Dimensions (UK) Limited

Dimensions The Laurels 3 Nine Mile Ride

Inspection report

3 Nine Mile Ride,
Finchampstead,
Wokingham.
Berkshire.
RG40 4QA
Tel: 0118 973 7110
Website: www.dimensions-uk.org

Date of inspection visit: 20 May 2015
Date of publication: 30/06/2015

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 was an unannounced inspection which took place on 20 May 2015.

Dimensions- The Laurels 3 Nine Mile Ride is registered to provide care for up to six people. The home provides a service for people with learning and associated behavioural and physical disabilities. There were four people living in the service on the day of the visit. The service had ground and first floor accommodation and two of the six bedrooms were fully en-suite.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service had a variety of ways to keep people as safe as possible. Care workers were trained in and understood how to protect people in their care from harm or abuse. People interacted with staff in a relaxed way. Health and safety was dealt with as a matter of importance and all necessary actions were taken to keep people, staff and visitors as safe as possible. Individual and general risks to people were identified and managed appropriately. The service had a recruitment process which tried to ensure the staff employed in the home were suitable and safe to work there. Staff members had an in-depth knowledge of people and their needs. The staff team were well supported by the management team to ensure they were able to offer good quality care to people.

The service had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. DoLS referrals were made to the local authority, if the service felt they were depriving people of their liberty.

People were supported and encouraged to look after their health. Staff worked closely with other professionals to ensure people were supported to be as healthy, both physically and emotionally, as possible. Staff were very skilled in communicating with people and in helping them to make as many decisions for themselves as they could. People were encouraged to be as independent as they were able to be, while being kept as safe as possible.

People were given the opportunity to participate in a variety of activities both individually and with others. People were treated with dignity and respect at all times. They were involved in all aspects of daily life and helped to meet any spiritual, behavioural or emotional needs. Their diversity was recognised in the individualised care planning.

The house was well kept, very clean and comfortable. People's rooms reflected their individual preferences and tastes, as did the communal areas of the home.

Staff and family members told us the home was very well managed with an open and positive culture. The service kept detailed and accurate records which were well maintained. People, staff and families were able to contribute to the maintenance and development of the quality of care the service offered people.

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 is safe.

People were protected from any type of abuse or harm by staff who had been properly trained.

Any risk to people, staff or other visitors to the home were identified and action was taken to reduce the possibility of people not being kept safe.

People were given their medicine safely and at the right times.

There were enough staff to make sure that people were cared for safely.

Good

Is the service effective?
The service is effective.

People made as many choices and decisions for themselves as they could. Staff understood consent and mental capacity. The made sure people's rights were always considered and maintained.

Staff were trained to make sure they could meet people's health and care needs in the best way possible. The advice of other professionals was requested, when necessary.

The service was very well maintained, very clean and hygienic. It was homely and comfortable and reflected people's tastes and choices.

Good

Is the service caring?
The service is caring.

People were treated with respect and dignity at all times. Their diverse needs were recognised and respected. Staff were kind and patient.

People's individual methods of communication were clearly recorded, understood and used by staff to explain what was happening, why and when.

People's families and friends were involved in their care, as appropriate.

Good

Is the service responsive?
The service is responsive

Staff identified and responded to people's needs quickly.

People were offered care in a way they preferred and that met their individual needs.

The service worked closely with other professionals, asked them for advice and listened to them.

There was a robust complaints system available to people and their families and friends. Staff knew how to interpret people's behaviours which showed if they were concerned or distressed.

Good

Is the service well-led?
The service is well-led.

Good

Summary of findings

People, their families and staff told us that the registered manager and senior staff team were approachable and open. Staff told us they were confident to discuss any issues with senior staff.

The service had a number of ways to check they were giving good care and that they maintained and improved the quality of care whenever possible.

The service listened to people, staff and others and continually developed to make sure people were given the best and safest possible care.

Dimensions The Laurels 3 Nine Mile Ride

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 unannounced inspection which took place on 20 May 2015. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at the four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at quality assurance audit reports, health and safety documentation and sample of staff records. A sample of full recruitment records were sent to us after the inspection.

We spoke briefly with two people who live in the service and received written comments from three family members. Additionally we spoke with four staff members including the deputy manager and received written comments from other professionals. We looked at all the information held about the four people who live in the service and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

People were unable to tell us clearly if they felt safe in the service. However, two people were able to nod and indicate by smiling that they felt safe and happy in the home. Staff members told us people were, ''very safe'' and relatives told us they knew of an incident where a staff member treated people badly and the appropriate action was taken. Other professionals told us they were confident that people were well treated.

