

Dimensions (UK) Limited

# Dimensions 122 Carol Avenue

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 20 and 23 November 2015 and was unannounced.

122 Carol Avenue is registered to provide accommodation for personal care for a maximum of four people with learning disabilities or autistic spectrum disorder. There were three people living at the home on the day of our visit. At the time of our inspection there was a registered manager in post. 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 received care from staff who knew what they would do to protect a person from the risk of harm and how to report any concerns. People were supported by staff that were available and knew when they were needed. Staff spent time supporting people throughout the day and ensured that people's questions or requests were met. People were helped with managing and monitoring their medicines and staff recorded when they had given them. .

Staff told us they knew how to look after the people that lived at the home. They had received training to understand people's social and health needs and felt supported in their role. People's decisions about their care and treatment had been recorded where they had been unable to make a decision on their own. Staff showed they listened and responded to people's choice to choose or refuse care. Staff supported people who was being legally deprived of their liberty and understood the reasons for the restrictions and how to care for that person.

People told staff the meals they wanted to eat and helped to cook them. Food was available and staff ensured people were able to eat their meals with minimal guidance. People were supported to access health and social care professionals with regular appointments when needed and were supported by staff to attend these appointments.

People were comfortable in their home and spent time relaxing on their own, chatting to staff or other that lived at the home. Staff knew people's individual preferences and respected their dignity when providing care. Families and visitors were welcomed and people maintained relationships with their friends and families.

People chose how they spent their days in their home and what they wanted to do. People raised their comments or concerns and these were addressed by staff or the registered manager. Staff also made suggestions on behalf of people at the home from their observations and these were listened to by the assistant or registered manager.

People knew the registered manager and assistant manager well and spent time with them in the home.

The provider checked the home regularly to ensure people were well cared for. The management team had kept their knowledge current and they led by example and were involved in caring for people.

## 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 and looked after by staff. People's risk had been considered and they had received their medicines where needed. People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way.

### Is the service effective?

Good ●

The service was effective.

People's consent had been obtained and recorded where needed. People had a choice about what they ate. Input from other health professionals had been sought when required to meet people's health needs.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good ●

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the overall service and had their views listened to. The provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

# Dimensions 122 Carol Avenue

## **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 20 and 23 November 2015. The inspection was completed by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people who lived at the home. We spoke with four staff, the assistant manager and registered manager.

We looked at one record about a person's care, one set of medicine records, a medicine audit, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider.

## Is the service safe?

### Our findings

People were confident and comfortable in their home and would look to staff when they needed reassurance or were unsure. Staff then offered guidance and support to help the person with their expectations or emotions. Two staff that we spoke with told us about they would recognise and respond to a situation where they felt a person was in a potential abusive situation. One staff explained their first action would be, "To ensure the person was safe" and then talk to the managers for reporting and investigating. The training they had received had helped the awareness of different types of abuse and to spot potential concerns. For example, if a person raised a concern or the staff noticed unexplained marks.

Where a person at the home was at risk of harm when they became upset or anxious we saw staff gave positive encouragement or comforted a person to reduce their anxiety. Two staff we spoke to knew how to redirect and assist the person. Staff told us that when this may be required it was to keep the person and other people safe. For example, recognising early signs of anxiety and offering a quiet space for a person to relax in.

People asked staff for assistance when they needed it to minimise the risks of harm or injury. For example, when cooking or going out on a walk. All staff we spoke with knew where people required support to reduce their risks regarding health and safety in the home, and their physical and emotional health. Staff placed the emphasis on ensuring the person remained in control and did as much as they able on their own. Plans were in place to prevent or minimise any identified risks for people and provided staff with information about what they could do. Staff told they would look at these if they needed to, amend them and update as required or on monthly basis.

Where people had accidents or incidents staff had recorded the event which was reviewed by the registered manager. If any immediate action to prevent a reoccurrence this was done. All reports were then forward to the provider who reviewed them to ensure actions were taken where identified or offer further support and guidance from their internal health and safety department.

Two people told us about the staff that supported them and that they knew who would be in the home during the day and night. They asked the assistant manager about the rotas so they knew who would be supporting them the following day.

