Dimensions (UK) Limited

Dimensions 1 Ridgewood Drive

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 7 November 2016 and was unannounced.

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.

1 Ridgewood Drive is a purpose built home for up to five people with learning disabilities and complex physical needs. Accommodation is provided over one floor. At the time of our inspection there were five people living at the home.

At our last inspection in October 2015, we identified concerns with staffing levels and compliance with the Mental Capacity Act (2005). At this inspection, we found that action had been taken to resolve the concerns.

People received their medicines safely. Medicines were stored safely and systems were in place to ensure medicine stock could be monitored and audited.

Staff training was tailored to the individual needs of people who lived at the home. Staff told us that they had good access to training and people and relatives told us that staff were effective in their roles.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards. Where incidents had occurred, measures were taken to prevent a reoccurrence. Staff understood their roles in safeguarding people.

Staff provided care in line with the Mental Capacity Act (2005) (MCA). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. Where people had restrictions placed upon them, these were applied for appropriately.

People were supported by kind, compassionate staff who knew them well. Care plans were person centred and reflected people's needs and preferences. Reviews happened regularly to identify changes in people's needs.

People lived in an inclusive atmosphere where they were involved in decisions about their home. People had access to a wide range of activities and regular parties and events at the home.

People were supported to eat meals that they enjoyed in line with their dietary requirements. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve positive outcomes for people.

Staff told us that they were well supported by management and were encouraged to make suggestions or raise concerns. Relatives told us that they had a positive relationship with the registered manager and our observations showed people got along well with the registered manager.

Systems were in place to measure the quality of the care that people received. Where shortfalls were identified, the registered manager made improvements to improve the quality of people's care. People and relatives were given opportunities to provide feedback and were aware of how to make a complaint.

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.

Staff were aware of their responsibilities in safeguarding people and understood how to follow procedures to keep people safe.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Accidents and incidents were recorded and systems were in place to monitor patterns and respond appropriately.

Contingency systems and emergency procedures were in place in case of emergencies and staff understood how to respond.

People's medicines were stored and administered safely by trained staff.

Is the service effective?

Good

The service was effective.

People were supported to eat food in line with their preferences. People's dietary requirements were met.

People were supported by staff who were trained and knowledgeable about their individual needs.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

People had access to a range of healthcare professionals, who were involved in assessments and reviews.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People were included in decisions about their care and staff encouraged them to be independent.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans were person centred and reflected people's needs, interests and preferences.

People were supported to engage in activities that were meaningful to them.

A complaints policy and procedure was in place that gave people opportunities to raise any concerns that they might have.

Is the service well-led?

Good

The service was well- led.

Staff told us that they had support from management and had opportunities to contribute to the running of the service.

People's feedback was sought in order to identify improvements that could be made.

Systems were in place to monitor the quality of care and to ensure that people received good care.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 7 November 2016 and was unannounced. Due to the small size of the service the inspection was carried out by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed 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.

As part of our inspection we spoke to two people living at the service and two relatives. We observed caring interactions for two other people who were not able to provide verbal feedback to us. We spoke to the registered manager and three members of staff. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at one staff recruitment file and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Our last inspection was in October 2015 where we identified concerns with staffing levels and compliance with the Mental Capacity Act (2005).

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes it is safe here." A relative told us, "I feel it is totally safe."

At our inspection in October 2015, we found a breach of Regulation 18 of the Health and Social Care Act Regulations (2014). There were not enough staff deployed around the service to ensure that people's care and support needs were being met.

