

Dimensions (UK) Limited

Dimensions 6 Sadlers Lane

Inspection report

6 Sadlers Lane
Winnersh
Wokingham
Berkshire
RG41 5AJ

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dimensions 6 Sadlers Lane is a care home without nursing which is registered to provide a service for up to four people with learning disabilities. Some people have other associated difficulties including, needing support with behaviours which could be distressing and/or harmful. There were four people living in the home on the day of the visit. All accommodation is provided on one floor in a domestic sized dwelling.

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

The quality assurance system in place was not always used effectively to help oversee the service and ensure compliance with the fundamental standards. The registered person did not ensure the management of medicines was always safe. The registered person did not ensure they kept clear records of actions taken as required in the duty of candour regulation when a notifiable safety incident occurred.

We have made a recommendation about gathering and acting on people's feedback.

People were protected against abuse and neglect. Relatives and advocates felt the people who use the service were kept safe in the service. The registered manager and staff understood their responsibilities to raise concerns. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There was an emergency plan in place to respond to unexpected events and the premises and equipment were kept clean. The staff reported they felt staffing levels were sufficient to enable safe and effective practice. Staff felt the registered manager was managing the service well, and they were accessible and open with the staff members. The recruitment process has been reviewed and improved however we were unable to measure the effectiveness of this as there was no new staff employed at the service since the last inspection. Accidents and incidents were addressed and documented.

The registered manager appreciated staff's support, commitment and contributions to ensure people received the best care and support during difficult times of the pandemic. People were still encouraged and supported to keep in contact with their families as much as possible. Relatives and advocates told us they felt they could approach the registered manager and staff with concerns and that communication was good most of the time.

Staff felt supported and believed they had maintained great teamwork. People, their families and other people that mattered were involved in the planning of their care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting most parts of the underpinning principles of Right support, right care, right culture. Some improvements are required. The model of care is satisfactory; it ensured that people could live their lives how they chose and as an individual member of society. The staff supported people to have choice and control in their life. The care was person-centred and promoted people's dignity, privacy and human rights. The staff and the registered manager worked in a positive way to ensure that people received good care. We identified breaches in relation to good governance at this inspection. This meant some aspects of the service were not always safe that would limit the assurance about safety and increase risk that people could be harmed. The service requires improvements to be made in the quality assurance, duty of candour and medicine records to ensure they are fully meeting the principles of the statutory guidance for people living with a learning disability.

The registered person had clear aims and objectives to ensure people with disabilities were protected, engaged in care and could live the best possible life. The staff and the registered person listened to people and those important to them and acted on the feedback, queries and suggestions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 April 2020) and there were multiple breaches. At this inspection enough improvements had not been made or sustained and the registered person was still in breach of regulations of 12 and 17, and new breach of regulation 20.

Why we inspected

This was a planned inspection based on the previous rating.

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.

The last inspection we carried out was an unannounced comprehensive inspection of this service on 10 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, good governance and notification of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 6 Sadlers Lane on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified repeated breaches in relation to Regulations 12, 17, and new breach in regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dimensions 6 Sadlers Lane

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 two domains and provided a rating for the service under the Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

Dimensions 6 Sadlers Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager. We observed interactions between staff and people living at the service and spoke to one person who use the service. We reviewed a range of records relating to the management of the service, for example, records of medicine management, risk assessments, accidents and incidents; quality assurance system; and maintenance records. We looked at people's assessments and associated records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records and evidence including quality assurance records, training data, and policies and procedures. We gathered feedback from four staff members. We spoke with two relatives and two advocates about their experience of the care provided. We contacted 10 professionals who work with the service and received two responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the registered person did not ensure the management of medicine was always safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We looked at medication administration record (MAR) sheets for all the people using the service and found one gap. We discussed this with the registered manager who rectified the error after the inspection.
- As part of the provider's safe medicine management and people's medicine support plans, it was noted two staff would sign the MAR sheets after medicines were given. We found on seven occasions only one staff member signed the MAR sheet after administration of medicine instead of two.
- People were prescribed 'as required' (PRN) medicines to help manage their conditions. However, the protocols did not always contain clear information specific to the person, such as symptoms to look out for, how people expressed themselves when in pain, any side effects to observe for, or when to review it. Some PRN medicine did not have a protocol in place at all. We discussed this with the registered manager who said they would be reviewed accordingly.
- One person has had some PRN medicine to help with managing pain on five consecutive occasions. The front page of the MAR sheet was signed however, on the back of the MAR sheet, only one entry had been made to record the reasons for giving it, how much had been given including if a variable dose had been prescribed; the time and date of administration; the outcome and whether the medicine was effective.
- We found some of the MAR sheets for certain PRN medicine were not in people's medicine folders. Some of them were found later during the inspection after we advised the registered manager.
- One person had two types of PRN medicine prescribed to manage their condition and there were two protocols for it. However, one protocol did not clearly identify if one particular PRN medicine was given, then the second PRN medicine should not be given. It was also not very clear which PRN medicine should be given first as the primary most effective treatment for the condition.

