Dimensions (UK) Limited

Dimensions The Swallows 183-189 Hanworth Road

Inspection report

183-189 Hanworth Road
Hampton
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection and took place on 12 June 2015.

The home provides care and accommodation for up to six people with learning disabilities. It is located in the Hampton area.

The home 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 and associated Regulations about how the service is run.

In June 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People felt happy living at the home and with the way staff helped them to enjoy their lives. There were activities they chose, the house felt safe and the staff supported people very well. During our visit there was a welcoming, friendly atmosphere and people enjoyed doing activities and interacting with each other and staff. The activities were varied and took place at home and in the community.

The records were kept up to date, covered all aspects of the care and support people received, their choices and activities. People's care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, if they were required. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said they were happy with the choice and quality of meals provided.

People knew the staff that supported them and the staff knew them and their likes and dislikes. They were well supported and they liked the way their care was delivered. Relatives also said staff worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. The staff were well trained and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work at the home. They had access to good training, support and there were opportunities for career advancement.

People said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People told us that they felt safe and were not mistreated. There were effective safeguarding procedures that staff used, understood and the home was risk assessed.

The staff were recruited in a safe way and in significant enough numbers to meet people's needs

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?
The service was effective.

Good

People's support needs were assessed and agreed with them and their relatives. Staff were well trained.

Food and fluid intake and balanced diets were monitored within their care plans and people had access to community based health services.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?
The service was caring.

Good

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the home.

Staff said they were well supported by the manager and organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 was an unannounced inspection and took place on 12 June 2015.

The inspection was carried out by one inspector.

During the visit, we spoke with five people, four care staff and the registered manager. There were six people living at the home.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. These included three staff files that contained training, supervision and appraisal information. We also looked at the personal care and support plans for three people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they thought the 'Swallows' was a safe place to live. They were not bullied and did not feel any pressure from the staff who they said were very nice. One person said, "I'm picking my money up from the bank." This demonstrates that the person feels comfortable that their money is safe in their own home. Another person said, "This is a nice safe place to be."

Policies, procedures and training were in place that meant that staff were enabled to protect people from abuse and harm in a safe way. Staff we spoke with had a thorough understanding of what abuse was and the action they would take if they encountered it. Their response followed the provider's policies and procedures.

There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff were aware of how to raise a safeguard alert and the circumstances under which this should happen. They had received appropriate training.

The staff recruitment process was thorough and records showed us was followed. The interview process included scenario based questions that identified if prospective staff had the skills and knowledge to provide care for people with learning disabilities. If there were gaps in their knowledge the organisation determined if they could be overcome and the person employed. References were taken up, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained before starting in post. If there were work history gaps people were asked the reason for this. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

Staff followed the organisation's acceptable risk policy and provided an environment of acceptable risk. The control exercised by staff and the home was minimised, promoting a freedom of personal choice. The system of support was called 'just enough' and aimed to provide support that met needs and enabled people to do chosen activities with minimal interference, giving them control.

The risk assessments in place enabled people to take acceptable risks and enjoy their lives safely. There were risk assessments for all activities and aspects of people's daily living. These included communication difficulties, sensory impairment, sense of danger and handling money. There were also health related risk assessments for areas such as falls and choking. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people were able to access facilities in the community such as shops, the library and pubs. Staff said they had also received training in assessing risks to people. The risks assessments were reviewed annually or as required, adjusted when needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible.

The staff said they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. They told us they knew people living at the home very well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

There were building risk assessments including fire risks that the home had completed. Equipment was regularly serviced and maintained.

We checked the medicine records for all people using the service and found that all the records were fully completed and up to date. Medicine was regularly audited, safely stored and disposed of as required. Staff were trained to administer medicine and this training was regularly updated. People were assessed to see if they could self-medicate. There were no people currently self-medicating.

Good

Is the service effective?

Our findings

People told us they made their own decisions about their care and support. The type of care and support provided by staff was what they needed and was delivered in a friendly, enabling and appropriate way that they liked. One person said, "It's my choice where I go." Another person who said, "I like going out on my own."