At this inspection, people, relatives and staff members told us there were enough staff working at the service to keep people safe. A relative told us, "There always seems to be enough staff when I visit." A staff member said, "There is enough staff here. Even if someone's off sick, we pull together." The registered manager had increased staff numbers following our last inspection. We observed enough staff were present to meet the needs of the people who lived at the home. People were being supported by staff to go out and participate in activities, whilst people who remained at the home were supported by sufficient staff to keep them safe. Staff spent time with people, chatting and playing games. Care interactions were not rushed. The registered manager calculated the numbers of staff needed based on the needs of the people living at the service and the activities they had scheduled that day.
Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. On staff member told us, "(If I suspected abuse) I'd go to the whistleblowing line or ring the safeguarding team." Staff had attended safeguarding training and it was discussed at one to ones. There had been no recent safeguarding but the registered manager was aware of their responsibility to inform the local authority safeguarding team and to notify CQC.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person could become verbally aggressive which could upset other people. A risk assessment was completed which identified the risk and measures staff could take to minimise it. Staff were aware of this person's presentation when they may be about to become aggressive and used diversion techniques when this was the case. Any verbal aggression was documented to identify patterns. There had been very low numbers of incidents of this person becoming verbally aggressive. Another person was regularly taken out to attend a group. A risk assessment was completed around them being supported into the minibus from their wheelchair. Staff were trained in moving and handling and followed basic steps, such as ensuring wheelchair brakes were on, to minimise the risk of the person falling.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. In their PIR the provider told us, 'Our incident/accident forms are on line which ensures greater efficiency and monitoring. Any actions are flagged to appropriate support teams such as the behaviour team and health and safety.' Our evidence supported this. The provider had a system to record and analyse accidents and incidents to identify patterns to prevent them reoccurring. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. For example, staff found a bruise on one person. They had sustained an injury whilst at their day club. Staff obtained an incident report from them. They were seen by healthcare professionals and staff provided additional support with moving and handling until the person was in less pain.

People were protected in the event of a fire. The fire alarm system had been serviced this year and fire alarms were tested weekly. Fire drills took place regularly that ensured people and staff were prepared in the event of a fire. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These gave staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home. The provider had identified a suitable location for people to go to in the event of an evacuation.

People received their medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. We observed staff administering medicines to one person and best practice was followed. Staff followed the person's care plan which stated the person liked to take their medicine from a spoon.

Good

Is the service effective?

Our findings

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 so that they can 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).

At our inspection in October 2015 we found a breach of Regulation 11 of Health and Social Care Act Regulations (2014). People were not receiving mental capacity assessments and best interest decisions before decisions were made on their behalf.

On this inspection we found that people's rights were protected. We checked whether staff were 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 that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. There was evidence that people's best interests had been considered when decisions that affected them were made. For example, one person had recently bought a specialist chair. Staff had completed a mental capacity assessment and found they lacked the mental capacity to make the decision to buy it. A best interest decision was recorded involving healthcare professionals, relatives and staff who purchased the chair on the person's behalf. Where restrictions were placed upon people mental capacity assessments and best interests decisions were recorded before applications were made to the local authority.

People told us that they liked the food on offer. One person said, "The food is great. I like pasta." A relative told us, "(Person) eats well there."

People were supported to have meals in line with their preferences. Care records contained information about people's favourite foods and drinks. People were involved in deciding what meals they would have each week. Staff used picture cards to support people to make choices when working together to write a shopping list. Care plans contained detail on the support people needed to eat and we observed staff supporting people to eat in a way that reflected their care plans. Staff had all the dietary information they needed to ensure people's nutritional needs were met. One person had been seen by a speech and language therapist (SALT) due to difficulties swallowing. The person had a SALT plan in their care records. Staff followed SALT guidance and provided the person with soft foods to reduce their risk of choking.

Care records showed that healthcare professionals were involved in people's care and people accessed healthcare professionals when they needed them. One person was under the care of a behaviour specialist.

Care plans contained advice from healthcare professionals on how staff could best support this person. Another person had been seen by an Occupational Therapist (OT). Guidance from the OT on how staff should support this person to move around the home were in the person's records. At the time of our inspection staff supported one person who had a bad cough. Staff had supported them to access the GP and were trying to arrange another visit as the cough had not improved.

People were supported by staff who had the appropriate training to meet their needs. A relative told us, "The care is absolutely one hundred per cent." One staff member told us, "We have access to a lot of training and we can ask the managers if we're unsure of things." Staff training included safeguarding, health and safety, moving and handling and the Mental Capacity Act (2005). Staff also received training in supporting people with complex physical needs. We observed staff assisting people with complex physical needs and they did so safely and followed best practice.