People were protected from all forms of abuse and were kept safe by staff who were well trained and fully understood their responsibilities in regard to safeguarding. Safeguarding training had been completed by 11 of the 12 care staff. The remaining staff member was being inducted. Staff confirmed they had completed this training which was up-dated every year to ensure it was current. The local authority's latest safeguarding procedures were displayed in the office so staff had easy access to them. Staff were able to describe how they identify abuse and how they would deal with a safeguarding issue. They described an abusive incident they had identified in 2014 and the action they and the service took. The safeguarding concern was dealt with appropriately and people's safety took precedence over all other considerations. Care staff told us they were confident the registered manager and staff team would continue to take any necessary action to ensure people were safe. Staff were aware of the provider's whistle blowing policy which was displayed on the notice board in the office. They explained under what circumstances and why they would 'whistle blow'. Some staff told us they were disappointed that the whistle blowing help- line had recently changed. It was now operated by the provider when it had previously been operated by an external company. However they said that they would not hesitate to approach the appropriate agencies outside of the company, should they think it necessary. They gave examples of the Care Quality Commission (CQC) and the local authority.

People's care plans provided staff with detailed information about how to support people in a way that minimised risk for the individual and others. They included risk analysis and risk assessments, where necessary. Identified areas of risk depended on the needs of individuals and included areas such as medication, mobility, false allegations of abuse and personal care. Risk assessments were developed for specific activities such as use of the vehicle and accessing the community.

People who use the service, staff and visitors' health and safety was taken seriously. Generic health and safety risk assessments for areas such as slips, trips and falls, heat waves (and other adverse weather conditions) and driving were in place. Regular health and safety maintenance checks were completed for areas such as hoists and moving and handling equipment, safe water temperatures and portable electrical equipment. They were completed at scheduled intervals as recommended by health and safety policies. For example small electrical appliance testing was completed annually (last tested March 2015), wiring tests were completed every five years (last tested 2012) and lifting equipment checked every six months (last checked April 2015). An emergency evacuation plan was kept in the office. It contained all the information staff would need to organise a safe evacuation. Individuals had a personal evacuation plan which included places of safety and belongings they would need to keep them calm and comfortable.

The service recorded all accidents and incidents and added them to the provider's computer system every week. There had been no incidents in the previous year but accidents had been recorded in detail and it was clear what action was taken by whom to minimise the risk of recurrence. Senior managers reviewed the computer records and made any comments with regard to the actions taken. They noted if any further actions were necessary or if any other issues needed to be addressed.

People were given their medicines safely by two staff in the team who had been especially trained to complete this task competently. Staff's competence in medicines administration was tested every year, by a senior staff member. Individual medicine files and care plans contained specific guidelines for people who had medicines prescribed to be taken as and when required (PRN). Guidelines were signed by the GP.

People were supported by staff who had been recruited as safely as possible. Staff files showed that there was a robust recruitment system to ensure that prospective employees were safe and suitable to work with the people. An external organisation completed the necessary safety checks on

Good

Is the service safe?

prospective applicants. Fully completed application forms and all staff recruitment records were available to the registered manager, who viewed them prior to making an appointment.

People were supported by adequate numbers of appropriately trained staff. The minimum staff on duty was three from 7am to 1.30pm, three from 1pm to 9.30pm and one waking, one sleeping-in staff from 9pm to 7am. Senior staff reviewed staffing numbers on a daily and weekly basis and provided additional staffing for special activities or any specific needs. Some people received one to one time, the specific hours they needed were as agreed and contracted with the local authority.

Good

Is the service effective?

Our findings

Relatives told us people's health and emotional well-being was well looked after. One relative commented, ''I have been very impressed with the perseverance they have shown [name] during a very difficult time. [ ] has been very disturbed and they never gave up on her. [ ] is so much better now it is a miracle''. Another said, ''We feel that [ ] is as well cared for emotionally and physically as she could be''. One professional told us that staff were, ''highly vigilant'' in relation to people's needs. They said they were very quick to pick up and seek appropriate help for anything that they felt was, ''not right either physically or emotionally''.

People's care plans contained a specific communication plan developed for individuals. These contained more detail if people were not able to communicate clearly, verbally. They included descriptions of people's body language and noted ways people expressed themselves. Staff interacted effectively with people at all times. They involved them in conversations and the daily activities of the home, where possible.

