Dimensions (UK) Limited

Dimensions 4 Matlock Close

Inspection report

4 Matlock Close, Barnet,
Hertfordshire, EN5 2RS
Tel: 020 8449 9055
Website: www.dimensions-uk.org

Date of inspection visit: 21 July 2015
Date of publication: 15/09/2015

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 inspection took place on 21 July 2015 and was unannounced. Dimensions 4 Matlock Close provides care for a maximum of eight adults with learning and physical disabilities.

There was a registered manager in post at the service. A registered manager is a person who has registered with the 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.

We last inspected this service in July 2013, and carried out follow up inspections in October 2013 and February 2014. During the current inspection we found that people were able to participate in a wide range of activities within and outside of the home. They were supported to maintain social contacts and go on holiday with support. The home environment was comfortable and purpose built to meet people's needs.

There were appropriate systems in place for recording people's consent, or best interest decisions made on their behalf to ensure that their rights were protected. There was an accessible complaints procedure in place for the home.

People were content and well supported in the home. They had good relationships with staff members who

Summary of findings

knew them well, and understood their needs. They and their health care professionals spoke positively about the service. People and their family members, where relevant, had been included in planning the care provided and they had individual plans detailing the support they needed.

The service had an appropriate recruitment system for new staff to assess their suitability, and we found that staff were sensitive to people's needs and choices, supporting them to develop or maintain their independence skills, and work towards goals of their own choosing, such as planning a holiday. People were treated with respect and compassion. They were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke positively about the training provided and this ensured that they worked in line with best practice. They received regular supervision and felt supported by the home's management.

There were systems in place to monitor the safety and quality of the home environment and to ensure that people's medicines were administered and managed safely. Quality assurance monitoring systems were in place, to ensure that areas for improvement were identified and addressed.

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?

Good

The service was safe. There were systems in place to monitor and maintain the environment, in order to protect people's safety.

Staff knew how to recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. There were sufficient staff at all times to keep people safe.

People had comprehensive risk assessments and care plan guidelines to protect them from harm and ensure that they received appropriate and safe care.

There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Is the service effective?

Good

The service was effective. Staff received regular supervision, appraisals and felt well supported by the home's management.

Best interest decisions were recorded for people who were unable to give consent, in line with the Mental Capacity Act.

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and seek medical advice promptly when needed. They were supported to eat a healthy and varied diet.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed staff treating people warmly and sensitively.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice, which included respecting their cultural and religious needs.

Is the service responsive?

Good

The service was responsive. People had opportunities to take part in activities both within and outside the home, and to go on holiday with staff support.

People's needs and preferences had been assessed, and person centred care plans were developed to guide staff so that they could meet people's needs effectively.

The service had a complaints procedure that was accessible.

Is the service well-led?

Good

The service was well-led. The registered manager was supported by two assistant managers at the home. There were systems in place to monitor the quality of services provided to people.

Staff said that there was clear and supportive management, which took account of their ideas and views. Where audits identified areas for improvement, we found that actions were taken to address them.

Dimensions 4 Matlock Close

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 inspection took place on 21 July 2015. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge, and dining areas and met with all eight people living in the home. We spoke with the registered manager, two assistant managers, and seven support workers working during our visit to the service, and a health and social care professional who phoned the home during the visit.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at the care records for five people who lived at the home, six staff files and 12 staff training records, a month of staff duty rotas, four people's financial records, the current year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration record sheets.

Following the inspection visit we spoke with two relatives of people using the service, and two health care professionals who supported people using the service.

Good

Is the service safe?

Our findings

People using the service were at ease within the home, and able to communicate their needs to the staff supporting them. Those we were able to speak with told us that they felt safe at the home. Relatives of people living at the home were satisfied that people were kept safe, but one relative was unhappy with the standard of cleanliness in the bathrooms. This was passed on to the registered manager to be addressed.

Safeguarding and whistleblowing policies were in place and all staff received training in these areas. Staff we spoke with were able to describe different types of abuse and the action they would take if they were concerned that someone using the service was being abused. All people living in the home were being supported to manage their finances. Prior to the inspection concerns were raised about the way one person's finances were managed at the home.

We looked at the financial arrangements in place for four people, and they were suitable to protect them from the risk of financial abuse. Receipts were kept for all transactions, and checks of monies were made at each handover between staff members. Monies for each person were stored in a secure compartment with a seal badge attached after each transaction, and audited at least weekly by two staff members. Records were also maintained of the whereabouts of bank cards and other valuables. We observed that appropriate records were kept of expenditure during holidays, and extra checks were in place to verify all transactions over a particular agreed amount. Records of monies spent for each person were reconciled on a monthly basis, with a petty cash book in place for each person. However, we noted that the records for the amounts stored in each sealed compartment did not always accurately reflect what was inside. They did not take account of the amounts recorded as spent (from the 'senior tin'). This included money spent on a taxi journey, prior to the receipt and change being returned to the office. Therefore staff were effectively signing for an incorrect amount in the sealed compartments on these occasions. We raised this with the registered manager who agreed to look into this issue.

Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. These included risks relating to moving and handling, swallowing difficulties, behaviour that challenged the service, and accessing the community. For example, triggers leading to behaviour that challenged were clearly recorded, alongside strategies for managing these behaviours safely. Where needed, staff consulted with health and social care professionals about how risks should be managed. Risk assessments were being reviewed approximately every six months or more frequently if there were changes required before this.

There were five staff on duty on the morning of our inspection, in addition to the registered manager, assistant manager and a domestic worker. Additional staff came in during the day as there was a staff meeting that afternoon. The rota showed that there were at least four or five staff working in the home in the day time, and a waking night staff member and staff member sleeping in the home. People living at the home, and staff members told us that there were sufficient staff on shift to keep people safe and the staffing rota made it possible to take people out for leisure activities. The staff team were supported by as and when (bank) staff employed by the provider, and agency staff. At the time of the inspection the registered manager was in the process of recruiting staff to work at the home, with all posts filled, but four people awaiting recruitment checks prior to commencing work.

Recruitment records of new staff working at the service since the previous inspection showed that appropriate checks had been carried out. These included a criminal records disclosure, identification, an interview and satisfactory references prior to them commencing work, to determine their suitability to work at the service. All new staff also had a review of performance following their probation period working at the home.

Staff administering medicines to people using the service had undertaken appropriate training. Medicine administration records showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records. We found that no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Where medicines errors had been identified, appropriate action had been taken to ensure

Good

Is the service safe?

that the situation did not recur. Medicines were stored safely and first aid boxes were well stocked, with regular stock checks in place. Staff had undertaken first aid training and were confident about how to act in an emergency.

We spoke with the staff member responsible for health and safety, and looked at the safety certificates in place for equipment and premises maintenance. There were current gas, electricity and portable appliances safety certificates, legionella testing, hoists and fire extinguisher and alarm servicing in place. Regular health and safety checks and fire drills took place, and the water temperature was checked regularly. There was a current fire risk assessment and individual emergency evacuation plans in place for each person in the home. Faults were recorded in a maintenance book and these were usually repaired swiftly. Where there was delay in repairs being undertaken, we saw evidence that staff from the home had chased this up, for example a fault with a ceiling hoist in one of the bathrooms. Some bedrooms were being redecorated at the time of the inspection.

The home was clean and tidy, without unpleasant or offensive odours, and bathrooms had recently been refurbished. However, although the flooring had been replaced in one of the home's communal bathrooms, staff told us that it was difficult to keep clean, and it already appeared to be stained. The bath in this room was not being used, as a new bath chair was needed, which was awaiting installation.

Detailed cleaning rotas were in place and there were records of food storage temperature checks, some cooking temperatures, and foods stored in the refrigerator were labelled with the date of opening as appropriate. However, we noted some gaps in cleaning records to be completed on a daily basis, which we reported to the registered manager, who said she would look into these. Staff had undertaken mandatory training in infection control and food hygiene.

Good

Is the service effective?

Our findings

We saw people receiving effective support from staff at the service. People we were able to speak with told us that they were happy with the staff support they received. Others responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs. Health and social care professionals told us that the staff were equipped with good decision making skills for the people and their needs, and communication was good, with discussions taking place around updates to people's medical needs.

Staff, including relief workers, were receiving supervision sessions at the frequency stipulated by the provider organisation's policy, with five individual sessions each year and an appraisal. Personalised goals were set for each staff member at their supervision sessions including updating care plans, arranging activities, and planning holidays. Staff told us that they felt supported by the home's management, and the staff team. Regular staff team meetings were being held to facilitate communication, consultation and team work within the home. Records indicated that these included detailed discussion of people's needs, and actions for staff to undertake.

Training records showed that staff had received induction training prior to commencing work and attended mandatory training and training on other relevant topics including learning disabilities, epilepsy, equality and diversity, and communication skills. Staff told us that they were not allowed to work if they did not complete the training. They said the training provided was helpful and of a good standard. They displayed a good understanding of how to support people in line with best practice, particularly in communicating with people with complex communication needs. Staff were supported to undertake national vocational qualifications in care.

