

Dimensions (UK) Limited

Dimensions 1a and 1b

Maurice Lee Avenue

## 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 unannounced inspection took place on 9 January 2017. At our last inspection in July 2015 the provider was rated as requires improvement. Dimensions provides accommodation and personal care for up to 6 people who may have a learning disability.

There was a registered manager in place. 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.

Relatives we spoke to told us they thought their family member was safe. Staff understood their responsibilities in keeping people safe and knew how to report any suspected abuse and felt confident they would be listened to. Staff were aware of the risks to people's health and safety and knew the measures in place to keep people safe. We saw there were sufficient staff to keep people safe. The provider had a safe recruitment system which meant staff were suitable to work with vulnerable people. There was a system in place to ensure people got their medicines as prescribed.

Relatives told us they thought staff were trained to meet the needs of the people who lived at the service. Staff told us they received training which meant they could provide effective care for the people they supported. Staff sought consent from people before providing any care. People's rights were protected because staff and the registered manager had applied the principles of the Mental Capacity Act. People had choices about their food and had sufficient to eat and drink to maintain their health. Relatives told us and we saw people had access to healthcare professionals when their needs changed.

We saw people were supported by kind and considerate staff. We saw people were happy and comfortable with staff. Staff told us how they offered people choices in their daily lives. People were encouraged to maintain their independence and were supported by staff in a dignified way.

Relatives told us, and we saw people were supported by staff who knew their individual preferences which meant the care they received was responsive to their individual needs. People had access to activities both in the service and in the community. The provider had a system in place which meant should they receive any complaints they would be listened to and investigated.

We saw people appeared happy living at the service. Relatives and staff told us the service was well led. Staff felt supported by the management and told us the culture was open and transparent. We saw there was system in place which monitored the quality of the care people received. Where areas of concern were identified, action was taken to ensure people received the care they needed.

## 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.

People were supported by staff who knew how to protect them from harm. People's risks were managed by staff. There were sufficient staff to support people safely. The provider operated a safe recruitment system. People received their medicines when required.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained to meet their needs. People's rights were protected and staff sought consent before providing care and support. People had a choice of food and drink. People had access to healthcare professionals when their needs changed.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. Staff gave people choices. People were supported by staff who respected their dignity and privacy and encouraged and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who understood their individual needs. People had access to activities which they enjoyed. The provider had a system in place should people wish to complain.

### Is the service well-led?

Good ●

The service was well led.

Relatives and staff told us the service was well led. Staff were supported by the registered manager. Systems were in place to monitor the quality of the care people received.

# Dimensions 1a and 1b

## Maurice Lee Avenue

### **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 9 January 2017 and was unannounced.

The inspection team consisted of one inspector. Before our inspection we reviewed information we held about the home including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. 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. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection.

People who lived at the service were unable to share their experiences about how the service was run due to their complex needs. As part of the inspection we spoke with three members of staff and the registered manager. We also spoke with two relatives to gain their views of how the service was run. We looked at two people's care records and the medicine records of two people. We were sent records relating to the audit system the provider had in place to monitor the quality of care people received.

# Is the service safe?

## Our findings

At our last inspection in October 2015 we rated the provider as "requires improvement" in this domain. This was because some of the people who lived at the service were not always safe due to the behaviour of other people who lived with them. At this inspection we found improvements had been made because some people had moved to a different service.

Relatives we spoke with told us they thought their family members were safe. One relative said, "They look after [name of person] very well. I think they are very safe there". Staff knew how to keep people safe. Staff told us they understood how to protect people from abuse and knew how to recognise any signs of potential abuse. One member of staff said, "Abuse is when somebody is treated in a bad way". Another member of staff told us they would go straight to the registered manager if they suspected any abuse. They told us, "I would be 100% confident in reporting it". The registered manager was aware of their responsibilities in reporting any suspected abuse to the local authority and where appropriate referrals had been made.

