For example, one person required specific medicines to control their medical condition. The records showed possible side effects which may occur from taking this medicine. This was available in picture format to support the person to understand when taking it.

Medicines were given as prescribed and in line with pharmacy and manufacturer's guidelines. All unused medicines, awaiting return to the pharmacy, were kept secure until collection. The medication administration records (MAR) sheets were checked and they were correctly signed with no gaps.

There were sufficient staff to meet people's needs. Staffing levels were gauged upon the needs and abilities of the individuals in the service. The registered manager explained how they managed the staff in order to support people to access external activities. This ensured that those who went out on the activities were supported sufficiently, and those who chose to remain at the service, were also supported. We saw two staff support two people to go out to a local garden centre, whilst two staff remained at the home with three people. Another person had already been taken to their day centre. Staff took their time when supporting people and did not rush them. The registered manager said there were always four staff members on during the day. The registered manager stated that, if required, additional staff could be rostered to support people as required. There was an on call duty system, which detailed the planned cover for the home. Short term absences were managed through the use of overtime or agency staff; the service used the same agency and tried to use the same care staff to ensure continuity of care. The registered manager was also available to provide support when appropriate.

Recruitment processes were robust; they ensured staff were suitable to work with people who lived at the home. Staff had undergone a check with the Disclosure and Baring Service [DBS] and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Application forms showed staff had previous experience within a caring role as well as a full employment history.

Good

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. Staff were observed asking for people's consent prior to supporting them. They encouraged people to make decisions and supported people's choices.

Staff received supervisions and an annual appraisal. However staff said these weren't always regular but they felt they were able to approach the registered manager outside of the scheduled supervision if they needed to discuss anything. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meetings.

All staff had undertaken essential training in areas such as Safeguarding, Mental Capacity Act, and Medicines, as well as further training in specific areas. New staff completed an induction period where they spent time shadowing more senior staff and completing essential training. Once their induction was complete, they worked as part of a team. New care staff undertook the Care Certificate during their probationary period. The Care Certificate is the standards which all health and social care workers need to complete during their induction. A number of staff were working towards further vocational qualifications in relation to their role.

Staff were allocated to be one person's specific keyworker for the month. This role meant they were responsible for keeping one person's care files and risk assessments up to date, ensuring any changes were documented and meant the person had one specific person they could go to if they had a problem. This role was rotated monthly, so all staff got to know people well. Which meant each member of the care staff got to know everyone living at the home, and were able to build trusting relationships with them. We saw high levels of interaction and engagement between people and staff.

Staff showed a good understanding of the needs of people who lived with a learning disability. They knew how to adapt the care provided to meet people's different needs. Staff were seen making visual contact with the person first, before speaking to them. One person had a hearing impairment and we saw the registered manager make visual contact, follow this by touching the person on the arm and getting down to the persons level, before signing to them to introduce me.

People's consent to aspects of their care had been recorded in their care plans. Where people were unable to sign to say that they had given consent, there was a record that the person had given verbal consent. Before people received any care or support, staff asked for their consent and acted in accordance with their wishes. Staff had a good understanding in relation to obtaining the persons consent and said "We generally just ask people, if we don't feel they are able to answer then we need to consider what is in the person's best interest". Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how this impacted upon the work they did. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular

decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were observed asking the people for their consent before carrying out any task. The registered manager and staff understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision. For example, where a decision needed to be made for one person who had no next of kin to support with the decision, the home ensured they had an Independent Mental Capacity Advocate (IMCA) to support the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Whilst no one in the service was currently subject to a DoLS, the registered manager was able to explain when and how they would need to apply for one.

We observed people receiving their lunchtime meal. Everyone was given an individual choice and the meals were made as required. One person, who had been out at a garden centre, had a sandwich made, whilst another person had soup. Meals were chosen by the people and there was always another choice if they didn't want what was on offer. A menu was written on a Sunday, detailing people's choices for the week. People then went with staff to buy the food. People often chose to go out to eat and were supported to do this. One person required a specialised diet and there were clear guidelines in this person's care plan. We spoke with both the person and the staff and everyone was aware of foods that were no longer recommended and alternatives which could be offered.

Good

Is the service caring?

Our findings

We observed positive caring interactions between people and the staff. People were shown dignity and respect at all times. Staff were observed laughing and joking with people as well as speaking in a kind and caring manner. One staff member described the service as being "one big family".

We observed caring interactions between the people and care staff. Staff had time to sit with people and talk to them rather than being task orientated. They knew the people they were caring for and this was shown by how they responded when people became upset and anxious. Staff would support and calm them by offering other activities or moving them to another room. Staff were able to do this using their understanding of the people through the information shared in their care plans and also how their learning disability may be affecting them.