The organisation's philosophy was for people to be empowered to make their own decisions and choose their activities and life style. The organisation was planning a sports event in September, 2015 and one person had said they did not wish to participate. Instead they had expressed the wish to stay 'at home' without the support of the team. The person had previously lived within a supported living environment, chosen to live at the home and been assessed as having capacity to make decisions about their life. Their wishes had been risk assessed to see if their choice was an option.

Comprehensive induction and annual mandatory training was provided for staff. The induction was on line and required tasks to be completed. New staff were also required to shadow experienced staff as part of the induction process to increase their knowledge of the people who lived at the home. The training matrix identified when mandatory training was required. The training provided included infection control, challenging behaviour, medication, food hygiene, equality and diversity and the 'just enough' support system used by the organisation. There was also access to specialist service specific training such as epilepsy and mental health awareness.

Staff meetings included scenarios that identified further training needs and also focussed on communication. Experiences were also shared with other homes' within the organisation. Quarterly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place. Staff communicated with people in a patient way, making sure they were understood and understood what people were telling them.

The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

The home carried out a pre-admission assessment, with people and their relatives that formed the initial basis for care plans. The care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight charts were kept if required and staff monitored the type of meals and how much people ate to encourage a healthy diet. There was also information regarding the type of support people required at meal times. Staff said any concerns were raised and discussed with the person and their GP if necessary. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed and decided on a menu at the weekly house meetings. A house meeting took place during our visit that was minuted by a person using the service. A member of staff admired the person's hand writing and spelling. The person laughed and said, "That's because I went to school." There was a good variety of choice available and the meals were hot and of good quality. One person said, "The food is great." Another person said, "I choose the meals I want." Meals were timed to coincide with people's preferences and activities they were attending. Meals were monitored to ensure they were provided at the correct temperature and preferred portion sizes were included in the care plans.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The MCA and the Dolls set out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. They were arranged and renewed annually or as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Mental capacity was discussed during staff meetings to enhance knowledge.

Good

Is the service effective?

People's consent to treatment was regularly monitored by staff and recorded in their care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The organisation had a de-escalation policy and staff had received training in de-escalation procedures. They were aware of what constituted lawful and unlawful restraint. Individual de-escalation guidance was contained in people's care plans as appropriate and any behavioural issues were discussed during shift handovers and staff meetings. The care plans recorded situations where behaviour specific to a person may be triggered and there were behaviour that may challenge plans that detailed the action to follow in those circumstances. They also monitored the affect behaviour had on other people using the service.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance such as the National Autistic Society.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity, respect and compassion by staff. This matched the staff care practices we saw. Rather than just meeting people's basic needs, staff listened to what to people had to say, valued their opinions and acted on them if required. They also provided support in a friendly and helpful way. One person told us, "I'm going out for lunch on Tuesday and chose (staff member) to go with me." Another person said, "Staff are like my family." Someone else laughed and said, "Can you give the staff a pay rise as they do such a good job. I've put my head on the block for you lot." This demonstrates how much the person admired the support given by staff, as friends.

During our visit staff were skilled, patient and knew the people, their needs and preferences well. People's needs were well met and they were encouraged to make decisions about their lives. Staff asked what they wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and home meetings.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. The 'just enough' system was designed by the organisation, for people to take control of their lives by keeping staff intervention to a minimum so that people were encouraged to live as independently as possible. At each opportunity people were enabled to discuss their choices, and contribute to their care, support and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable. If people had a query, for example, what the inspector was doing there, it was explained to the person in an easy to understand way. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. Before the weekly meeting one person with limited capacity for speech indicated a member of staff they wanted to speak for them by identifying them with a picture.

During the meeting staff were continually making sure people were involved, listened to and had their say. One person interrupted another. A staff member reminded them in a gentle tone that the person had not finished speaking. Good, positive interaction was facilitated by staff; between people using the service that promoted respect for each other. Two people held hands during the meeting. One person decided they had said what they wanted to and wished to lie down in their bedroom, which staff supported them to do. Staff also made sure that people expressed their views at a speed that the person taking the minutes could record. There were numerous positive interactions between staff and people using the service throughout our visit. Staff spent time engaging with people, talking in a supportive and reassuring way that people's body language indicated was acceptable to them and they liked. One person said, "I have a good laugh with the staff."