Staff told us how they managed risks to people's health and safety. We saw one person had a risk of choking because they had a diagnosed eating disorder. Staff explained to us in detail how they managed this person's condition and worked to reduce risk. We saw staff protected this person from harm throughout our inspection. All staff we spoke with during our inspection were knowledgeable about how to manage people's risks and protect them from harm. Records we looked at demonstrated the provider had a safe system in place for assessing and recording risks to people's health and safety.

Relatives told us there were sufficient numbers of staff to meet people's needs. One relative told us, "Yes there is enough staff to look after [name of person]". Staff told us there were sufficient staff to meet people's needs. One member of staff said, "There are enough staff to look after people safely". The registered manager told us, due to the complex needs of people living in the service, staffing levels were determined according to people's individual needs... We saw there were sufficient numbers of staff available to meet people's needs and keep them safe. For example if people wanted to go out but required staff assistance, staff were available to take them. People were supported by sufficient staff to meet their individual needs.

Staff told us they had to be interviewed and bring in important documents before they were allowed to commence their employment. These included references from any previous employers and Disclosure Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people being recruited. People were supported by staff who had been safely recruited and were suitable to work with vulnerable people.

Relatives told us they were confident people got their medicine when they required it. One relative told us they were confident their family member was given pain relief when required. Staff gave us examples of how they recognised people were in pain. For example one member of staff explained how one person just

"looked different" when they were in pain or maybe unwell. We saw when people had their medicine "as required" guidance was in place for each individual for staff to refer to if needed.

We looked at two people's medicine administration records (MARS) who were given medicine on a daily basis which demonstrated people got their prescribed medicines when they needed them. We saw people's medicines were stored safely and systems were in place which meant people always had medicine available when they needed it.

# Is the service effective?

## Our findings

Relatives told us staff were well trained to support their family member. One relative said, "Yes they are trained well for the job they are doing". Staff told us the training they received was mainly completed on a computer but had other training face to face to compliment some of the on line training. One member of staff said, "The training is very good. If you need an update all you have to do is ask". Staff told us they received training which enabled them to meet people's individual and complex needs. For example, a member of staff explained to us how they had received some training in managing epilepsy and this had particularly helped them when supporting one person who had epileptic fits. A relative confirmed, "They know how to look after [name of person] if they had a seizure". Staff told us they received a good induction when they started their role. They told us the registered manager supported them through their induction. Staff got to know the people they would be supporting and were allowed time to read people's care records. They also told us how they could access important documents to support them in their role, for example, company policies. People were supported by staff who were trained to provide effective care to meet their individual needs.

Staff understood the need to gain consent from people before supporting them with their care needs. One member of staff said, "If they don't consent, then we don't do it". Staff told us they gained consent from people when supporting them using different methods of communication. Staff told us how one person used different signs for "yes" and "no" and another person would sometimes respond verbally or push you away if they didn't want the care.

The Mental Capacity Act (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood how the principles of the MCA affected people's care. One member of staff said, "It is understanding when people have or haven't got the capacity to make decisions and if they haven't others can make the decision in their best interests". The registered manager told us when people did not have capacity to make certain decisions for themselves they had involved other people involved in their care to ensure the care was delivered in their best interests. Records we saw confirmed that the registered manager had understood and applied the principles of the MCA when people did not have capacity to make decisions themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty so they remain safe. The registered manager understood their responsibility in protecting people when their liberty may have been restricted and had applied to the local authority to ensure the legal safeguards were in place. No authorisations had yet been returned. The registered manager told us they would speak to the local authority again following our

inspection with regard to the authorisations.

We saw people were offered a choice of where to eat. Some people chose to eat in the lounge. We saw staff supported people to eat in respectful way and at their pace. Mealtimes depended on people's individual needs and were structured around people's activities that day. Staff told us some people chose to eat out in restaurants of their choice which staff supported them to do. Staff told us they compiled the weekly shopping list with the people who lived in the service and one person accompanied them to the shops to buy it. The registered manager told us they monitored the food and fluid intake of all 4 people who lived in the service to ensure they were eating and drinking sufficient quantities to keep them healthy. We saw staff offered people drinks throughout our inspection. People were supported to eat the foods of their choice and had sufficient for them to remain healthy.

