Dimensions (UK) Limited

Dimensions Theobald House 46 Dartmouth Avenue

Inspection report

46 Dartmouth Avenue
Bath
Avon
BA2 1AT

Tel: 01225338567
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

Disabilities. There were three people living there at the time of our inspection. The home had two floors; each person had their own bedroom. On the ground floor there was a kitchen, dining room and lounge. All doors were wide enough to accommodate wheelchairs, and people had access to a rear garden.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People's healthcare needs were met. People were supported to eat and drink in line with their nutrition assessments. People were supported to have maximum choice and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. We observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were supported to follow their own activity programmes. These considered people's interests and reflected people's preferences. One person told us they knew how to complain and there were a range of opportunities for them to raise concerns with the manager and designated staff.

The home continued to be well led. Staff spoke highly about the management. The manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 26 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We were unable to speak with some people using the service due to their highly complex needs. We therefore spoke with one person, staff and healthcare professionals to help form our judgements. We made phone calls to four relatives after the inspection, but no-one was available to speak with us. We observed the care and support provided and the interaction between staff and people. We spoke with the manager and two staff members. We looked at three people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at two staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The service continued to be safe.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. This training was refreshed annually. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "I'd report anything straight away" and, "We can report straight to the local authority, the number is on the office wall." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There had not been any safeguarding incidents; however the manager and staff were aware of the process to follow.

Risks to people were identified using assessments. For example, risk assessments were in place relating to people's choking risks, mobility, fire safety and medicines. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Staff said, "We let people do as they wish, unless a professional says the risk is too high." Both the care plans and risk assessments we looked at had been reviewed regularly. Risks to people were communicated in a way they understood, such as using short sentences and easy to read records.

People were supported by sufficient numbers of staff with the right skill mix to meet their needs in a relaxed and unhurried manner. Staff told us there were always enough staff and said, "I've never felt I needed an extra member of staff." The manager produced staff rotas based on the number of hours care each person required. The rotas showed the required numbers of staff were provided. The manager ensured staff on duty had the skills and training required to meet people's needs.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. People were supported by a consistent staff team. Some staff had been employed for many years, which meant they knew people very well. At the time of the inspection, there were no staff vacancies.

Peoples' medicines were managed and administered safely by staff that had their competency assessed on an annual basis to make sure their practice was safe. There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct.

People were protected from infection. The premises were clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

Staff had clear guidelines for reporting and recording accidents and incidents. There was a clear process for reporting accidents and incidents; staff were aware of these. There had not been any accidents or incidents; however the manager would review all accidents and incidents to ensure appropriate actions could be taken to prevent recurrence. Any learning was shared across the organisation.

There was equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

Good

Is the service effective?

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received training to support people's individual needs and had access to information about complex needs such as here people needed specialist feeding through a tube or the administration of rescue medicines. Staff told us they could ask for specialist training if they wished and said, "I've expressed an interest in doing palliative care training, this has been sourced."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete training which met the standards required by the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people. Staff completed 12 weeks induction and six months' probation.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. One person told us they were able to make their own decisions, such as when and where they went out, and staff supported them to do this. Staff said, "We assume capacity unless we're told otherwise", "Just because people make decisions we think are a bad idea, we don't change them, it means they can make these decisions" and, "Just because people have capacity to make one decision, doesn't mean they've got capacity to make all decisions." Staff told us how they supported people to make choices, for example by giving people two choices where they would be overwhelmed with lots of choices. These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Three people were subject to DoLS authorisations. There were systems in place to record expiry dates and any conditions attached to the DoLS.

Families where possible, were involved in person centred planning and 'best interest' meetings. A 'best interest' meeting involves relevant people where a decision about care and treatment is taken for a person who has been assessed as lacking capacity to make the decision for themselves. The manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff knew people's likes and dislikes and often cooked different meals to accommodate people's preferences. For example one person was shown two different meals to be able to make a choice. One person chose to have late breakfasts, and another person chose to eat in their room. Where people had special dietary requirements, staff knew about these. Fruit, snacks and drinks were always available.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People had annual health checks and medicines reviews.

People's diverse needs were being met through the way the premises was used. People had a variety of spaces in which they could spend their time, including an open plan sitting room and dining room. The garden had a seating area with a patio and a barbeque area. People had chosen the colours of the communal areas and the soft furnishings. People's bedrooms were decorated according to their choice. Each person had their own bathroom, although these were not en-suite. Where people needed specialist equipment such as bath chairs, ramps for wheelchairs and toilet handrails, these were in place. Handrails were in place throughout the building.

