

Dimensions (UK) Limited

# Dimensions 1-2 Westbury Way

## Inspection report

1 Westbury Way  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dimensions 1-2 Westbury way is a residential care home providing the regulated activity of accommodation and personal care. The service provides support to six people with a learning disability.

The service is made up of two bungalows located on a residential street, each accommodates three people and are linked via an office area. Each bungalow has its own dining room, kitchen and bathroom facilities. People have their own bedrooms and access to a secure garden area.

### People's experience of using this service and what we found

We received positive feedback from relatives and professionals that the service was well-led. We observed there had been vast improvement in the way the provider monitored and acted on environmental issues and repairs and reviewed evidence which demonstrated they had acted on our feedback from the last inspection to improve the quality of the service people received. We recommended further development to ensure records related to people's care were consistently reviewed inline with the provider's planned timescales.

We received consistently positive feedback from staff, relatives and professionals that people received safe care and support from staff that knew them and their needs well. Risks to people were identified, assessed and managed and people had access to appropriate levels of skilled staff to meet their needs. People were supported to manage and receive their medicines safely, and there were clear safeguarding systems in place to report and respond to any risk of abuse.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** We received feedback from people's relatives that the care provided to their loved ones was person-centred and staff knew people and their needs well. We observed staff treated people with kindness and compassion, however our judgement on this aspect of the 'Right support, right care, right culture' guidance is limited as this was a focused inspection that considered the areas of safe and well-led only.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff promoted inclusivity which recognised the importance of providing opportunities for people to lead empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations. However, we have recommended that the provider should continue to embed and strengthen areas of their governance processes to ensure records relating to people's care and support are continually reviewed and updated in a timely manner.

#### Why we inspected

At the last inspection we found the provider was in breach of regulation. This inspection was carried out to review actions the provider told us they would take to comply with the regulation and improve the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 1-2 Westbury Way on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dimensions 1-2 Westbury Way

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one medicines inspector.

#### Service and service type

Dimensions 1-2 Westbury Way is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions 1-2 Westbury Way is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the site visit the registered manager was available by phone and we were assisted on site by a senior care staff member. We reviewed a range of records including records related to the maintenance of the service, staff training, quality assurance, peoples risk assessments, medicines records and care records. We looked at staffing levels for the service and reviewed staff rotas.

People living at the service could not speak with us about their experiences of the care provided. We made observations of the environment and the care people received in communal areas and spoke with a visiting professional. Following the site visit we spoke with three people's relatives. We also spoke with the registered manager and two care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely managed. There were known systems for ordering, supporting, and administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored, and records were appropriate.
- Observations of staff showed that they supported people to take their medicines. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- Since the last inspection, the provider had introduced a new stock check system to record and monitor people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, all medicines were checked on a regular basis by the care co-ordinators after the administration of medicines.
- People received their medicines as prescribed. We found no unexplained omitted doses in the recording of medicines administered. However, we found that PRN protocols for people were not always updated in line with planned reviews.

### Assessing risk, safety monitoring and management

- At the last inspection we identified a range of maintenance issues with the building which had negatively impacted people's care and safety and found the provider was in breach of regulations. At this inspection we found significant improvements had been made and to address these concerns.
- We made observations of the environment and reviewed maintenance records which identified repairs had been made where possible to resolve most areas identified which included the water leak in the ceiling, repair of hand basins, reinstating fencing panels and kitchen repairs and levelling the floor.
- Where there continued to be re-occurring issues, for example with the services boiler systems, records demonstrated these were raised with the housing provider responsible for the maintenance and followed up by the provider appropriately to ensure repairs were actioned timely.
- In the event of an emergency, such as a fire, people had a personal emergency evacuation plan (PEEP) in place which was easily accessible to staff.
- Environmental risks were assessed, monitored and reviewed regularly. Risk assessments included fire safety, legionella risk assessments and water temperature monitoring and checks.
- Risks to people were assessed and there were person centred risk management plans. This included a range of areas such as where people had a medical diagnosis such as epilepsy, risk of choking, and where people required assistance to manage mobility and positioning. We found plans were robust and detailed to ensure staff knew how people needed to be supported.