People were supported by staff who were with them when needed and who understood their needs and requests. Two staff we spoke with felt there were enough staff to support people with care and activities. They felt the staffing team were consistent, which included the agency staff when needed.

All people's medicines were looked after and stored in their room. Staff told us they had been trained and were competent through observation of their practice, refresher training and mentoring. People received their medicines when needed, for instance when getting up in the morning as part of their personal care routine. Staff told us they followed the written guidance if a person required medicines 'when required'. For example, to relieve pain or treat a short term illness. People's medicines records were checked by two staff

to ensure people had their medicines as prescribed and reduce the chance of errors.

## Is the service effective?

### Our findings

People received care needed staff who knew their needs and how to support them. Two staff were able to tell us about how they understood and supported people's physical and mental wellbeing. Staff felt confident in providing the correct care to people and the provider ensured training courses were available to maintain and increase their skills.

Three staff we spoke with told us about the support they had from regular team and individual meetings with the assistant or registered manager. They used these meetings discuss people's care practices and often people living at the home were present at the meetings to provide feedback and comments. All staff we spoke with said they all worked well together and worked together to ensure people were well cared for. One staff member told they were able to discuss different ideas if they were unsure about any work based issues.

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.

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 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. The registered manager and assistant deputy manager understood the legal requirements they had to work within to do this. People at the home had been supported to make decisions by staff having the skills and understanding of when to involve others, we found that these decisions had been recorded. The provider had followed the requirements in the DoLS and two people had a DoL authorised. Two staff we spoke with understood who had a deprivation of liberty in place and the reasons for the restrictions.

Two people we spoke with told us they enjoyed the food and were involved with making their own meals where they wanted. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Two staff members told us the choice of meals were decided menu was flexible and people could choose something else. We saw that people chose their lunch and evening meals and were involved in the preparation and cooking of them.

People maintained their on-going health with visits to the GP, opticians and dentists. Where required staff supported people to attend appointments with health professionals. For example, hospital appointments or consultant reviews. Where people's needs or health changed their care records had been updated. Staff felt the records were accurate and were completed by staff or the health professional following the



appointments.

## Is the service caring?

### Our findings

All people living at the home liked the staff and each other's company. Staff knew them well and time was spent chatting with people about their day or what they may like to do. People confidently spoke to staff in their home and approached staff when needed. People were understood by staff who used a variety of ways to make their wishes known. Staff also looked for visual and emotional signs to understand a person's needs.

People joked and relaxed with staff and happily made decisions on whether to be involved in their daily tasks and made other day to day choices. Staff listened to people's choices and decisions and offered encouragement to ensure they knew the person's choice. Where people asked for support this was provided, however staff encouraged independence in the tasks and offered encouragement rather than take over. For example, one person made drinks for people and staff in the home and used verbal prompts from staff to complete the task on their own.

Our conversations with all staff and the assistant and registered manager showed they had a detailed and personal understanding of each person. Staff respected that it was people's home and were attentive to their individual interests. All staff that we spoke with wanted to provide care that treated people as individuals and felt the home was clear on provided care. One staff, felt it was "Homely and I love working here". The provider was in the process of making video calling available for people to keep in regular contact with family.

All staff we spoke with said they knew people well who lived in the home they got to know people by talking and spending time with them. Where people had not been able to talk to staff about their lives and interest staff spoke to family members and looked at care plans for additional information. Where people expressed choices about their care the information had been obtained and detailed in their care records.

People also had the opportunity to review the care they had received each month. This allowed them to say what had worked well or if they would like any changes. One person told us about how a particular member of staff assisted them with the review. Where care staff had noted what had worked well this had also been recorded for discussion and review each month.

Where people completed household tasks or achievements staff commented in way that made people confident and happy. When we were speaking with staff they were respectfully about people who lived at the home. Staff were also considerate when they were discussing people's care needs with each other. People were able spend their time privately in their bedrooms and staff ensured they where needed they were supported to do this.

## Is the service responsive?

### Our findings

Staff were able to help with people's needs and we saw that where people spoke with staff they were able to respond in a way that met their needs. People were supported to maintain their health and any changes were noticed and recorded. Where required health changes were referred to professionals in the community. For example, physiotherapy services had been used.