Staff received regular one to one supervisions and records showed they discussed their training needs and the care that they provided to people to ensure that they were always following good practice. In their PIR, the provider told us, 'Staff members have regular one to ones and an annual appraisal a year which includes feedback from the people we support when people cannot feedback verbally observations are used to supply evidence and information.' Our evidence supported this. Records showed that these were taking place and people were involved in promoting good practice at the home. One staff member told us, "We're talking about my NVQ in supervision, I'm looking forward to it." An NVQ is a National Vocational Qualification. These are now called a Qualification Credit Framework (QCF). One staff member had discussed with their supervisor that they wanted to take on more responsibilities. They were put in charge of the health and safety 'walkaround' audit and offered further qualifications. Staff received supervision five times a year. Staff also received a yearly appraisal in which they could discuss their training and career development.

Good

Is the service caring?

Our findings

People told us that they were supported by staff who knew them well. One person told us, "(Staff member) knows my favourite films." A relative told us, "They know (person) really well and always give us updates."

People's care records contained detailed information on people's needs and backgrounds and staff demonstrated a good understanding of these. One person had particular ways of communicating using hand gestures, we observed staff communicating with this person in the way outlined in their care plan. All staff had a good understanding of people's hobbies and interests. People's care plans reflected these as well as their bedrooms which were decorated in a personalised way. Staff who were relatively new to the service knew people's needs well, this demonstrated that important information about people was clear to staff, even when they had only recently started working with them. One staff member told us, "I just talk to them about their interests and speak to family when they visit. (Person) really opened up to me after a while."

People lived in an inclusive atmosphere. The registered manager ensured people were empowered by giving people a say in who was at the home. Before new people came to live at the home, they visited and spent time there to ensure they were a good match and would get along with the people living at the home. The same applied to staff, they would visit the home before starting work to ensure that they were a good fit for people. People assisted with household tasks around the home which gave them more ownership over where they lived. People were involved in making decisions. The home held parties a few times a year and people could choose themes and invite others to the home. People had recently celebrated Halloween. One relative told us, "It was so nice, they'd made the effort to dress everyone up."

People were involved in decisions about their care. Every care plan listed, 'Who was Involved?'. One person had worked with staff to write their care plan. There was a picture of them on the computer doing this and the care plan contained pictures that they had chosen, along with them expressing what was important to them. Where people were less able to express themselves, staff worked with them and their relatives to reflect their views as much as possible within their care plan.

Staff encouraged people to maintain their independence through providing appropriate levels of support so that people could manage their own needs. During our inspection we observed one person managing their own laundry. Records were clear that it was important to this person to maintain independence in this area. Where people had higher needs, care records were detailed in what they could do for themselves. One person needed a lot of support from staff but was able to choose their clothing and what they wanted to eat. Staff supported people to make choices in a way that was sensitive to their communication needs.

Interactions between people and staff throughout the day demonstrated that staff were caring and people enjoyed spending time with them. Staff shared jokes with people and took an interest in people's plans for the day. Staff talked to people about their families and what activities they had been involved in that day. One person returned from their day club with some food that they had prepared, staff chatted to them about the food and the person wished to share it with them.

People's privacy was respected by staff. Staff demonstrated a good understanding of how to support people in a way that promoted their privacy. Where people needed support with personal care, staff did this discreetly. One staff member told us, "I always shut the door and limit how many people are in the room as it can be intimidating. If they need a hoist I ensure they're covered with a towel." During the inspection we observed staff knocking on doors and asking permission before entering people's rooms.

Good

Is the service responsive?

Our findings

People were complimentary of the activities they took part in. One person told us, "I went to a firework display at the weekend." A relative told us, "There's lots to do, they go on holiday and have lots of parties." Another relative said, "They do different activities every day."

People were able to choose what activities they took part in and everybody had an individualised activity plan. One person's care plan stated, 'Going out into the community' was important to them. This person went out most days and did so on the day of our inspection. They enjoyed eating out and staff supported them go to local pubs and restaurants. They participated in various activities each week such as bowling, cycling and social clubs. Another person told us that they loved films. This was reflected in their records and they went to the cinema regularly. Staff also spent one to one time watching films with this person and during our inspection we observed staff chatting to this person about films they had seen.