Relatives told us their family members were supported to access other health professionals when they needed to. One relative said, "They take [name of person] to the doctors and sometimes get the doctor to come out. They always let me know". Staff told us they accompanied people to attend appointments such as hospital or the dentist when needed. We saw one person had sustained injuries when they fell which meant they required surgery and a hospital stay. Staff had supported this person 24/7 during their hospital stay to ensure they had consistency and didn't feel frightened due to their complex needs. We saw one person being supported to attend a dental appointment on the day of our inspection. People were supported to maintain their health and had access to healthcare services when their needs changed.



## Is the service caring?

### Our findings

Relatives told us they thought the staff were kind and considerate. One relative said, "They are very nice. Definitely very nice". We saw people were very comfortable with staff and staff understood people's routines and behaviours. For example, we saw one person who had previously been anxious being supported and comforted by a staff member in a caring and considerate way. The person appeared happy and very relaxed. We saw staff spoke to people using language they would understand. Staff recognised people's behaviours and knew what to do to support people when their behaviours changed. For example, we saw another person become anxious. Staff brought personal items which they knew would have a positive effect on the person's behaviour. We saw the person smile and was immediately more relaxed.

Relative's told us their family member was given choices. One relative told us they had seen their family member offered choices by the staff. They told us, "They ask [name of person] what they want". Staff told us how they offered people choices with regards to their care. One member of staff said, "We give them choices by showing them what's available". Staff went on to explain because they know people's preferences they still offered them choices. They explained some people responded by taking staff to show them what they wanted. For example, if people wanted to eat something in particular they would take them into the kitchen to show staff what they wanted. People were given choices about their every day care needs.

People were supported by staff who respected their privacy and dignity. Staff gave us examples of how they respected people's privacy and dignity. One member of staff said, "I ensure I deliver care in a dignified way by closing doors when I am delivering any personal care and by wiping their face discreetly". We saw staff respected people's privacy and dignity. For example, we saw when people were eating, staff ensured their dignity was respected by keeping them clean. We saw staff allowed people time alone. For example, we saw one person watched the television whilst staff observed them from a distance.

People were supported by staff who encouraged them to maintain their independent skills. Staff understood the importance of ensuring people maintained their independence where possible. One member of staff told us, "It's about getting people to do things they can do". We saw one person being encouraged to use their own cutlery independently.

Relatives told us they were allowed to visit when they chose. We saw that some people who lived at Maurice Lee Avenue regularly went out with relatives, and visited them at their home. People were encouraged to maintain relationships that were important to them.

# Is the service responsive?

## Our findings

Relatives told us they were happy with the care their family members received. One relative commented, "I am happy with everything". Relatives told us they are involved in the planning and reviewing of care plans and the care their family member received on a daily basis. They told us they were kept informed of any changes and their opinions were sought about the care their family member received. One relative said, "I go to meetings where we can discuss everything. We discuss what we can do to improve the care [name of person] receives and they ask for my opinions". Staff gave us examples of how they involve people in their care on a daily basis, by giving them options and asking them what they wanted to do. Relatives confirmed that family members were always happy to return to the service which, for them, meant they were happy being there and happy with the care they received. Records we saw confirmed family members were involved in any support plans and were consulted about their views.

We saw staff knew people well and were responsive to their needs. We saw people received care that was individualised because staff knew the people and understood them well. When people's needs changed we saw the staff had a communication book which they all had to read and sign so they were aware of changes in a person's care. We saw staff recognised triggers to people's behaviour and responded appropriately when their behaviours changed. Records we saw contained detailed information about how staff should care for people and support them in an individualised way. For example, when one person became anxious their records documented the behaviours they may display. One member of staff explained to a technique they used when a person displayed behaviour which may cause harm to themselves. We saw staff responded to this person's behaviour by telling them "to blow away" any of the "bangs" the person may have caused themselves. Staff worked in both areas of the service which meant people received consistent support from staff who knew them well. Records contained the person's family background, any interests they had and how they liked to spend their time.

