

Dimensions (UK) Limited

Dimensions 43 Clayhill Road

Inspection report

43 Clayhill Road
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Reading
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 28 July 2015 and was unannounced.

Dimensions 43 Clayhill Road, is a residential home providing care and support to up to six people with a learning disability. People may also have needs within the autistic spectrum.

The service was managed by a registered manager. 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.

Overall we found the service was well run and met people's needs effectively and safely.

However, the system of charging some people for staff meals when being supported in the community, was not

Summary of findings

sufficiently transparent to safeguard people from potential abuse. It could also discriminate against those with limited funds or who required two to one support in the community.

People were supported by a stable staff team who knew their needs well and were well supported and trained. The advice of external professionals had been sought promptly when required.

People's nutritional and health needs were met and they were supported safely with their medicines. Their rights, dignity and privacy were respected and they were involved in planning their care and making day-to-day decisions about their lives.

They could take part in activities of their choice and access events and facilities in the community with staff support or independently, if able. People's views were listened to and changes had been made in response to suggestions.

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 was generally safe. However, the system for funding staff meals when supporting people in the community was potentially discriminatory and records were not sufficient to safeguard people from potential abuse.

Risk assessments were not always sufficiently detailed or cross-referenced to related documents.

Sufficient staff were provided to meet people's needs and staff retention was good.

People were supported safely with their medicines.

Requires improvement



Is the service effective?

The service was effective.

Staff received regular training updates and were well supported through supervision and appraisals.

Staff knew people well and respected their rights and capacity to be involved in decision making.

People's nutritional and health needs were met by staff and suitable physical adaptations had been made to the premises to support them.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who they trusted and with whom they were relaxed.

Staff involved people as much as possible in their care and day-to-day decisions about their lives. People's privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

People had care plans which identified their needs, wishes and preferences and to which they had contributed. The service sought advice and support from external health professionals when necessary.

People received staff support to take part in activities they enjoyed and to access events and facilities in the community.

People's views about the service had been sought and changes had been made in response to their wishes.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager and deputy both also managed three local supported living services and split their time between these so as to maintain a presence in each as much as possible. Staff could contact them or the senior management team for support at any time.

Management monitoring systems were in place to oversee the operation of the service.

Good



Dimensions 43 Clayhill Road

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.

The inspection took place on 28 July 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with four staff. The registered manager was on annual leave. We spoke with two people using the service and one relative.

We observed the interactions and the support provided, to help us understand the experience of people in the service. We reviewed the care plans and associated records for three people, including risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We checked the recruitment process for one recently appointed staff member, which was still in progress.

Is the service safe?

Our findings

People told us they felt safe in the service. One person said: “They treat me gently”. Another person told us: “I feel safe here, they are kind”. A relative also told us they were happy people were safe and well cared for. The people had all responded to the last in-house survey completed with staff support, to say they felt safe in the service.

Staff had all been provided with training on safeguarding during induction and via an on-line course. Staff understood the types of abuse and their role in reporting any concerns. They were aware of the provider’s whistle-blowing procedure and felt that management would respond appropriately to any concern they might raise. No safeguarding issues had arisen in the previous 12 months.

We found one issue which could be potentially inappropriate and discriminatory in its impact. The provider had recently changed their policy on staff meals and refreshments when supporting people out in the community or on holidays. Some funding local authorities were no longer including payment for staff meals and refreshments when supporting people in the community, within their funding. The provider was now charging people for these items up to prescribed limits and had sought their consent to this change.

Notwithstanding their consent, this could impact disproportionately on people with limited funds or who required two-to-one support in the community. It was therefore potentially discriminatory as it might limit their access to the community or have a negative impact on their available funds for holidays or other uses. The provider informed us that the policy had been drawn up in consultation with the people they support and UNISON to ensure it was as fair and inclusive as possible, given the financial constraints faced. They also told us that they were committed to “finding innovative and creative ways of getting around funding issues”. However the records of these additional expenses were not sufficiently transparent and did not provide an effective audit trail to ensure that expenditure could be monitored to assess its impact and safeguard people from potential abuse.

Each person had a ‘risk management overview’ document to identify the risk assessments they required. Risk assessments had all been written in January 2013 and were

dated and signed to confirm they had been reviewed in December 2014. Most risk assessments provided information on how to address the identified risk. For example, one person’s risk assessment around choking provided detailed information associated with guidance from the Speech and Language Team about minimising the risk. However, some contained limited guidance for staff on how to do this. For example, one person’s risk assessments about disruptive behaviour during mealtimes and other ‘challenging behaviour’ contained very limited information on how to respond to this, to enable staff to adopt a consistent approach.