Care plans were personalised and information on what was important to people was clear. In their PIR, the provider told us, 'The service we provide is person centred and we utilise person centred thinking tools.' Our evidence supported this. People's records contained tools that focussed on what was important to them, what support they already had and what their goals were. Every care plan had a front page listing 'What's Important to Me.' One person with complex physical needs wanted, 'To be comfortable and to move position regularly.' Staff supported this person to be comfortable. They had recently assisted them to purchase a new chair and supported them to change position. Another person wanted to speak to their family regularly. Staff supported this person to contact their relatives every week and care notes demonstrated that this was happening. Care plans were positive and focussed on people's strengths and goals. The front page of care plans also listed 'What people Admire About Me'. In one person's records it stated, 'My laughter is infectious.' Staff told us this person had a particularly good sense of humour and enjoyed jokes. We observed staff sharing jokes with this person on the day of our inspection.

Thorough assessments took place when people moved in to the home to ensure a smooth transition. One person had moved from a different home and their records contained an admission assessment and a lot of information from the previous home. This showed us that when people were new to the home, staff had as much information as possible to meet people's needs.

People's care plans were kept up to date and adjusted when things changed. Regular reviews were documented in people's care records. Review documents showed input from people as well as from relatives and healthcare professionals. One person had a few incidents in which they exhibited behaviours which presented a challenge to staff. Their review had feedback from a specialist as well as from relatives and staff. Since the review, a behaviour chart was completed and staff gained a better understanding of what caused changes in the person's behaviour and how to respond. Incidents had reduced greatly since the review.

Staff ensured people knew how to make a complaint or raise a concern if they were unhappy about any aspect of their care. One person told us, "(If I had to complain) I'd speak to (staff member)." A relative told us,

"If I had to make a complaint I would, I've had no need to though." Every person had a link worker. A link worker is a member of staff assigned to each person who spent time with them one to one to get to know them so that they could express their views. Each linkworker worked through a pictorial sheet with people at one to ones which outlined how people could make a complaint. At the time of our inspection, there had been no complaints.

Good

Is the service well-led?

Our findings

People got along well with the registered manager and could easily speak to them. We observed people enjoying spending time with the registered manager and it was clear from their interactions that they got along well. A relative told us, "The manager is great, we can go to them anytime."

Staff told us the support they received from management and the provider was good. One member of staff said, "Whenever I've had a problem, (registered manager) has always dealt with it." Another staff member said, "I can go to the manager whenever I need." At our last inspection, staff told us that the registered manager was not always contactable as they also managed two other services. Since then, the provider had taken steps to ensure that the registered manager was able to spend more time at the service. In their PIR, they told us, 'The managers span of control has been reduced to give more management time to each service.' Our evidence supported this. At this inspection, the registered manager was responsible for two locations and was able to spend enough time at each to carry out their role effectively. As well as support from the registered manager, the provider had an assistance programme in place for staff. There were articles on good practice and opportunities for staff to feedback any suggestions they had about the home or the provider in general.

Staff said team meetings took place regularly and they were encouraged to have their say about how the home could be improved. One staff member told us, "We have staff meetings. At the last one we talked about day trips for people." At a recent meeting, staff had raised that some maintaince work needed doing. The registered manager arranged for this to be completed. People's needs were discussed and staff feedback when things had changed so that reviews could take place. One person had problems with their foot and had seen a healthcare professional. Advice on how to care for their foot was fed back to staff to ensure that the person's needs were met. Team discussions centred around improving the service and implementing good practice to improve the lives of people living at the home.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider carried out a quality monitoring visit every two months and documented their findings and any actions taken. The audits covered areas such as the home environment, care documentation, infection control, equipment and staffing. The last audit identified that some people had overdue reviews. The registered manager had completed reviews for these people. Care plans that we looked at had up to date reviews. The registered manager sought the feedback of people and relatives in order to measure the quality of the care people received. A relative told us, "They always ask for feedback and from me it's positive."

The registered manager understood the challenges facing the home and had taken steps to address them. Maintaining staffing levels by recruiting and retaining staff was something the registered manager said had been a challenge this year, particularly after our last inspection. The provider offered solutions to this and had a scheme in place to offer practical support in the form of childcare vouchers. There was also a nomination in scheme in place whereby existing staff were rewarded for recommending new staff.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.