

Dimensions (UK) Limited

# Dimensions Brambletye New Mill Road

## Inspection report

Brambletye  
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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 – Brambletye New Mill Road is a residential care home which is registered to provide a service for up to five people with learning disabilities. Some people had other associated difficulties such as physical limitations or behaviours that may cause distress to themselves and/or others. All accommodation is provided on one floor in a domestic sized dwelling. At the time of our inspection there were three people using the service.

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

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. 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. However, some improvements were required.

The management of medicines was not always safe. Not all staff were up to date with their training to support appropriate risk management. Risks to people's personal safety had been assessed. However, the plans were not always in place to minimise those risks. Effective recruitment processes were not followed to ensure, as far as possible, that people were protected from staff being employed who were not suitable.

Quality assurance systems in place were not effective in ensuring compliance with the fundamental standards and identifying when the fundamental standards were not met. The registered person did not inform us about notifiable incidents in a timely manner. The registered person did not ensure that clear and consistent records were kept for people who use the service and the service management.

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

Relatives felt their family members were kept safe in the service. Professionals also felt people who use the service were supported well. Relatives felt they could approach the management and staff with concerns and that communication was good most of the time. The staff members felt staffing levels were sufficient to do their job safely and effectively. When incidents or accidents happened, they were reviewed and people provided with the required support. The registered manager appreciated staff contributions to ensure people received the best care and support. Staff felt the registered manager was managing the service well.

The staff felt they could approach the registered manager for any advice, help or support. The registered manager and staff understood their responsibilities to raise concerns. There was an emergency plan in place to respond to unexpected events and the premises and equipment were kept clean.

During the pandemic, the registered manager continued working with the staff team to ensure they provided caring and kind support consistently. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2020) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that provider would seek advice and guidance on training that would support having competent assessors for medicine optimisation. At this inspection we found the provider had acted on the recommendation and they had made improvements.

#### 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. This included checking the provider was meeting COVID-19 vaccination requirements.

We carried out an unannounced comprehensive inspection of this service on 2 March 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 Brambletye New Mill Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to quality assurance; notification of incidents; record keeping; management of medicine; risk management, and recruitment. We have made a recommendation about seeking and using feedback from people, staff, others to improve the service.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Brambletye New Mill Road

## **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 included checking the provider was meeting COVID-19 vaccination requirements. 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 Brambletye New Mill Road 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 about the service including previous inspection reports and notifications the previous 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 with the registered manager and gathered feedback from three staff members. We observed interactions between staff and people living at the service and looked around the premises. We reviewed a range of records relating to the management of the service, for example, records of medicine management; people's support plans and associated records; accidents and incidents; quality assurance system; and maintenance records.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at further information provided including specific training, maintenance information, incidents/accidents, meeting minutes and five staff recruitment files. We received feedback from four relatives of people living at the service. We contacted five more members of the staff team. We contacted eight professionals who work with the service and received four responses.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

- People did not have their medicine managed safely at all times.
- We looked at medication administration record (MAR) sheets for all the people using the service and found no gaps. 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 two occasions only one staff member signed the MAR sheet after administration of medicine instead of two. We advised the registered manager of this and they completed an incident form during inspection.
- People were prescribed 'when required' (PRN) medicines to help them manage various conditions. However, some PRN medicine did not have a protocol in place. This meant the staff did not have any instructions on the use and administration of PRN medicines for individuals, that placed people at risk of harm. The registered manager sent us the missing protocols after the inspection.
- One person had PRN prescribed to manage a condition. If the PRN medicine was given, staff should sign it as usual on the MAR sheet and also record it in the specialised medicine book. When we checked the book, there was no record of recently administered medicine. The support plan has not been followed.
- We discussed some of the PRN protocols with the registered manager to include more information on side effects for each person's PRN medicine for staff to ensure they would be able to recognise them and seek medical help in good time.
- Staff had their medicines competency checked annually by the registered manager. We found one staff who had not had their competency assessed. The staff also carried out administration of medicine on the day of inspection while they were not assessed as competent. We told the registered manager this and they sent a completed assessment for the staff member after the inspection.
- Staff had carried out weekly medicine audits for each person's MAR charts. However, the audits had not been done for two weeks and potentially missed the errors we found during the inspection.
- The registered manager provided further information about how they rectified issues we identified after the inspection, however we found this practice did not support safe management of medicine.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we recommended the registered person seeks advice and guidance from a reputable source about the requirements for the registered managers to be competent assessors in medicine. The



registered person had made enough improvements.