There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. Best interest decisions were recorded for people who did not have the capacity to consent to significant decisions being made on their behalf such as consenting to expenditure for holiday arrangements. Staff undertook training in the Mental Capacity Act 2005, and displayed a good understanding of how it protected the rights of people living at the home. At the time of our inspection five people living at the home were subject to a Deprivation of Liberty Safeguard (for people who were unable to go out of the home unescorted) and one more application was in progress. However, we noted that best interest decisions were not always recorded for people who had monitors in place to ensure their safety overnight, when they were unable to call for assistance. The registered manager provided evidence that this was being addressed.

People told us that they were happy with the food served in the home, and a relative told us, "The food is good, and [my relative] can have a drink when s/he wants one." The kitchen was well stocked with fresh fruit and vegetables, and other foods. Where needed staff followed guidelines for food preparation and assistance with food, for people assessed by a speech and language therapist. Staff were clear about the nutritional needs and preferences of people and offered them a choice of meals and snacks on the day of our visit. We observed meals being cooked from fresh ingredients in line with what was on the menu for that day. Records of meals served indicated that a varied and nutritious diet was provided.

We observed lunch at the home, although most people were out at this time. There was a pleasant atmosphere in the dining room, which was spacious and airy, and people received appropriate staff support in an unhurried and attentive manner. Staff interacted with each person throughout. Staff told us that the menu was agreed at the beginning of the week, with two people living at the home making choices each week. Staff were aware of people's cultural needs and preferences. Daily diaries were kept of people's food and drink intake to ensure that they were well hydrated and their nutritional needs were met.

We found records in place regarding people's regular visits to a range of health care professionals. These included GPs, dentists, opticians, chiropodists, speech and language therapists and occupational therapists, with the outcome of appointments recorded. Hospital passports with important health information were in place for each person to take with them in the event of them requiring hospital care. Body charts were completed detailing any marks or injuries found when carrying out personal care. Health and social care professionals spoke highly of the support provided to people by staff in the home, and communication within the staff team. Records indicated that staff were prompt to seek medical advice if they had any concerns.

Good

Is the service caring?

Our findings

We found that people had developed positive relationships with staff at the service, and there was a pleasant and friendly atmosphere in the home. Staff took time to understand what people wanted. Support was unhurried and we observed staff chatting and joking with people and offering them choices. Relatives told us that they thought people were well cared for, as one relative said, "[My relative] feels happy in their home." A health and social care professional told us, "Staff are very caring, and very supportive of clients."

Staff on duty demonstrated a good understanding of individual people's preferences and had a positive and sensitive approach to supporting people. Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people's rooms without their permission.

We observed people's choices being respected during our visit. For example one person was asked which staff member they would like to support them in an activity on the next day. People's bedrooms were personalised and care records showed that they were asked about their likes and dislikes, cultural needs and preferred activities.

People were given information in a way which they understood. Staff used some photographs, and symbols to support communication, as well as touch, hand gestures and eye contact, as needed, having received training in this area.

People were encouraged to be independent. Their care plans included details of what they could do and the support that they needed, to ensure that they maintained their independence skills. People were encouraged to have their rooms decorated and personalised according to their own choice, including photographs of family and friends.

Each person had a key worker who recorded their preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs. Staff took steps to address these. For example, one person was supported to attend concerts of their choice, and another person attended a place of worship regularly with staff support. Two people had recently been on holiday with staff support, and staff were planning a holiday with another person at the time of our inspection.

Good

Is the service responsive?

Our findings

We observed staff being responsive to people's needs during the inspection, and those who were able to, told us that their needs were being met. A relative told us that their family member was well cared for, and could give feedback about their support to ensure that it suited them. However, they noted that, "Agency staff do not offer as good support as permanent staff do." They told us, "I get the impression they are well looked after, but there is always room for improvement."

Health and social care professionals told us that people were involved in decisions about their care, and described staff as very proactive, and doing a very good job. They said that staff provided them with all the necessary information to work with people effectively. One health and social care professional told us that they did not have to worry about people in the home, as staff would let them know if there were any issues of concern.

We found that people were offered a variety of activities in and outside of the home. People told us that they were happy with the activities available to them. Activities included attending day centres, visits to shops, pubs, cafes and restaurants, the cinema, concerts and shows. Within the home peoples enjoyed arts and crafts, massages, reflexology, music sessions, and doing puzzles. Recent trips had been arranged to various seaside resorts, barbeques were arranged within the home, and several people had been on holiday abroad or in the UK, including trips to Spain and Malta.

People's gifts and skills were highlighted, and they were supported to maintain or develop further independence skills. People were also supported to be involved in household tasks such as helping with cooking, making cakes, tidying their own rooms, and tending to the fish in the garden. People were supported to keep in regular contact with family members where possible.