The deputy manager and other staff fully understood issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications to the local authority when a possible deprivation of liberty was identified. Training records showed that the 11 permanent staff had received Mental Capacity Act 2005 and DoLS training. Staff were able to explain what a deprivation of liberty was. They fully described what action they would take if they were concerned that they had to deprive someone of their rights. One person had been appointed an independent Mental Health Act advocate (IMCA) to ensure their rights were being upheld.

People were supported to make their own decisions and choices, as far as possible. The plans of care included decision making profiles and agreements and noted how people must be involved. Part of the care plan was called, ''How I keep and stay in control''. They noted what level of decisions people could make and what assistance they needed to make 'informed' decisions. The plans described when, how and who could make final decisions on specific areas of care and when formal processes needed to be followed.

The service took responsibility for people's personal allowances. All other financial matters were dealt with by families acting as appointees or by the local authority. The service had a robust system of recording the money they held on behalf of people. The income, expenditure and cash records were accurate.

People were encouraged to eat healthy food. People who had specialist nutritional needs were identified and assessed. The service sought the help of speech and language specialists and dietitians, as necessary. Food and fluid charts were kept for people as advised by the nutritional and eating specialists. People contributed to developing menus which were well balanced and included fresh food. Fresh fruit was available throughout the home.

People's health needs were identified and assessed. Part of the care plan was called, ''about my health''. This included the history of people's health, current health needs and issues, how to prepare people for health related appointments. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary and detailed medical reports and records. The local authority has a specialist learning disability health service which provides psychiatrists, occupational therapist and other health care professionals. People had regular checks, as necessary and were involved in screening programmes, as appropriate. People's relatives told us they were always informed if people became unwell or required medical interventions.

People were provided with any specialist equipment they needed to keep them safe and comfortable. The building was all ground floors with wide corridors and doorways to accommodate wheelchairs. Ceiling hoists were provided in the bathroom and wherever necessary. The home was well kept, had a 'homely feel' and had a very high standard of cleanliness.

People who lived in the home did not, usually, have behaviours that could cause distress or harm to themselves or others. The service did not use physical restraint. However, staff were trained in strategies for crisis intervention and prevention (SCIP). This was a system which showed staff how to intervene in behaviours before they reached crisis point. Detailed behaviour support plans were developed by the provider's behaviour management team if necessary.

Good

Is the service effective?

People were supported by staff who were trained in areas relevant to their individual needs. Training was delivered by a variety of methods which included computer based and classroom learning. Examples included specialist training for dealing with people with epilepsy and other rarer medical conditions. Staff were able to describe in detail a rare condition, its effects on the individual and how to keep the person healthy. Staff told us they were provided with good opportunities for training. Six of the eleven staff had completed the diploma in social care level two training (or above or equivalent).Staff received regular supervision from the registered manager or deputy. They told us they could ask for support or advice whenever they needed it. Staff received an appraisal every year and a development plan was developed at the appraisal. Staff told us that they felt very well supported by the management team.

Good

Is the service caring?

Our findings

People told us or indicated by smiling and nodding that they liked the staff. One relative told us the staff were, ‘‘kind and caring’’. Another said, ‘‘the staff are very caring, fun and yet professional’’. People were treated with respect and patience throughout our visit. A professional commented, ‘‘The care provided is transparent and honest, and dedicated to the individuals wants and needs’’.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Staff were very knowledgeable about the needs of people and had developed good relationships with them and their families. Relatives described their relationships with staff as, ‘‘positive’’ and one commented, ‘‘staff always make us most welcome’’. Another said, ‘‘there is always a good atmosphere’’. The service had a written agreement with families called, ‘‘a family charter’’. This described areas such as how often families would visit or contact, how people could contact their families and special family events. These helped to make sure people stayed involved with their families or others important to them.

People and their families or carers attended their annual review meetings and were involved in their care planning, as appropriate. Information which was relevant to people was produced in differing formats. These included pictures, photographs and symbols. The organisation provided people with a detailed handbook describing the care they could expect to receive, their rights and responsibilities.

Information was then explained to individuals in a way which gave them the best opportunity to understand it. Staff followed people’s individual communication plans at all times.

Staff understood how to maintain people’s privacy and dignity. They clearly described and gave examples of how they would support people with their privacy and dignity. These included advising people in regard to appropriate dress to preserve their dignity and calling people the name of their choice. The people who lived in the home were all female, currently. Consequently male staff did not complete personal care tasks.

People’s diversity was respected as part of the strong culture of individualised care. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included a part called, ‘‘getting to know you better’’. This included people’s life choices, aspirations and goals. People were assisted to attend their chosen place of worship.