These behaviours were now rare but if the need for the risk assessment remained, then appropriate guidance should also have been available in case the behaviour arose. Risk assessments did not always cross-reference to other relevant documents such as records of ‘best interests’ decisions or to details of those holding Power of Attorney or deputyship, where this was applicable.

Staffing levels were usually two or three staff throughout the waking day with one staff member on waking duty and one sleeping-in each night. Additional staff were provided at times to support planned activities and outings. We saw that staffing was sufficient to enable individuals to access the community individually as well as in groups if that was their preference. One person told us there were: “enough staff” in the service.

There was one vacant post for a daytime support worker. A night-time vacancy had been filled and the person was due to start in September. Wherever possible shortfalls on the rota were covered from within the team or by staff from the provider’s ‘bank’ of casual employees. Agency staff use was limited and the service tried to use known agency staff to maximise consistency of care. Of the eight shifts covered by agency staff in the last four weeks, four had been covered by the same person, who had recently been recruited to the permanent team.

The service had a stable staff team with limited turnover. Most staff had been employed for over two years in the service. One person had recently been appointed and their recruitment checks were still being completed. We checked the progress of this online and saw that references had been chased up, a criminal records check and a health

Is the service safe?

check had been completed. The person had completed an on-line application form which included a gap within their employment history. The record noted that the reason for this was being clarified with the employee.

All of the people in the service were supported with their medicines by staff. Each person had a medicines cupboard in their bedroom which contained their medicines and their individual medicines record file. Most medicines were provided in a sealed dosette system by the pharmacist. Medicines information files contained their medicines administration record (MAR) sheets with a photo to confirm the person's identity. Medicines records were signed by two staff for every dose with one acting as witness. The

amounts of medicines received by the home were recorded together with any returned items. Stock levels were appropriate and the reordering of 'as required' medicines was done as stocks required it.

Staff were provided with individual information on supporting people with their medicines which detailed the person's preferences as well as any specific instructions. All staff had received medicines training and had their competency assessed via a written test and observation of their practice. This had been done most recently in December 2014. Written guidance was provided for staff on the use of 'as required' medicines for each person and separate records were maintained of these. Monthly audit checks of medicines and their records were completed. No medicines errors had been identified since the last inspection.

Is the service effective?

Our findings

People felt the staff supported them well. A relative also agreed. The relative had previously raised a concern about staff not having received training on autism. They were happy that the training was provided in response but felt that more training on this would be beneficial.

Staff received a programme of core training with regular updates, mostly via computer-based e-learning courses. Face-to-face training was provided for manual handling and first aid. Staff competency was also assessed, following the training, in the case of medicines administration and manual handling. We saw that competencies had been checked in June 2014. The registered manager and deputy had attended training enabling them to assess staff competence in manual handling techniques. This included training in the use of the particular hoist equipment used in the service and the support of the occupational therapy service had been sought in assessing suitable aids and equipment.

The training record provided showed that staff were up to date with the training required for the performance of their role. Each staff member also had an individual staff development file. Additional training had been provided to four staff by the district nursing service on blood glucose monitoring for one person who was diabetic. These staff had been assessed as competent to train other staff on the procedure.

Senior staff were rostered to lead each shift and observe day-to-day practice of the staff. Should any issues be identified these would be addressed within supervision meetings. Staff all attended regular supervision meetings (every two months) with either the registered manager or deputy. Staff also took part in an annual appraisal in June 2015 to review their performance and identify future goals. The appraisal process included obtaining feedback from their team colleagues. Staff told us they felt well supported and said that it was a positively challenging but supportive team. One staff member said: "We take good care of people" and added: "We make people feel at home and everyone looks forward to coming to work".

Staff had received training on the mental Capacity Act 2005, (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the

mental capacity to make particular decisions for themselves. The Act also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests.

Four of the five people had degrees of capacity under the MCA, depending on the level of the decision involved. They were able to make choices and decisions regarding day to day life, food and activities. Four of the five people had been able to give verbal consent for flu injections and one had refused to have it. Where more complex decisions had arisen regarding treatment for medical conditions, assessments of capacity had been carried out. 'Best interests' discussions had taken place and were recorded, for example regarding the possibility of a cataract operation for one person. One person had a recorded 'best interests' decision regarding their move to this service. However, in one instance regarding the management of a person's finances, evidence of 'best interest' discussion was not available. Staff told us this had been discussed with the person's power of attorney but we did not find a record to demonstrate the basis for decision making.