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and fun atmosphere that people enjoyed due to the approach of the staff.

There were advocacy services available and people were made aware of them. An advocacy service represents people and speaks on their behalf. Currently the advocacy service was not required by people who use the service.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

A visiting health professional said that the care provided was of a good standard and delivered in a friendly, approachable and compassionate way. This was corroborated by relatives and staff.

Good

Is the service responsive?

Our findings

People said they were enabled to make decisions about their care and the activities they wanted to do. Staff knew what people's needs and wishes were and met them. Their needs were met in a way that they enjoyed, was comfortable, relaxed and homely. People said that they were asked for their views by the organisation, home's management team and staff. They were invited to meetings and asked to give their opinions. People were asked for their views, opinions and choices, by staff and the manager throughout our visit. Staff enabled them to decide things for themselves, listened to them and took action if needed. Staff were available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One person told us, "I need someone to drive me to the bank and choose (staff member)." Another person said, "I'm having my bedroom redecorated. I chose pale green and it looks really nice." Someone else told us, "I'm going to church on Sunday with (staff member)." Another person replied, "I'm going to the pub instead." The people using the service, staff and inspector present laughed.

We saw that staff met peoples' needs in an appropriate and timely way. People were given the opportunity to decide what support they wanted and when. The appropriateness of the support was reflected in the positive responses and body language of people using the service. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns or discomfort displayed by people using the service were resolved during our visit.

People were encouraged to develop their skills and take on new challenges. One person was considering becoming an expert by experience with the Care Quality Commission. The service had supported and encouraged them to do so,whilst recognising it was their decision. An expert by experience is a person who has personal experience of using or caring for someone who uses a service.

People and their relatives were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to live at the home. Staff told us about the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual. They said it was also important to get the views of people already living at the home. During the course of the visits the manager and staff added to the assessment information.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working, once they had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

The care plans were part pictorial to make them easier for people to use. They were based on the organisation's 'personalisation journey' that focussed on the principle of providing as much freedom of choice, with least staff intervention within a risk assessed environment. They recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

Activities were a combination of individual and group with a balance between home and community based. Each person had their own individual activity plan. One person said, "I choose what I do." The home had a local community map that outlined places of interest, how long it would take to get to them and what type of transport was needed. Activities included cafes, pubs, garden centre, library and shopping. Other activities included the hydro pool, volunteer work and music therapy. People were also encouraged to do tasks in the house such as laundry, helping with lunch and putting the rubbish out.

People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their

Good

Is the service responsive?

changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

People told us they knew about the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. There were no current complaints.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. There was an 'in touch' website where people and their relatives could contribute and access information about what was going on in their lives and within the organisation. Quarterly 'everybody counts' people's councils took place with regional representatives that was video conferenced. The representative visited each home to get people's views. There were six monthly care reviews that people were invited to, weekly house meetings and annual placing authority reviews and surveys of people and their relatives. People were also asked to contribute to annual staff appraisals.

Good

Is the service well-led?

Our findings

People told us that they were made to feel comfortable by the manager, staff and organisation and were happy to approach them if they had any concerns. One person said, “I’m happy speaking with everyone.” Another person told us, “If I’ve got a problem, I speak to staff.” During our visit the home’s had an open culture with staff and the manager listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at the home. A staff member said, “I really enjoy my job and the training prepared me for it”. Another member of staff told us “I get good support from the staff team and manager. If I’m not sure, I’m happy to ask.” A further staff member said, “I’ve been here since 2006 and am going nowhere. A lovely home to work in.”

There were regular minuted home and staff meetings that included night staff and enabled everyone to voice their opinion.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the organisation. There was an ‘aspire’ career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

The home used a range of methods to identify service quality. These included quarterly compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.