The medicine management was still not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe

Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager said they had completed the training and were assessed as a competent assessor who was able now to assess the knowledge, understanding and competency of the staff in relation to safe medicines management. Staff had their competencies checked by the registered manager.
- People who use the service had medicine reviews with their GP carried out in 2021.

Recruitment

At our last inspection the registered person had not obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered person had reviewed the process of recruitment and selection since the last inspection.
- The registered manager confirmed they had not had any new staff recruited. Nevertheless, they were able to describe the process they would follow to ensure staff were suitable to work at the service. The registered manager also told us there were a couple of occasions where they decided not to employ staff as they were not satisfied with the information gathered to proceed with the recruitment.
- We noted a few small adjustments were required to the updated recruitment policy. The registered manager forwarded the feedback to the provider's policy team to ensure it accurately reflected regulatory requirements.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm, neglect and discrimination.
- Relatives and people's advocates felt they were safe at the service. They stated, "I do not have any concerns about [person's] care. The staff had good understanding of [person's] care and the care needs to be aware of" and "Yes, I do think [person] is safe. The staff are very caring and very aware of his needs. [Relative] seems to be quite content there. He was unwell and recovered well due to staff's care, I can't fault them; we visited quite often; they kept us in the loop very happy with care there".
- Staff received training in safeguarding adults at risk. They confirmed they knew how to recognise the different types of abuse and how to report it. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices.
- Staff were confident the management team would act on any concerns reported to ensure people's safety.
- The registered manager knew when to report allegations of abuse or neglect to the local authority, so they could be investigated. There were no ongoing safeguarding cases at the time of inspection.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed the risks relating to people's personal safety, health and care. There was risk analysis in place for each person describing how to minimise these risks without restricting people or their independence. As people's needs changed, risk assessments were also adjusted to reflect this.
- People's support plans had guidelines to ensure staff supported them and reduce the risks of any incidents. They included personal care, health care, emotional and behavioural support and consent.
- There was a service emergency plan in place to ensure people were supported in the event of an emergency, this included: fire, legionella and health and safety.

- The staff checked equipment for people. They also monitored and recorded other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. We advised the registered manager to check that all wires and cables were not posing a trip hazard as per relatives feedback.

Staffing

- There were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed.
- The registered manager said the recent changes in the law about vaccination status being a condition of deployment affected the staffing. However, they were booking the same agency staff in advance and for long periods to ensure consistency of care and support to people based on their individual needs.
- Staff felt there were enough staff to do their jobs safely. The registered manager was also helping at the service to ensure it operated at safe staffing levels. We saw staff responded to people's request for support during the day.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- The staff checked and recorded information according to visiting rules before letting the inspector enter the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- During inspection, only one staff did not wear a face mask properly on three occasions. We informed the registered manager so they could address this with the staff member.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents and information was recorded with the actions taken.
- Regular contact and communication within the staff team and the senior management team provided opportunities to learn from the past events and put measures in place to ensure everyone's safety.
- The service also worked with professionals to help them support people safely and effectively.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered person was still in breach of regulation 17.

- Providers must operate effective systems and processes to make sure they assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others. Providers also need to ensure they are able to meet requirements of regulations. However, we found the system put in place did not work effectively to ensure safe management of medicine. For example, the registered manager did not identify issues we found during inspection using weekly and monthly medicine audits.
- The registered manager did not always have an overview of issues and actions to be taken after she delegated these tasks to other staff. For example, the registered manager did not ensure that accurate and complete records were kept in relation people using the service and overall management of the service.
- After the last inspection, the registered manager sent us an action plan and told us the quality assurance system was working well and the staff adhered to it. However, the system did not enable them to monitor whether they were meeting their legal obligations and compliance with regulations. Thus, we were not assured that good governance and oversight was in place at all times. This could prevent identifying and acting on the issues that could potentially place people at risk of harm or abuse.

The registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we recommended the registered person seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour and its requirements are met at all times including clear record keeping. The registered person had not made enough improvements.