## Preventing and controlling infection

- We found the provider had taken action to address most of the concerns highlighted at the last inspection around the environment to promote improved infection control practices. This included ensuring handwashing facilities were all in working order, improved laundry practices and layout of equipment and securing clinical waste bins. However, we found people were still only able to access one working bath due to on-going repairs. We raised this with the registered manager and were assured actions and agreements were already in place for work to be undertaken in November 2022 to resolve this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt their loved ones received safe care. Comments included; "Yes absolutely [loved one is safe]. The carers are on top of everything, [loved one] is well looked after and I think they do everything up to standard.", and, "Yes, it's safe. They have treated my [loved one] well. Staff have picked up on things others haven't in homes before and its all now sorted."
- Staff we spoke with knew how to raise concerns. They received safeguarding training to support them to identify types of abuse and were confident in the steps that they could take to keep people safe.
- There were systems in place to respond and report safeguarding concerns. This included maintaining records of concerns and sharing information where necessary to organisations such as the local authority to ensure people were safe. There had been no safeguarding incidents at the service since our last inspection.
- 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, we noted an example where an application to renew a person's authorisation had not been made in a timely manner.

## Staffing and recruitment

- People had access to appropriate levels of staff to meet their needs. Where people required increased staffing levels such as one to one staffing to meet their needs, this was in place.
- We reviewed a sample of staff rotas for the month of August 2022 which demonstrated staffing levels were flexible to accommodate people's needs and routines. Where agency staffing was required, we saw the provider tried to ensure staff booked were familiar with people and the service to maintain consistency in



the quality of care provided.

- There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There were processes in place which enabled the registered manager to maintain oversight of all accidents and incidents at the home. This supported them to identify potential patterns, themes or trends at the service and take appropriate action.
- We reviewed communication blogs circulated to all employees at Dimensions which evidenced how the provider acted on lessons learnt across their organisation and shared this information with staff to improve outcomes for people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the provider had failed to take action to manage risks associated with the premises within a reasonable timeframe based on the risks to people, or appropriately audit and escalate the issues. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

- We saw evidence that the provider had acted on feedback from their last inspection and had made improvements to processes in place to ensure building and maintenance repairs logged were consistently reported and followed up. This included ensuring staff knew how to escalate any concerns within the organisation where this was required.

At the last inspection we found the provider had not notified CQC of relevant incidents which was a breach of regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 18.

- There were clear systems in place to ensure notifiable incidents were reported to CQC.
- The registered manager and delegated staff completed a range of audits to review the quality of the service people received. However, we noted records relating to people's care were not always reviewed and updated in line with specified dates. This included examples of people's PRN protocols, risk management plans and oversight of DoLS expiry dates. We raised this with the registered manager who took action to address this.

We recommend that the provider should continue to embed and strengthen areas of their governance processes to ensure records relating to people's care and support are continually reviewed and updated in a timely manner.

- We reviewed audits that had been completed to review infection prevention and control at the service, quarterly service audits, and audits of people's medicine records. We found these were effective in reviewing the service people received and identifying improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager promoted a whole team approach to meeting people's needs and valued the staff teams' skills and knowledge. Staff provided consistently positive feedback about the atmosphere in the home as a happy and exciting place to work, where people were at the heart of the care delivered.
- The provider promoted their organisational values of Respect, Courage, Ambition, Partnership and Integrity through their internal engagement with employees. We saw evidence of this in monthly bulletins which provided information on how staff, people and relatives had opportunities to engage in development workshops or benefit from shared learning across the organisation to improve people's outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received feedback from relatives that they were kept updated and informed of concerns involving their loved ones. One relative discussed an example where things had gone wrong and told us, "It was handled well by the manager who made a proper investigation of it. They made every effort to think how we can stop this happening again."
- The registered manager understood their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people using the service had accessible information to support them to be involved in understanding their care. This included a range of easy read information being available in people's individual care plans.
- Relatives we spoke with told us they felt informed and updated on the care their loved ones received. They also commented that they had good relationships with the registered manager and felt they were listened to. One relative commented, "The manager is superb at taking on board my worries, she doesn't always have the same view, but she will take it on board and I think that's fair."
- Staff told us they felt able to raise any concerns and that these would be listened to and valued. Comments included, "As a manager she's easy to speak to. You can ask questions and that's helpful. She has people we supports' best interest at heart", and, "The manager has been really helpful if you have any concerns, she tries to work with anything you come up with. She will listen and you can take things to her and she'll look into it."

Working in partnership with others

- We received positive feedback from professionals that staff were supported by people who knew them and their needs well, and staff sought and acted on professional advice when required. Comments included, "I have been very impressed with the management of [people]. The senior carer was able to answer every question, knew exactly what was happening and understood the implications", and, "It's lovely, it's nice coming in here. [Staff] are really good with the person and always pass on in handover any changes and use any equipment needed."
- We reviewed people's care records which demonstrated they were supported to seek advice and input from other professionals to meet their needs. This included occupational therapist, speech and language

therapist and the GP.