Where people would be unable to leave a service safely without supervision a service must apply to the local authority for a 'Deprivation of Liberty Safeguards' (DoLS) authorisation. DoLS authorisations are provided under the MCA to safeguard people from illegal restrictions on their liberty. The deputy manager was aware that a DoLS checklist had been completed and sent to the local authority but this could not be located at the time. A copy of the checklist was provided following the inspection. Assessment by the local authority was still awaited for one person who it was felt might require a DoLS.

Signed consent forms were on people's files regarding health professional's access to relevant information. The forms noted that the consent had been read to people and verbal or other indicated consent obtained, where people were unable to sign.

One person had a form on file from when they had been in hospital, relating to non- resuscitation in the event of heart failure. It was not clear whether their health circumstances had been reviewed since returning home to establish whether the form was still appropriate. This form was reviewed immediately with the person with power of attorney and removed from the file.

Is the service effective?

People were happy with the meals provided. One person told us: “I like the food, I eat well”. Another told us: “The meals are OK, I love it” and added that staff made a menu having asked them about their preferences.

Where difficulties with swallowing had been identified, the advice of the Speech and Language Team had been sought. Guidelines had been provided and incorporated in people’s care plans. One person was on a soft diet and another required their food cut into small pieces and staff were aware of these needs. Information was available for staff about the correct usage of a special beaker for providing one person’s drinks.

The dates of people’s healthcare appointments were recorded on a summary sheet in their file and relevant information from each appointment was recorded on individual health appointment record sheets. Records showed people had access to healthcare practitioners when required.

People had ‘health action plans’ completed in their file but the content did not always demonstrate that they were ongoing live documents. Peoples health needs were addressed and documented elsewhere within their files. The service had a positive relationship with the local GP practice and GP’s were willing to do home visits where a surgery appointment was not appropriate.

The premises had been adapted to meet people’s needs. Two people were wheelchair users and overhead track hoists had been installed to support their transfer from wheelchair to chair or bed. Adapted and standard bathing/showering facilities were provided.

People’s bedrooms were personalised and homely with décor to reflect people’s preferences and interests. One person was due to have their room redecorated and was to be involved in the choice of colour. One person, who was registered blind, was able to find their way around the building with some staff support and the layout and furniture was kept consistent to assist them.

Is the service caring?

Our findings

The atmosphere in the service was calm and relaxed. People and staff interacted freely and shared a smile or some humour from time to time. Staff were patient and gave people the time they needed to process information and make decisions where possible about their day. People were offered options with regard to activities or going out. One person told us the staff were kind and spent time with them. Another person said: "It's nice living here, the staff are good". A relative was also positive about the staff and told us: "I trust them".

We saw that staff understood how individual people communicated their needs and wishes. They engaged positively and proactively with people and people responded warmly. We saw people smiling and heard them laughing with staff. Staff always responded promptly and patiently, however repetitive the request. When staff were hoisting one person from their wheelchair to their recliner armchair they talked to the person to reassure them and made sure they did not bang themselves on the hoist. Staff understood their role and respected that they were working in people's home.

Staff described and demonstrated how they enabled people to make day-to-day decisions and choices based on familiarity with their individual communication methods. Staff sought people's agreement before providing any support. One staff member explained: "We don't do things 'to' people, we involve them and get their consent". People's gender preferences regarding staff providing their support, were known and respected. It was ensured that at least one female staff member was always on duty.

People's files contained a statement that they had been involved in discussions about their care plan. In some cases the person had been able to sign these to confirm their agreement. People had been asked about their individual wishes and preferences and the support we saw provided by staff, reflected these. People's files identified the aspects of support they could manage for themselves. Staff were clear they encouraged people as much as possible to look after themselves and we saw this being done.

One person told us they particularly discussed what they wanted with their keyworker and managed some of their own support needs. They said they got on well with their keyworker. Where people had others responsible for aspects of decision-making about their care, the service involved them and kept them appropriately informed.

People and/or those authorised to make decisions on their behalf were involved in in-house and local authority reviews of care. People's reviews took place in the service to provide a more relaxed environment and increase the likelihood of their participation.

People's wishes around end of life care and funeral arrangements were recorded where they had been happy to discuss them.

People's privacy and dignity were respected by staff. Care support was provided behind closed doors and where staff enquired about people's needs in communal areas, this was done discretely. People had their own bedrooms and staff knocked before going into them. People's medicines were stored in their bedrooms and where possible, were administered there.

