

Dimensions (UK) Limited

Dimensions The Mulberries

Inspection report

The Mulberries
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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 18 April 2016. We gave the provider short notice of the inspection because the location was a small care home and we needed to be sure the registered manager and people using the service would be in.

At our last inspection in May 2015, we found two breaches of the Regulations as the provider was not informing the local authority or the Care Quality Commission (CQC) of possible safeguarding incidents involving people using the service. At this inspection, we found the provider had addressed the issues we raised and made improvements.

Dimensions The Mulberries is a care home for up to seven people with a learning disability. When we inspected, six people with a learning disability, physical disability and complex needs were using the service.

The service had a registered manager who was appointed in October 2015 and registered by the Care Quality Commission in February 2016. 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.

There were enough staff to meet people's needs and the provider carried out checks on staff before they worked with people using the service.

People received the medicines they needed safely.

The provider had supplied new equipment, redecorated and refurbished parts of the service.

Staff had the skills and knowledge they needed to support people.

The provider and registered manager acted within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to the health care services they needed.

People's relatives told us people were well cared for in the service.

Staff treated people with kindness and patience knew people's care and support needs well.

The provider produced information for people using the service in a format they could understand.

People's care and support was individually provided, based upon their needs and preferences.

Staff encouraged and supported people to engage in social and recreational activities.

The provider made information available to people using the service and their relatives on how to make a complaint.

The provider had appointed a full-time manager who had registered with the Care Quality Commission.

The provider and registered manager completed audits to monitor the service and identify areas of improvement.

The registered manager, deputy manager and staff carried out regular maintenance and safety checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs.

The provider carried out checks on staff before they worked with people using the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

The provider had supplied new equipment, redecorated and refurbished parts of the service.

Staff had the skills and knowledge they needed to support people.

The provider and registered manager acted within the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People had access to the health care services they needed.

Is the service caring?

Good ●

The service was caring.

People's relatives told us people were well cared for in the service.

Staff treated people with kindness and patience knew people's care and support needs well.

The provider produced information for people using the service in a format they could understand.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was individually provided, based upon their needs and preferences.

Staff encouraged and supported people to engage in social and recreational activities.

The provider made information available to people using the service and their relatives on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The provider had appointed a full-time manager who had registered with the Care Quality Commission.

The provider and registered manager completed audits to monitor the service and identify areas of improvement.

The registered manager, deputy manager and staff carried out regular maintenance and safety checks.

Dimensions The Mulberries

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 18 April 2016. We gave the provider short notice of the inspection because the location was a small care home and we needed to be sure the registered manager and people using the service would be in.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and the provider's response to this and notifications the provider sent to the Care Quality Commission about significant events and incidents that affected people using the service. The provider also completed and returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with all six people using the service. Although we could not communicate with them verbally due to their complex needs, we spent some time observing the support staff gave to each person and their interactions with them. We also spoke with the registered manager, the deputy manager, four members of staff and one of the provider's Quality and Compliance Advisors. We looked at care records for two people using the service, medicines records for four people, one staff recruitment record and audits and checks carried out by the provider and registered manager.

Following the inspection we spoke with three people's relatives. We also contacted seven health and social care professionals who worked with people using the service. We received comments from one professional.

Is the service safe?

Our findings

The relatives of people using the service told us they felt people were safe. Their comments included, "I know [family member's name] is safe, I don't worry at all when they are there" and "It's a very safe home, they look after people very well."

At our last inspection in May 2015 we found the provider had not always reported possible safeguarding incidents to the local authority. During this inspection we saw the registered manager and staff in the service recorded any possible safeguarding incidents and reported these to the local authority. The provider confirmed that none of the incidents had been judged by the local authority as constituting abuse or an allegation of abuse.

The provider had policies and procedures for safeguarding people using the service, as well as a whistle blowing procedure and we saw they reviewed and updated these regularly. The provider trained staff in these areas and the training records confirmed this. Staff had the information they needed to recognise the types of abuse that could occur in a care home and they understood the importance of reporting concerns without delay to help prevent abuse occurring. The staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I'd tell my manager if I thought there was any abuse" and "We have had abuse training, we must tell someone straight away if we are worried."

The provider carried out checks to make sure staff were suitable to work with people using the service. The staff recruitment files we checked included references, identity checks and Disclosure and Barring Service (DBS) checks. The staff we spoke with told us they had completed an application form detailing their employment history and attended an interview.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. Risk assessments we saw covered the support people needed during the night, managing their medicines, moving and handling, nutrition and fire safety. Risk management plans included clear guidance for support staff on how to manage identified risks. For example, where one person could not use soap or shower gel because of a skin condition, the provider gave staff clear guidance on using creams as part of their personal care routine.