People were encouraged to be as independent as they were able. Care plans noted how much people could do for themselves and noted how staff should encourage or support them to do this. Risk assessments supported people to be as independent as possible, as safely as possible. During the inspection staff were interacting and talking with people at all times. People were encouraged to express themselves and make as many decisions as they could. Staff carefully described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities.

Good

Is the service responsive?

Our findings

People's needs were met by staff who were alert to their needs at all times. Staff were very knowledgeable about the needs of people and were able to interpret body language and other forms of communication to identify when people needed assistance.

People had a full assessment of their needs prior to moving in to the service. They and their families, social workers and other services were involved in the assessment process. The final assessment was completed by a senior staff member from the service. A care plan was written and agreed with individuals, their families and the local authority, if appropriate. Care plans were reviewed by the key worker when necessary and a formal review was held at least once a year. The review included information such as what people like and admire about me, what is important to me and what is important for the future for me.

People's individualised care plans included sections called, 'my personal information', 'a good day', 'a bad day' and 'support wanted and needed'. They clearly described the person, their tastes, preferences and how they wanted to be supported. The roles and responsibilities of the person and the staff members were recorded on care plans. The skills and training staff needed to offer the required support was noted. Additionally a one page profile provided staff with all the vital information, to make sure they could support people safely in the way they preferred.

People were offered very individualised care. Staff were trained in person centred care and were able to demonstrate their understanding of what this meant. They told us, ''the individual was always the priority and had individual needs that others may not share''.

People's activities plans were developed to meet the needs, preferences and abilities of the individual. Whilst activities were planned in advance the activity programme was flexible to respond to people's emotional and physical conditions on the day. A variety of activities were provided including regular attendance at day centres, visits to cinemas, meals out and special events as well as activities within the service. People had sensory equipment within the home to add interest to their environment. Additional staff were provided, when necessary, to ensure people with particular needs could access the community safely.

Individual care plans included information about how to raise a concern or make a complaint. The information was provided for individuals in a way that they may be able to understand. There was a complaints procedure displayed in the office. Complaints leaflets were sent to family members along with the family charters. Complaints and concerns formed part of the service's and provider's quality auditing processes and were recorded on a computer programme, when received. No complaints had been recorded by the service in the previous 12 months, the deputy manager confirmed that no complaints had been received. Staff told us that they would be able to interpret the behaviour of people who were non-verbal if they were unhappy or concerned about anything. They described some of the ways people would display distress or concern, these were noted on people's communication care plans.

Good

Is the service well-led?

Our findings

Staff and relatives of people described the registered manager as, ‘‘very open and approachable’’. One staff member said of the registered manager, ‘‘she is always available and responds to us very quickly’’. Others told us, ‘‘it is a very open culture, we can discuss anything and are very comfortable to express our views and opinions’’.

The registered manager is called the locality manager. She is registered to manage two residential services and also manages two other small unregistered services. Staff told us that although she was always available she had no pattern of being in the service. The deputy manager was in the service for at least some days each week. The team leaders managed the service on a day to day basis and requested support when necessary. Staff said they preferred it when the registered manager was in the service regularly.

People had the opportunity to contribute to the running of the service. They attended ‘house meetings’ which were usually held on the last Sunday of each month. At the meetings people helped plan menus, discussed the week ahead and activities they wanted to participate in. They were asked their views on the service and if there was anything that could be improved. Senior staff members attended three monthly meetings where they discussed various topics and all staff attended monthly meetings. The staff meetings covered areas such as innovation, new policies and procedures and care offered to individuals. The provider’s quality and compliance audit team sent through bulletins and information about new developments in the care field such as the new Health and Social Care Act regulations.

People were offered good quality care. Relatives commented, ‘‘we are very happy with the standard of care [name] receives at The Laurels’’ and, ‘‘we have always been happy with her care. Satisfaction surveys were sent to people, their families and other professionals every year. The last survey was sent at the end of 2014 and the responses were all positive. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The provider’s representative completed a quality assurance inspection every three months. This covered all areas of the functioning of the service. After each inspection a service improvement plan was written by the registered manager. It noted what and why actions were to be taken, by who and when.

Improvements were made as a result of the various quality assurance systems and listening to people, staff and their families. These included the development of a one page profile of people, increasing the variety of activities available, ordering a more appropriate house vehicle and arranging social gatherings for peoples’ families and friends.

The deputy manager and senior staff manager told us they had the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

The service worked closely with health and social care professionals and relatives to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health teams and with the police community support officer. Other professionals told us the service work co-operatively with them and one said they, ‘‘ follow up any concerns that are identified during my visits, efficiently’’. People’s needs were accurately reflected in detailed plans of care and risk assessments. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.