

Dimensions Somerset Sev Limited

Dimensions Somerset Greengates

Inspection report

Greengates 26 Fore Street
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

Dimension Somerset Greengates is a residential care home providing personal care for up to seven people with learning disabilities and/or autism. At the time of the inspection there were four people living at the service. People were not always able to verbally communicate with us, so observations and alternative methods were used. At the time of the inspection the home was going through a refurbishment.

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

Right Support

- Staff supported people to make decisions following best practice in decision-making. Staff understood people's current communication methods because they knew them well. However, further exploration on communication strategies was planned.
- The service supported people to have as much choice, control and independence over their own lives, as possible.
- People had a choice about their living environment and were able to personalise their rooms.
- Staff enabled people to access specialist health services and social care support in the community.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- People received kind and compassionate care.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe. However, there were occasions when staffing had not considered people's quality of life needs.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. There were occasions of contradictions and actions were in place to rectify care plans.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.
- People were protected from infections spreading including during the recent COVID-19 pandemic.

Relatives comments included, "All the staff wear gloves and aprons and they make you take a test too. They seem to be very vigilant in that area" and, "They [staff] are very strict on gloves and masks. They always wear

them, even when we meet outside."

Right culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 24 August 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. However, the inspection also was prompted in part due to concerns about management and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. A decision was made for us to inspect and examine those risks. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dimensions Somerset Greengates

Detailed findings

Background to this inspection

The inspection

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

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dimensions Somerset Greengates 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 who was registering with the Care Quality Commission. This means that, when registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Following the inspection, the manager was registered by CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we have received about the service since the last inspection. We sought feedback from the local authority. 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 are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff. In this report, we used this communication tool with two people to tell us their experience.

We spoke with another person who used the service and four relatives on the telephone about their experiences of the care provided. We also carried out multiple observations throughout the inspection to capture peoples' experiences.

We spoke with 10 members of staff including the manager and a representative of the provider. We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us they felt safe when talking to us and when they were worried staff helped them. Another person told us they were happy with staff using alternative communication. People were comfortable in the presence of staff throughout the inspection.
- The service worked well with other agencies keep people safe. Staff were able to recognise signs of abuse in people who were unable to communicate because they knew people well.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The manager and representative of the provider were clear on their management roles around safeguarding.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, one person told us they chose to eat at a different time to others as they felt safer. This had been part of a risk-assessed decision involving them and their family.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. However, risk assessments and care records sometimes lacked detail therefore staff had to provide guidance for new or agency staff. The management had already identified this as an area of improvement they would be working on.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff had a handover form where they recorded what they have done each day and passed on relevant information to the next shift. Significant things which happened were followed up.
- Staff managed the safety of the living environment and equipment well through undertaking checks and action to minimise risk. One person had specialist monitoring equipment to alert staff when their health declined. This was checked daily by staff and was part of the weekly environmental checks. Another person told us they have practiced evacuating with the fire alarm yesterday because the builders set it off by accident. There was however an incident on the first day of inspection of unsupervised power tools being left in an unlocked bedroom. The management responded immediately including a new risk assessment and new guidance for maintenance workers.
- The new manager had plans to have people's sensory needs assessed so they could make sure the environment was adapted to them. Staff knew not to change the layout of a person's bedroom who had a visual impairment. They always announced who they were when entering the person's bedroom.

Staffing and recruitment

- People were supported by enough staff to meet their basic needs, take part in activities and visits. One

person had recently had their haircut in the community and other people had been supported to celebrate their birthdays.

- However, people's quality of life had not always been considered at the weekend. On the second day of inspection two staff did their best to support people despite facing challenges and demands from people. This was a weekend when a roast dinner was being prepared. This meant one member of staff was focussing on this with a person leaving only one member of staff supporting three other people.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. One staff member told us, "Lots of checks before I started. I had to wait for my DBS to come back. I had to provide my full employment history, explain any gaps in employment and provide two references. I was asked about any convictions and if I had ever been dismissed from a previous job. To me it all seemed really robust."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. One relative said, "They [staff] seem to be very aware of what pills she's on." Keys for medicines which had been accessible by all were replaced by secure key locks during the inspection. Guidance for medicines which were administered "as required" sometimes required updating of the information to match current medicine records. By not updating them staff could incorrectly administer medicine to a person. The manager informed us they would review this.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, and when assessing risks of people taking medicines themselves.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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

- People received safe care because the management and staff learned from accidents and incidents. The provider reviewed incidents and accidents to ensure appropriate action had been taken.
- The service managed incidents affecting people's safety. Staff recognised incidents and reported them appropriately; senior staff investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave people and those supporting them information and suitable support. Examples were seen such as medicines incidents or errors being reported and investigated. Measures had been put in place

following an incident to make sure the chances of a re-occurrence were minimised.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had recently started at the service with a clear vision to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish. Staff already promoted the emerging culture by treating each person as an individual and respecting aspirations. Plans were being put in place to support one person's ambition to live more independently.
- Management were visible in the service, approachable, and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People were comfortable in the manager's presence spent time with them.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. An action plan was overseen by the provider's representative recognising improvements required plus what was going well.
- The manager promoted equality and diversity in all aspects of the running of the service. They saw the people and staff as individuals with different needs and wishes. Since starting they had driven an approach of ensuring people's needs had been reassessed. The manager also had plans to investigate personalised communication strategies for each person.

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

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. One relative said, "If [person] has an altercation and perhaps gets a scratch or something they are instantly on the phone."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and provider representative had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. One of the recent aims was to ensure people were going back into the community after keeping them safe during the COVID-19 pandemic. However, some relatives did raise concerns about the changes that have happened in management. One relative said, "This is the third new Manager. Hopefully it settles down; different faces, it is not good for them in particular."

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. They focussed on elements which were going to make sure people had high quality and safe care.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a clear action plan in place which was driven by people's needs and quality of life.
- Staff delivered good quality support consistently. The manager commented on how experienced some of the staff were and how well they knew the people. We saw this reflected during our observations.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One person was being supported by staff and the management about their future plans. Systems were being put in place at the home to help them achieve this goal. The management were aware they needed to explore more communication systems to support other people having further input.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives comments included, "I had a questionnaire once, I filled it in and sent it back", "I do occasionally get a questionnaire", and "I do receive material from [provider] every so often, a bit like a newsletter." The provider also ran people's surveys which they acted upon.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. One person's care plan recorded that occupation health had been contacted to review their sensory needs. Another person told us they were able to see the doctor when they were in pain. Relatives confirmed their family members saw health professionals when it was required.