People and their relatives were involved in developing their care plans. The care plans contained information about the person's abilities, what they could do for themselves and what support they needed. There were advance care plans and end of life wishes, documented in the peoples care plans. As well as the care plans, staff completed daily records for each person as they went along, which meant they captured the details of events as they happened. Care plans were kept securely? in the manager's office so they could only be viewed by those authorised to see them.

People had their own bedrooms and free use of two lounges and a kitchen/dining area. This gave them private places to go where they could spend time alone if required. Bedroom doors had locks, although people chose not to use these as they did not feel they needed to use them as their privacy was never compromised. Staff said that none of the people living at the home would enter someone else's bedroom without being invited.

Staff appeared to be proud of the service and were passionate about the care and support they offered to people. They treated everyone with dignity and ensured doors were closed when personal care was being provided. Staff said "We always close their doors when providing any personal support. People whose rooms are on the ground floor have their curtains closed as well". Staff told us how one person kept pulling their curtains down, so had frosted glass on their window to maintain their privacy. We observed interactions between staff and people to be consistently respectful. Staff would always knock on bedroom doors before entering and got down to the person's level to communicate with them. Staff spoke about people in a compassionate and respectful way.

Good

Is the service responsive?

Our findings

People appeared happy with the care and support they received. When asked if they were happy with the care and support, one person said "Staff are good".

People received individualised care which met their needs. People had been involved in writing their care and support plans. By involving the people, the service had been able to build a picture about the person, their needs and how they wished to be supported. Records of the care and support delivered were maintained and the care plans were updated regularly to ensure that the information was accurate and reflected the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. We saw staff encouraged people to make their own decisions and supported the person's choices. For example, at lunchtime staff asked each person what they wanted for lunch, one person opted to have soup and another wanted to go out with staff to have their lunch.

Staff knew what person-centred care meant and could relate how they provided it. They knew people's likes and dislikes and were knowledgeable about people's individual needs and how to ensure these needs were met. Staff explained that people were given the opportunity to make choices about their care enabling them to be involved in decision making. For example; one person who now lived in the home, used to live at one of the provider's sister home in the area. The registered manager was aware of this persons abilities, and felt they would be able to meet their needs better at Dimensions Cambridge Road. The person was spoken to about the possibility of moving, and supported to make the decision. This involved visiting the home, seeing photos of the new home and who lived there and also about how possessions/items that were important to the person, could go with them.

People's life stories were recorded in their care files. This highlighted key life events and experiences the person had and people who were important to them. One person liked to visit their friend in one of the provider's sister homes. This was encouraged and supported by staff. People were encouraged to have as much contact with friends and family members as they wanted to.

There was a formal complaints procedure in the home which was available in picture format so people were able to understand how they could formally complain. The registered manager explained that if people had any complaints, they would tell any of the staff and these would be looked into. One complaint had been made by a family member; we saw this had been looked into and a written response sent to the complainant.

People were encouraged to provide feedback and their views were actively sought before any changes were made to the service. Residents meetings were held regularly and minutes from these meetings showed what actions had been agreed. These included what meals the people wanted and planning of the menus.

Good

Is the service well-led?

Our findings

There was a clear management structure in place, including a registered manager a deputy manager and a team leader. People knew who the registered manager was and were able to approach them at any time. Staff were fully aware of the roles and responsibilities of the managers and the lines of accountability. All the staff we spoke with said they felt "supported by the registered manager" but felt they [the managers] were "spread out too thin" and they weren't always visible around the home as they also managed another two services. One staff member told us, "We don't always see [the registered manager] but we can contact her anytime". Staff said there were staff meetings; these weren't held regularly but they had no problems raising issues.

There was a clear set of values and the staff described the service as having "an open culture". A staff member told us "You can go to [the registered manager] about anything at any time. I don't feel like someone is watching me all the time, but the support is there if I need it".

The registered manager recognised the importance of having motivated and familiar staff in order to ensure people's care needs were met. People knew the staff well and staff knew them. This meant the staff knew their needs and what support they needed. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service.

The service encouraged people to be part of the community; some people were involved with the local church and others attended local day centres. People were supported to attend activities they enjoyed. The registered manager ensured that there were robust arrangements in place to support them to continue to do this. The service worked closely with supporting professionals and met with them to discuss how the service was supporting people safely and whether any changes were needed.

Systems were in place to monitor the quality of the service people received. The home's records were well organised and easily accessible to staff. There was an effective system in place to monitor the quality of the service being provided. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the registered manager and the team leaders. The registered manager undertook weekly checks of the environment and medicines. Quality assurance checks on areas such as infection control, documentation, medicines and accidents and incidents were completed by the registered manager. Where issues or areas for improvement were identified, the registered manager had addressed them promptly. For example, a recent medicines error had been recorded. A plan had been put in place to ensure this didn't happen again.

The provider was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.