The information for staff was based on people's individual needs, methods of communication and preferences. While the guidance emphasised the importance of promoting people's independence, staff also had the information and procedures they needed to keep people safe. For example, providing two staff to support some people when they accessed community activities or needed to be supported with moving around the service.

The provider ensured there were enough staff to meet people's care and support needs. We saw staff worked well together and people did not have to wait for help or support. When we arrived, staff were

getting ready to support two people to go for a week's holiday. They made sure both people understood what was happening and involved them in preparing for the trip. Other people were able to take part in activities they chose and there were enough staff to support them to do this. During the morning of this inspection, a visiting music group spent time with people using the service and staff and we could see and hear that people enjoyed this activity.

Staff rotas showed the provider determined staffing levels according to the needs of people using the service. When we inspected, three staff, including the deputy manager, were taking two people on holiday. The registered manager and three more staff were on duty in the service to support the four people who were not going on the holiday. During the night, one waking staff was on duty, with a second member of staff asleep in the home to provide support, if required.

Staff told us they felt there were enough staff to support people in the service and to access activities in the local community. They told us the registered manager and deputy manager also worked directly with people using the service when needed. Their comments included, "It's a good team, we work well together to help people living here" and "It's important we work together to support people."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. There was also individual guidance on 'homely remedies' and PRN (when required) medicines. Records showed support staff recorded the reason these medicines were used each time they administered them. Staff told us the provider had trained them to give people their medicines and the training records confirmed this. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

Is the service effective?

Our findings

At our last inspection in May 2015 we commented that the adaptation, design and decoration of the service did not meet people's individual needs. This was because some equipment had been out of use for extended periods of time, carpets in some people's bedrooms were old and worn and the sensory room was used for storage and not used by people using the service. During this inspection we saw all communal parts of the service and most people's bedrooms. We saw the provider had made significant improvements to the decoration in a number of rooms, replaced flooring in people's bedrooms, reinstated the sensory room for use by people using the service and replaced the assisted bath in one bathroom. We saw that the service now provided good standards of accommodation and staff had the equipment they needed to care for, support and offer choices to people using the service.

Relatives of people using the service told us staff had the skills and knowledge they needed to support people. One relative said, "The staff are very well trained. People have very high care needs and the training staff receive reflects this." Staff told us they were well supported by the provider and registered manager and had the training and information they needed to care for and support people. One member of staff said, "The training is there for us. I get all the training." A second member of staff told us, "The training is good and I have regular supervision." The registered manager and staff confirmed all staff working in the home had an annual appraisal of their performance during 2015. Staff told us they found this helpful and gave them an opportunity to discuss their training and development needs.

Training records showed new staff completed a planned induction to their work in the service. This included shadowing experienced members of staff and completing a range of training. Training for all staff included health and safety, safeguarding adults, first aid, food hygiene, manual handling and medicines administration. Staff told us the provider recorded all training and reminded them when refresher training was due. Training records confirmed this.

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. We found the registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw no examples of people being deprived of their liberty unlawfully.

Staff recorded people's preferences about the food and drinks they enjoyed and their dietary needs. Support staff used a number of methods, including objects of reference and pictures to help people understand the food choices that were available.

People had access to the health care services they needed and healthcare professionals working with them had the information they needed to meet their health care needs. People's care records included information about their health care needs and who would support them with these. People's care records included evidence of regular consultation with health care professionals. Staff had also included information from these professionals in people's support plans. The registered manager told us they worked closely with GP's and specialist health services for people with a learning disability, for example, the Speech and Language Therapy service and community nurses.

Is the service caring?

Our findings

People's relatives told us people were well cared for in the service. Their comments included, "I'm very impressed. The staff are very good and [family member's name] is very happy" and "I'm very happy, there have been a number of changes recently and I've been impressed with [the changes]."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Staff supported two people to prepare and leave for a week's holiday while other people took part in planned group and one to one activities in the service.

Staff we spoke with knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. They were also able to tell us important aspects of each person's care. For example, some people needed two staff to assist with their personal care and another person needed detailed recording of what they ate and drank each day.

People using the service were able to choose where they spent their time. During the inspection, those people who remained in the service spent time in the lounge taking part in activities and also in their rooms when they wanted privacy and time out of their wheelchairs. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door before entering people's rooms.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available. The registered manager also told us some people used laptop computers to help them communicate with staff and family members.

Is the service responsive?

Our findings

Relatives of people using the service told us their family members received care and support that met their needs. One relative said, "[Relative's name] has lived at [the service] for a long time. The staff know [person's name] so well and know exactly what support they need." A second relative told us, "[relative's name] loves living at [the service]. The staff know [family member's name] very well and the care is first class." A third relative said, "I think they try and provide lots of stimulation but [relative's name] is never forced to do things he doesn't want to."