Good

Is the service caring?

Our findings

The service continued to be caring.

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We observed people and staff enjoying banter and laughing together. One person said, "I like it here." When one person returned to the home after a day out, we saw how pleased they were to see the staff on duty. We saw that staff were attentive and had a kind and caring approach towards people. Staff told us, "I know how to support people, I recognise when they want their own space" and, "I think it's a really good service, people here are really happy."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There were ways for people and their relatives to express their views about their care. Each person had their care needs reviewed on a regular basis. Families and local authority representatives were able to take part in reviews if appropriate. Staff said they spent time with people and got to know them well.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff told us how they promoted people's privacy and dignity and explained how they covered people and ensured curtains and doors were closed. The manager told us, "Staff are observed to check they knock on doors and treat people as individuals." Staff said, "If I wouldn't like anything, I assume they wouldn't like it" and, "We make sure people are covered, shut doors and curtains and make sure we knock on doors."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. For example, people were able to spend their days with their families if they wished.

People's care plans included information about how the person was involved in completing their care plans. For example, one person's care plan noted a small section should be completed at a time, making sure the person was in a comfortable environment, with simple questions and to give the person regular breaks. One person confirmed they were involved in developing their care, support and treatment plans. People's care and support plans were detailed, person centred and in regular use. Plans included detailed protocols to protect people, for example, with regard to supporting people with their dietary requirements, epilepsy and the use of medicines.

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting. For example, they told us how one person used an iPad to communicate. Staff said, "We have to adapt to [name]." Staff told us how they recognised when another person was in pain, but wouldn't talk, and how they managed this. Relatives we spoke with all confirmed the staff knew their relatives well. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed.

There had not been any complaints in the past year. The manager confirmed if any complaints were received, they would be dealt with in line with the policy and procedures in place. Staff we spoke with were aware of the policy and procedures in place.

People were able to take part in a range of meaningful activities according to their interests. The service offered internal and external activities such trips out, visiting a day centre or visiting the cinema. People's care plans recorded the activities people enjoyed and staff we spoke with knew about these. For example, one person we spoke with told us how much they enjoyed football and cooking. People were supported to spend time with their families. People were also supported to take holidays; one person wanted to go back to Disneyland after having a holiday there in 2016. Staff said, "We discuss activities and outings with people, they're able to make their own choices."

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals living in the home, infection control, food any other topics as necessary. This meant staff were able to keep abreast of any changes. The manager told us people were able to join in staff meetings if they wished.

People and their families had been asked about their wishes for the end of their lives. Although no-one was reaching the end of their lives, a policy was in place. The manager said, "We've talked with two people

about what they want to happen, but the others don't want to discuss this. People can stay here if they wish; we will bring in whatever support they need."

Good

Is the service well-led?

Our findings

The service continued to be well led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and care audits. These included checks on people's wheelchairs, tests on electrical items and other health and safety checks. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people.

The provider had effective systems in place to monitor the quality of care and support that people received. Surveys giving families, staff and other stakeholders the opportunity to give their views of the service were completed annually. The results of the last survey had not been shared with people because results were still being collated. However, the results of the staff survey showed 70% of the responses were positive, and less than 20% of responses were negative.

Staff we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. Staff said, "We can feedback our thoughts and feelings" and, "We can speak with the manager at any time."

Staff were reminded of the vision and values of the organisation, which the manager said included 'courage, ambition, partnership, respect and integrity, during training sessions. Staff told us about the vision and values of the organisation and said, "Independence is important" and, "We try to get people to be as independent as they can." This vision was put into practice, as people were supported to do as much for themselves as possible.

There had not been any accidents or incidents in the past year. However there was a process in place which would be followed. The regional manager reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support.

The manager regularly worked alongside staff which gave them an insight into people's changing needs. Staff told us they felt the service was well-led and said, "The manager is very approachable and I feel supported" and, "I feel supported outside of work too."

People had been supported to maintain links with the local community through attending a day service and local facilities such as pubs, the cinema and shops.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home was managed by a manager who was going through the process of becoming 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. The manager told us they felt supported by their manager and said, "I've always got people to go to for support."