Is the service responsive?

Our findings

People were happy that the staff responded to their needs and wishes and told us they chose the activities they wanted to. One person said: “I like to stay in and listen to my radio, or go out with my keyworker” and added: “there are staff available if we need them”. A relative told us the service had improved their response to their family member’s needs and they could discuss any concerns at their reviews. The relative said the service had responded to concerns raised in the past and staff were good at managing particular behaviours. Staff also took the person out more often now.

People had individual care support plans detailing their needs that included information from the person and their representatives. Care plans had been reviewed both by the funding local authority and the provider. Care plans included information on what was important to the individual and how they wished to be supported, within a variety of different documents. People told us the staff discussed their needs with them and they were involved in reviews.

People’s routines and needs were summarised in daytime and night time support plans. The range of activities each person took part in were identified in their care plan, as were their methods of communication. If people required support in specific areas such as mealtimes, this information was also provided. However, it was not always explicitly cross-referenced to relevant risk assessments such as those for the risk of choking which were also in the files.

Where concerns had been noted, such as swallowing difficulties, the service had made prompt referral to external specialists for advice. Guidance from the speech and language team on swallowing issues was available on file where this was a concern for two people. Previously, where one person’s need had exceeded those the service could meet, this had been recognised and a planned move to a more appropriate service had been supported.

People took part in a range of activities of their choice and went out to events and activities in the community. Two people went out to a lunch club on the day of inspection. One person told us they liked to go out for a picnic if the weather was nice. They added that they didn’t enjoy TV and chose not to go to house meetings.

Since moving to the service one person had been supported to go out more than they used to and a relative told us the staff had enabled this. A short holiday was being planned to continue to encourage them to broaden their experience. Staff told us and demonstrated that they knew people’s need well and responded promptly to people’s requests or signs of anxiety or distress.

The provider’s complaints procedure was available in an easy-read format to assist with explaining it to people. Copies in people’s files noted when they had been read to the person. No complaints had been recorded about the service so it was not possible to assess the effectiveness of the process.

The provider had completed a survey across all of its Berkshire services in 2013/4 which showed good levels of satisfaction. However, the analysis did not enable the views of people and relatives from this service to be identified specifically.

The manager had carried out a survey of people’s views within the service in June 2014. People were talked through the questions by support staff and their responses were noted. The results had been very positive from everyone. Some people asked for more activities and outings and these had been increased in response to this feedback. A further family and friends survey was due to be completed and we were shown the format which was about to be sent out. A relative confirmed that they had previously been sent surveys to provide feedback about the service.

Is the service well-led?

Our findings

A registered manager was in place. The registered manager and deputy manager were each also responsible for managing three supported living services. They split their time across the services to provide effective cover, spending half of their work time each in this service on regular days, including time together to enable face to face communication. Staff have the contact details for both managers available to them in emergency.

People said they got on well with the registered manager and staff. A relative told us the service was well managed. The registered manager was on holiday on the day of inspection but people clearly knew and felt at ease to talk to the deputy manager.

The culture and atmosphere created by the staff team was a positive one. Staff evidently enjoyed their interactions with people and this contributed to their positive experience of the service.

One staff member told us it was a positive challenging and supportive team. Staff turnover had been low and there was a core of long standing staff who knew people very well and had worked well together over an extended period. Team meetings took place every two months and the minutes were read and signed by staff. Staff told us these and daily handover meetings helped to maintain effective communication and consistency. Staff said the service was continually improving and seeking to develop. The manager had taken appropriate disciplinary action in the past when necessary to address performance issues.

The service liaised and worked effectively with external healthcare services and other partners in meeting people's full range of needs.

The Commission had received no notifications of events in the previous year. Notifications are information about important events which the service is required to tell us about by law. The deputy manager confirmed there had been no notifiable events in the last 12 months. Relevant issues had been notified in the past when they arose.

The provider carried out audit visits four times per year and a report was provided to the manager identifying any areas requiring action. An annual performance report was also produced. The service had an action plan dated January-June 2015 which included details of any issues identified and the action being taken to address them. This showed that the service was continuing to develop and responded positively where shortfalls were identified.

The registered manager had access to a training matrix on computer, which identified where individual staff had training which required updating. A matrix was also available showing planned supervisions and appraisals for staff.

Records were generally orderly and systematically kept although some improvements in cross-referencing between documents would make it easier to locate key information. People's records were kept in the staff office which was locked when unattended. The content of records was monitored as part of management compliance audits and actions were identified and taken where shortfalls had been found.