- Since the last inspection, there had been two incidents reported to CQC where the duty of Candour was applicable. People were supported to receive the required treatment and appropriate care was provided.
- During this inspection, not all records of steps taken were available for review, therefore we asked the registered manager to send these to us after the inspection. The registered manager sought advice from senior staff and sent us the information.
- The provider's duty of candour policy was clear. However, records provided after the inspection visit did not evidence that the policy and the regulation were fully understood and followed. For example, the registered person did not evidence they understood the term 'relevant person' thus they could not evidence they informed the person who was involved in the incident. The records provided did not evidence the registered person advised the relevant person what further enquiries into the incident would be carried out that were appropriate, included an initial letter with apology, and keeping a copy of all correspondence with the relevant person.
- The records provided of specific steps taken to meet the duty of candour requirements did not fully meet the requirements of the regulation. We were not assured the registered persons acted in an open and transparent way with relevant persons in relation to the incidents.

The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A survey had been carried out in 2021 for people who use the service, relatives, and professionals to find out what was working well and not so well. However, it was completed for the provider according to regions. The answers received were analysed but it was not very clear what improvements would be needed specific to this service. We could not determine the registered person was working proactively based on that feedback as was no further action plan provided to indicate if any improvements needed and the progress of it.

We recommend the registered person seeks advice and guidance from a reputable source, about gathering people's views and acting on to shape and improve the services and culture.

- The registered manager continued promoting a positive, caring, and inclusive culture within the service. As the pandemic created its challenges, the staff team were still motivated to provide care and support to people as and when their needs and health were changing. We observed staff and the registered manager were respectful and kind towards people.
- The relatives and advocates said, "I never noticed anything wrong or uncomfortable and staff were always professional. It is a homely house. I never had any issues and the registered manager is always easy to communicate" and "Yes, it is all good. I have not seen anything to give me concerns. Yes, it is homely and from my point of view, the service is really good".
- Further comments relatives and advocates included, "It appeared that people were safe. Staff [spoken

with] knew the people, what their needs were, and staff had time to talk to me, very pleasant. It felt very inclusive, rooms personalised, and all service users seemed relaxed, clean and dressed nice" and "Yes there are nice staff and they would contact me if [relative] was unwell, it is nice to know they checked. But [I have] a bit of a mixed feedback about the service".

- Where relatives and advocates noted comments provided to us as part of the inspection process about any further improvements, we passed this to the registered manager to address it.
- The registered manager held staff meetings to discuss any matters relating to the service and the people who use the service, as well as, share any other verbal or written feedback. The staff felt the meetings were useful and helped them keep up to date with what was going on in the service.

At the last inspection we found the registered manager did not always notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the registered person was no longer in breach of regulation 18.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered manager ensured we were notified of reportable events within a reasonable time frame. This meant we were able to check the transparency of the service. We could also monitor that appropriate action had been taken to ensure people were safe at that time.

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

- The registered manager and staff worked together to promote people's wellbeing, safety, and security and we observed a calm and relaxed atmosphere in the service. People were supported at their own pace with respect.
- Since the last inspection, there have been considerable changes in the health and social care sector due to the pandemic; the service had adapted well to these.
- The registered manager praised the staff team and their support during difficult times, "It has been stressful. But the staff have been resilient, cooperative and hardworking. They still turned up [to work] and that shows commitment."
- The registered manager regularly kept the staff team informed about government guidance in regards to the pandemic. The registered manager continued working alongside staff in the service and was able to monitor practice during the shifts.
- Staff felt the service was managed well and they felt comfortable going to the registered manager with any concerns or queries. They said, "[The registered manager] is very professional and friendly and we have a great staff team starting with the management", "We are working as a team and deliver service according to company policy and training we have gained", and "This is a fantastic place to work, it's an honour to work here, and a nice team work here for our service users. Families commented on how good it is for their relatives and good place to live". Some also said, "We are trying to ensure the people we support receive great care but...we need to do more in some areas like activities due to pandemic, engaging with the people we support, to make sure that all our paperwork is correct". But they also felt there was a team spirit in the service and had no other concerns.
- The registered manager added she felt supported by the provider's senior management team and external professionals, particularly the local authority during the pandemic.
- One community professional said, "[The registered] manager always responds promptly and transparently

to any commissioning queries or issues and has demonstrated a very good knowledge and understanding of the customers."

Continuous learning and improving care; Working in partnership with others

- During the pandemic the service continued working in partnership with external professionals to ensure people were looked after well and staff maintained their skills and knowledge. Where necessary, external health and social care professionals had been consulted, involved and staff demonstrated they worked effectively with various stakeholders. People were supported to maintain links with the local community as much as possible during the pandemic.
- The service liaised with the local authority, commissioners and health protection teams to manage suspected or actual cases of COVID-19. This supported the provider's work around the safety of people, relatives and staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>How the regulation was not met:</p> <p>The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident</p>

occurred.

Regulation 20 (2)(3)(4)(6)