- The registered manager has had training to be able to assess staff's competency in medicine management.

#### Recruitment

- The registered manager did not always ensure all required recruitment checks and information were gathered before staff started work.
- We found discrepancies with evidence of conduct from previous employments and verifying the reasons for leaving.
- We raised this with the registered manager who provided the information after the inspection. However, it was still not sufficient to comply with the regulation.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered person had not obtained all 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.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

#### Assessing risk, safety monitoring and management (People)

- The registered manager and staff reviewed and assessed the risks relating to people's personal safety, health and care. Each person had a risk analysis in place describing risks and how to minimise these without restricting people or their independence. The analysis referred to different support plans according to each risk. However, not all information on risk mitigation was available to review during inspection.
- Part of the risk mitigation required staff to complete and maintain relevant training such as safeguarding and medication. However, we found not all staff had up-to-date training for those topics. This put people at risk of not receiving the right care and support by knowledgeable staff.
- One person had a change in their mobility and we checked if support from any professionals was sought to ensure staff's practice and support was safe. The registered manager said they had not sought their input yet. We checked this again after the inspection, but it still was not done. This could put the person at risk of falls and injury if the support with mobility was not done correctly.
- The provider had completed an overall Covid-19 risk assessment for the service. However, specific Covid-19 risk assessments for people living at the service or vulnerable staff had not been completed.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where assessments and support plans were available, they provided staff with information and guidance to mitigate the risks identified, such as behaviours, health, personal care and communication.
- People's support plans mostly included sufficient information and guidelines to help staff provide care in

a safe and person-centred way, based on people's needs, likes and the support they required.

### Staffing

- There were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed.
- The registered manager said the recruitment has been a challenge at times, but they have managed well. The service was using the same agency staff for long periods to ensure consistency of care and support to people.
- Staff felt there were enough staff to do their jobs safely. The registered manager was also part of the team at the service to ensure it operated at safe staffing levels. It also helped them oversee how staff worked with people. We saw staff responded appropriately to people's request for support during the day.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm, neglect and discrimination. Relatives and professionals felt they were safe at the service. They said, "Brambletye is a very safe environment. The staff are 100% aware of all the individuals' needs", "Care was fantastic, we never had any problems" and "Residents appear well cared for when we have seen them".
- Staff 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 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 was one safeguarding case ongoing at the time of inspection. The registered manager was working on the investigation with the local authority and other professionals.

### Assessing risk, safety monitoring and management (Premises)

- A service emergency plan was in place to ensure people were supported in the event of an emergency.
- The fire and legionella risk assessments had been completed and had action plans in place to ensure safety in the service. The registered manager was in contact with the landlord for the outstanding actions to be completed.
- The staff also checked equipment for people and the service including wheelchairs. They also monitored and recorded other general environmental risks, such as fire exits, alarms and slip and trip hazards as they went about their work.

### Learning lessons when things go wrong

- There was a system for recording accidents and incidents and information was recorded with the actions taken. The registered manager also created their own monitoring sheet to help them keep track of the incidents or accidents, and actions to complete.
- The staff team and the registered manager communicated with each other to ensure incidents and/or accidents and prevention were reviewed.
- The service worked with professionals to help them support people, specifically with people who were likely to display behaviours that may challenge.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager carried out checks and recorded information according to visiting rules before the inspector could enter the premises.
- 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.
- 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.