Care plans were written from the point of view of the person receiving care, including pictures where appropriate, life stories, and details about people's likes and dislikes. Sections included 'A guide to your support,' 'What people like and admire about me' 'What is important to me,' and 'How to support me well.' People's assessments provided detailed information about managing risks to each person and meeting their holistic needs including social, emotional, and spiritual.

We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately every six months or more frequently where significant changes to people's needs had occurred. People's needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. Health and social care professionals gave positive feedback about the service's responsiveness to people's changing needs.

There were detailed descriptions of people's daily routines, activity plans, and plans for holidays to ensure that people's needs were met effectively. Relevant risk assessments were in place to accompany these including mental capacity assessments, and risks relating to falls, use of hoists, choking, weight loss, medicines errors, and communication needs. An assessment was made of matching criteria for the staff needed to support each person. Each person had a key worker, and goals identified for working on, including consideration of what a 'good day', or a 'bad day' would look like for that person. Records were kept of meetings with key workers approximately monthly, to review progress with goals set.

We also observed monitoring records within the home including night time checks, behavioural and epilepsy charts, and incidents and accident reports, which included body maps showing any areas of blemishes or injury. People's weights were monitored, and appropriate support was sought from health care professionals including doctors, dieticians, and speech and language therapists where concerns were found. Staff followed guidelines from health and social care professionals, and consulted with them when people's needs changed.

The home had a complaints policy and procedure which was available to people living in the home and their representatives. People told us that they would talk to staff if they were unhappy about anything in the home. We found that appropriate systems and processes were in place to address complaints about the home, as part of the quality control processes for the home. Records indicated that two recent complaints had been addressed appropriately. However, one relative was unhappy about

Good

Is the service responsive?

the way in which complaints were handled by the service, and did not feel listened to. The registered manager and provider organisation were aware of the issues they had raised, and were working to address them alongside external health and social care professionals.

Good

Is the service well-led?

Our findings

The people who we were able to speak with us, were happy with the way the home was run. We observed that there was a cheerful and relaxed atmosphere within the home. Staff were clear about their roles, and the home was well organised.

A relative of one person living at the home was concerned at the high turnover of staff within the home, noting, "There's nothing in place to stop quality staff leaving," and "Some staff are more dedicated than others." They were concerned that is was difficult for people to get used to new staff, and people that they trusted leaving, suggesting that there needed to be more organisational recognition to ensure that staff felt valued. We passed this on to the registered manager for consideration.

There was a registered manager in place for the home, and two assistant managers. The registered manager also managed another home run by the provider for a further eight people, spending approximately half of their time in each home. Staff felt that they were receiving the support they needed, from management, and the provider organisation. They described good team work within the home and appropriate communication from the provider organisation.

Residents meetings were held approximately monthly and records showed that these covered a range of topics relevant to the home. Recent topics included activities, family visits, day trips, barbeques, and holidays, new items for the home, birthdays, repairs, and redecoration, and quality assurance meetings known as 'everybody counts.'

Staff team meetings also took place monthly, with one held on the day of the inspection. Topics discussed recently included staff conduct, use of mobile phones, the garden, communication, shifts planning, infection control, key working, recruitment, health and safety, and complaints.

The registered manager conducted weekly room checks, and checks on staff training, sickness, and accidents and incidents. We looked at records of incidents and accidents and found that these were clear, with action specified to reduce the risk of a reoccurrence. The registered manager advised that she attended regular meetings with the integrated quality in care homes team at the local authority.

The registered manager sent us copies of the most recent compliance audits for the service, and surveys of people's views, and the views of their family members. A service improvement plan was in place for the home. This was kept in the office, and staff were informed of any actions that they needed to take through the staff communication book, team meetings and supervision sessions. The registered manager reviewed the plan approximately monthly, or when tasks were completed. Items included updating people's care plans with particular information such as protocols for financial management, ensuring that people were told who will be supporting them in advance, maintaining or exceeding staffing levels, and ensuring appropriate mental capacity act assessments, and best interest decisions were recorded.

Following the most recent Customer Satisfaction Survey from 2014, an easy read summary of findings was produced. Areas that people were worried about included, "They did not feel confident to make a complaint, they did not always get to choose new staff, and they did not like lots of staff changes." The Executive Team produced a report with recommendations for action including sharing these actions with people supported, their families, staff and giving updates on progress. The approach to the customer satisfaction survey was reviewed and the next survey was due to carried out in September 2015. Actions included making sure that no staff were given a job unless people using the service, their families or advocates were involved.

Some improvements had been made to the home environment since the previous inspection including the refurbishment of the home's bathrooms and redecoration of other areas in the home. People were supported to plan the redecoration and refurbishment of their bedrooms.