Information about changes to people's care or social needs were shared with staff at the end of their shift to ensure staff then starting their shift had current information. If the changes were significant or long term people's care records were updated. People's independence had been promoted and were supported to maintain their person care or how they involved themselves in household chores and routines. Relatives had also been asked for their views which had been recorded and considered when planning people's care.

Staff knew and understood each person well, had information about their families and past and were able to use this to help with provide care they supported the person. Staff were able to tell us about the level of support people required. For example staff knew where people required emotional support or when a person wanted some quiet time on their own. Two staff told us that they knew people well so they were able to recognise changes in people's health or social needs. For example, there may be a change to their sleeping or eating routines which may indicate the person was unwell.

Each person had an allocated member of staff who monitored their wellbeing and ensured their care and support needs were being met. One person told us they had support with their personal shopping and looking at activities and holidays they enjoyed. They also told us they got to choose which member of staff was their allocated worker. People's care had then been reviewed monthly by the responsible staff and they looked at measurable goals and the progress made toward these for each person.

We looked at one person's care records. Two staff told us they used the records to find out the person, their preferences how the support they needed. They told us the information was accurate and updated regularly. Information about health appointments or advice from external sources had been also recorded when updating care records. For example, how staff would understand people's responses and how they preferred things done in certain way.

People were encouraged to maintain friendships outside of their home and were supported by staff to go out and visit friends. People made choices about going out for lunch, going to the shops or doing activities within the home. People also had been on their yearly holidays.

Throughout the day people approached staff, the assistant manager and registered manager to speak about their concerns, worries or social plans. People were listened to and provided with supportive advice and guidance. Staff were patient to ensure the person was happy with the response. There was a complaints procedure in place and available in an easy read format, although no complaints had been received. Two staff we spoke with told us they were happy to make suggestions behalf of people if needed and that any changes were made.

## Is the service well-led?

### Our findings

People views and opinions were valued and listened by staff and managers that helped people by daily. People were also asked at a monthly meeting for feedback and views on their care, meals and activities on offer and also attended the care staff meetings. We saw that any actions had been recorded and completed. One member of staff told us that if people had not contributed to any meetings individual conversations or people's experiences had been considered. For example through their daily reports or what staff felt the person had enjoyed. The provider had obtained the views of families on their overall experience and opinions of the care provided by questionnaires and the feedback had been positive.

The registered manager and assistant manager had been in post for many years and demonstrated an in-depth knowledge of the home, the people who lived there and the providers expectations and values. The registered manager and assistant manager told us they worked well together and were there to support people. The registered manager told us their focus was to ensure there was open and transparency with staff and people. They wanted to ensure everyone involved at the service were encouraged to share their views and ideas on how the service could be improved. The assistant manager spent time with people and working alongside staff and ensured they were on the rota to provide care and support each week.

All staff we spoke with reflected that the home was run well for the people that lived there. The staff team we spoke with told us they felt involved in people's lives and the registered manager was keen to listen and try their ideas in relation to people's care. Staff at all levels we spoke with felt that they were a caring team and the management team recognised that their staff worked well together.

The registered manager and assistant manager felt their skills and knowledge were supported by the provider's organisation and training. The assistant manager had also been involved in policy development and providing feedback about the home. They felt this support led them to recognise and deliver high quality care to people in line with current best practice. The registered manager told us they had access to specialists within the company, such as health and safety and safeguarding staff. They felt this supported them to be aware of changes and information that was up to date and relevant. All staff we spoke to with also received news briefings, face to face meetings and updates that related to best practice guidance.

The provider and registered manager carried out regular checks of the home and gaps identified from these checks were actioned and recorded. For example, observing staff to ensure the care provided was as expected. They had also produced a yearly 'Service Improvement Plan'. This looked at all areas of the home and the care provided. It also checked staff members understanding of the providers policies and long term plans. For example, a new support model of care was being introduced and this had been identified as an area for staff development. The plan also included any staff suggestions for changes or improvements and what steps had been consider and actioned.