We saw people's care and support was individually provided, based upon their needs and preferences. The registered manager told us that before people moved into the service they carried out pre-admission assessments to ensure they could meet the support needs of people moving into the service and these needs were balanced with the needs of people already using the service. They also told us this was happening currently with a person who had been referred to the service to make sure their move was successful.

Each person had a care plan that detailed their individual care needs and the things that were important to know about them. For example, plans included information about contact arrangements with people's families, their routines and regular activities. The care plans were person-centred and used 'I' statements to reflect people's needs and wishes. For example, "I need two staff to help me to have a bath." The plans covered a number of health and social care needs, including mobility, healthcare, medicines, nutrition and activities. For each area, staff completed a 'what works' and 'what doesn't work' sheet to share guidance on the best ways to support individuals. For example, staff were advised to give one person their medicines with their meals.

Staff encouraged and supported people to engage in social and recreational activities. We saw that people's care records contained information detailing their interests and hobbies and people's relatives were encouraged to share information about their likes and dislikes, hobbies and interests. This enabled staff to plan activities to suit individual needs and preferences. During the inspection, staff supported people to take part in planned activities, in the service and the local community.

Support staff completed a daily record of the support they gave each person. From our observations and the daily records we saw, we concluded that people received care and support that was based upon their individual preferences and needs. The people whose care we tracked during this inspection took part in a range of activities during April 2016. These included attending a place of worship, sports activities, music sessions, manicures, visits to the cinema and local restaurants and family visits.

We saw that care reviews took place regularly and all the relatives we spoke with confirmed they were invited to attend the reviews and felt very much involved in any decision making. The reviews also included the input of people's friends, staff at the service and independent advocates, where they were involved in people's care.

The provider made information available to people using the service and their relatives on how to make a complaint. Most people's relatives told us they had no reasons to complain about the care and support their family member received at the service. They said if they did, they would speak directly with the registered manager. One relative said they had made a complaint and they were satisfied with the way the provider dealt with this.

Is the service well-led?

Our findings

People's relatives told us they had opportunities to feedback their views about the service and the quality of the care and support that people received in the service. Relatives confirmed they were asked for their opinions and feedback through care reviews and annual quality assurance questionnaires. One relative told us, "I have been to review meetings and we have regular meetings with [the registered manager]." Another relative said, "The care is very good now, better than it has been for a long time." This person added that communication with the registered manager and staff in the service was good but communication with the provider was difficult. The registered manager confirmed they met quarterly with people's families to exchange information and ask for their feedback on the service. We saw the registered manager had arranged dates for future meetings.

At our last inspection in May 2015 we noted the lack of management cover at times. The service had a part-time manager and we felt the absence of a full time manager meant the service was not always operating effectively. For example, equipment had been out of use for extended periods and the acting manager had not notified the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) authorisations that the local authority had authorised. Since the last inspection, the provider had appointed a full-time manager in October 2015. They applied for registration as a 'fit person' with the Care Quality Commission and this was agreed in February 2016. The registered manager had experience of working with people with complex needs in other services. Staff and people's relatives commented positively on the registered manager. Staff told us the registered manager was supportive and said they could speak with the manager at any time about any concerns they might have. A relative commented, "The new manager is very good."

The provider's stated goal was "An inclusive society where people have equal chances to live the life they choose." Staff were aware of the organisation's values of "Ambition, Respect, Courage, Integrity and Partnership" and told us their role was to work with people as individuals, enabling them to live the life they chose. They were able to give us examples of how they supported each person in the home to take part in activities they chose and they told us about the holidays they had arranged for each person.

The provider enabled staff to contribute to improving the service. Staff told us they met regularly as a team to discuss people using the service and any changes to the service. They told us the registered manager and provider encouraged them to make suggestions about how to improve the care and support they offered people. One member of staff told us "We have a good manager, very supportive." A second member of staff said, "It's much better organised now we have a full-time manager."

The provider and registered manager completed audits to monitor the service and identify areas of improvement. We saw the provider carried out a quality audit in March 2016 and reviewed the way people using the service were supported. The registered manager told us they had already implemented most of the actions arising from the report. For example, they had updated the service's emergency plan and arranged refresher training for staff where this was overdue.

The registered manager, deputy manager and staff carried out regular maintenance and safety checks. They

checked and recorded water temperatures, food storage temperatures, hot water temperatures and the home's fire safety systems. Records showed the provider arranged for engineers to service mixing valves in the service quarterly and this was done in April 2016. Staff carried out a monthly health and safety check in the service and we saw they had completed these in March and April 2016. The provider also had service contracts for hoists and beds and these were up to date.

The provider carried out a food hygiene self-audit and we saw all staff had signed to show they were aware of this. A recent food safety inspection by the local authority awarded the service a score of five, the highest possible.

The registered manager demonstrated the skills of good leadership. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.