Relatives told us how their family members spent their time. One relative told us how their family member was taken to a hydrotherapy centre which the relative told us the person enjoyed. Staff gave us examples of how people liked to spend their leisure time. They took people shopping, out into the community to eat and out for walks. We saw one person return from a shopping trip with staff and they appeared happy and content. The registered manager told us one person living in the service had been taken on holiday and had experienced a roller coaster for the first time which they had enjoyed. People were supported to access leisure activities and to follow any interests or hobbies.

We asked staff how people would complain about the service if they needed to. Staff told us people would refuse care on an ongoing basis and their behaviours would change if they weren't happy. Relatives told us they were happy to make a complaint should they need to. One relative said, "I would be happy to complain about anything if it affected [name of person]". Another relative told us, "We are actively encouraged to make a complaint". The registered manager told us no complaints had been received recently. We saw there was a system in place should relatives wish to complain. The registered manager told us relatives were given

a copy of the complaints procedure when their family member moved into the service. The provider had a system in place which meant if a complaint was received they could respond appropriately.

# Is the service well-led?

## Our findings

At our last inspection in October 2015 we rated this domain as "requires improvement". This was because staff did not feel supported by the registered manager and the culture of the service was not always open and transparent. At this inspection we found the improvements had been made.

We saw people appeared happy and content living at Maurice Lee Avenue. Relatives told us the service was well managed. One relative said, "I am happy with how it is run". Staff told us they also thought the service was managed well. One member of staff said, "I think it's well led. The management have always been available when I needed them. They are open with us and will discuss any issues".

The registered manager told us that since our last inspection a number of changes had been made to the arrangements about where people lived within the service. This had been a positive move which meant people who used the service were happier and more settled. The registered manager knew people and their needs well and we saw them interacting with people throughout our inspection. The registered manager told us the provider recognised staff who had gone the extra mile and offered incentives to staff when they made someone's life better. The registered manager told us the staff team had been rewarded by the provider in recognition for the support they gave to a person whilst in hospital. They continued to tell us how they had introduced a "shout out" board in the office which enabled staff to thank each other for something they had done and this had improved morale and helped communication within the team as a whole. One member of staff told us they worked well as a team and communication was good between all staff. Another staff member of staff said, "I am supported by colleagues. We work as a team. It's a caring team".

Staff told us they were supported by the registered manager. One member of staff said, "[Name of registered manager] is good. You can talk to them. They are approachable". Staff told us they were involved in the running of the service by having regular team meetings and regular supervisions with the registered manager. One member of staff told us they were encouraged to offer new ideas and were encouraged to say what you wanted in meeting and to give your opinions of how the service could be improved for people.

Although the registered manager told us the provider sent out regular questionnaires to people's relatives the results were gathered nationally and included in an overall survey at a corporate level. This meant they would not know answers to questionnaires for this service but felt relatives would approach them if they were unhappy about any aspect of how the service was run or had any suggestions of how it could be improved.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal. Staff told they had been given a number within the organisation which they felt confident to use should they wish to report any bad practice or suspected abuse. Staff also understood they could approach other organisations outside of their own to report any suspected abuse should they need to.

The registered manager was aware of their responsibilities which included submitting notifications when required to CQC to tell us when certain events occurred such, as allegations of abuse. We saw from our records the registered manager had sent us notifications when needed. We also saw the provider had ensured information about the service's inspection rating was displayed as required by the law.

The provider had a team who visited the home unannounced to ensure the quality of care people received was good and met their needs. We saw the results of their last visit and we saw where any areas of concern had been highlighted an action plan had been developed and improvements had been implemented. For example, finance audits were not up to date and had been reintroduced. We saw weekly medicine audits were completed to ensure people received their medicine when they needed it. Audits and checks were completed of people's records to ensure they were up to date. These checks were completed by the registered manager and we saw actions required to improve records or care were completed. This meant the provider had systems in place to monitor the quality and consistency of care and information from these checks was used to make improvements.