#### Visiting in care home; Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Provider's visiting arrangements aligned to the government guidance.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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

- We spoke about quality assurance process with the registered manager. They told us they had several checks and audits in place to assess, review and monitor the quality of the service delivered.
- The registered manager and the staff team completed different checks and various tasks supporting the running of the service. However, the system in place did not enable them to monitor whether they were fully meeting their legal obligations and compliance with regulations.
- The systems and processes did not work effectively to ensure the registered person was able to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.
- The registered person did not identify all of the concerns found on the inspection. For example, missing recruitment information for staff suitability; issues with medicine management, training requirements and records were not consistently maintained. These issues were not identified using the quality assurance system in place.
- For these reasons, we could not be assured that good governance and oversight was always in place. This could prevent identifying and acting on 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 breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Not enough improvement had been made at this inspection and the registered person was still 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.

- We found the registered manager did not ensure we were notified of reportable events within a reasonable time frame. This meant we were not able to check the transparency of the service. We could not monitor that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- We discussed the requirements of the duty of candour and what incidents were required to be notified to the Care Quality Commission. The registered manager understood their responsibilities.

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

- The registered manager and staff continued working together to promote people's wellbeing, safety, and security. We observed a calm atmosphere in the service. People were supported at their own pace with respect.
- People and the staff team had good relationships with each other. The relatives said, "Staff are quite good, we've got no complaints, and they do their best", "Brambletye were fantastic with palliative care, they could not have done more. We have no complaints at all and [the staff] deserve a medal!" and "My [relative] lived in care homes most of [their] life and we are delighted to say that Brambletye is the best care home [the relative] has ever stayed in. The staff are all excellent, led by a wonderful [registered manager]".
- Since the last inspection, there have been considerable changes in the health and social care sector due to the pandemic and the service had adapted well to these.
- The registered manager praised the staff team and their support during difficult times, "Yes, we are a good team. We understand service users as individuals and the way they are. I feel we support each other when we need to do something. During lockdown, we found our strengths and what we can do best. We complement each other".
- The registered manager regularly shared information and updates with the staff team with any changes during the pandemic. The registered manager continued working alongside staff in the service so they could 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.
- The registered manager added she felt supported by the provider's senior management team and external professionals, particularly the local authority team during the pandemic. They added, "Yes I do feel supported and by my colleagues and other managers; I can ask questions during our meetings. [My manager] is always available when I need him".
- One community professional said, "Yes, when I visited the home, the staff I met on shift were pleasant and appeared good-natured. From what I saw they were respectful towards the service users and engaged in conversation with them. During my daily phone calls [the registered manager] will often have the service users' best interests and wishes in mind, whether that's looking at if it's safe for a home visit to go ahead (because of Covid), or raising concerns about a person's health needs".

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

- A survey had been carried out in December 2021 for staff 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 relating to

staff feedback and the service so it was not very clear what improvements would be needed specific to this service. We were not able to determine the registered person was working proactively based on that feedback and if any improvements were needed.

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

- The registered manager continued to promote a positive and caring culture within the service. The staff team and the registered manager worked together to provide care and support to people as their needs and health were changing.
- Most relatives agreed they were kept informed of any updates in regard to their family member.
- Where relatives noted comments provided to us as part of the inspection process, 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, and to 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.
- One professional added, "I have no worries at all. The staff are very responsive. The communication has been very good between the service, families and me. I really have no worries; the service users are looked after excellently".

Working in partnership with others; Continuous learning and improving care

- During the pandemic the service continued working in partnership with external professionals to ensure people were looked after well. Where necessary, external health and social care professionals had been involved and consulted. 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 COVID-19. This supported the provider's work around the safety of people, relatives and staff. The professionals felt the registered manager and the service worked well with them together and responded to people's changing needs in a timely manner.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
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 registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(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</p>

the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.</p> <p>Regulation 19 (1)(2)(3)(a) and Schedule 3.</p>