

Dimensions (UK) Limited

# Dimensions 123a and 123b Calmore Road

## Inspection report

123 Calmore Road  
Calmore  
Southampton  
Hampshire  
SO40 2RA

Tel: 02380668139

Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

Date of inspection visit:

23 August 2016

24 August 2016

Date of publication:

29 September 2016

## 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

The inspection took place on 23 and 24 August 2016 and was unannounced.

123a and 123b Calmore Road provides care and support for up to six people with a learning disability and autism. At the time of our inspection five people were using the service. The home is in a residential area close to local amenities. The home has a large accessible garden with parking to the front.

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.

People and their relatives told us that they felt safe. Staff had received training in safeguarding and were able to explain what they would do if they suspected that someone was being abused.

Recruitment and selection procedures were in place and appropriate checks were carried out before staff started work.

There were enough suitably trained staff to meet people's individual care needs. Staff spent time with people and provided assistance to people when they needed it.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Medicines were managed safely and people had their medicines at the times they needed them.

Staff followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were protected where they were unable to make decisions.

Staff had a good knowledge of people's individual needs and wishes and their likes and dislikes. This enabled staff to support people appropriately while promoting their independence. People were supported to take part in a range of activities both within and outside of the home.

There were effective systems in place to monitor and improve the quality of service through a programme of audits and checks.

The registered manager encouraged an open culture and showed effective leadership. Staff spoke positively about how the registered manager worked with them and encouraged team working.

## 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.

Staff had received training on how to keep people safe.  
Safeguarding procedures were in place to protect people from possible harm.

The registered manager used safe recruitment practices and there were sufficient staff to meet people's needs and ensure their safety.

Medicines were stored and administered safely and accurate records were maintained.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through a system of supervision, appraisal and regular training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected.

People received support to maintain good health and had access to a range of healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care and were supported to be as independent as possible.

Person centred plans were used to involve the person and those people closest to them to plan their future and identify their strengths.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good awareness and understanding of people's identified care and support needs.

Procedures for the receipt and management of complaints were robust.

### Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor the safety and quality of the service.

The registered manager knew the responsibilities of their role.

There was an open culture in the home.

# Dimensions 123a and 123b Calmore Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 August 2016 and was unannounced.

The inspection was conducted by one inspector. This was because this is a small service with people who had profound and complex needs.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications contain information about important events in the home which the provider is required to send to us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us in planning our inspection.

During our inspection we spoke with one person living at the home. We spoke with the registered manager, deputy manager and four care staff. We looked at five staff files and the care records of three people who live at the home. We reviewed the medicine management processes, and looked at records about staffing, training and the quality of the service. We spoke with the relatives of two people who live at the home to seek their views of the service. We also received information from a health care professional.

# Is the service safe?

## Our findings

We spoke with one person who confirmed that they felt safe living in the home. We asked if there was anything that made them feel unsafe at the home and they said "No." Relatives we spoke with confirmed that they thought their family members were safe living at the home. One relative told us, "I feel [person's name] is safe I have no concerns." Another said, "Yes I think the service is safe, the staff are very good at keeping people safe."

The provider had policies and procedures in place to keep people safe, such as safeguarding and whistleblowing procedures and staff understood their role and responsibilities with regard to reporting suspected abuse. All staff we spoke to were clear about what to do if they had a safeguarding concern. For example, one staff member told us, "If I ever saw anything that was abusive, I would report it to the manager straight away." Another said, "I would report any concern to the manager, or their manager if they were not around. We can also report concerns to the Police, local authority or Care Quality Commission (CQC). Staff told us and records confirmed that staff had received training to give them the necessary skills and knowledge to recognise potential abuse. There was information available in the office to remind staff how and where to report any safeguarding matters.

Individual care plans incorporated personal and environmental risk assessments and were regularly reviewed. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans and guidance for the staff to follow to protect people from avoidable harm and minimise any potential risk. For example, we saw clear risk assessments and actions plans to support someone who has an eating disorder. Staff we spoke with were aware of potential risks and were knowledgeable about the guidance in place to help ensure such risks to people were minimised.

The provider had a robust recruitment procedure in place. We saw staff files contained all of the relevant checks to make sure staff were suitable to work with people who needed care and support. These included references from previous employers to evidence their conduct in previous employment and proof of the person's identity. Disclosure and Barring Service (DBS) checks had been carried out. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Staff had to complete a six month probation period to ensure they had the right qualities and skills to work at the service.

There were sufficient numbers of staff deployed to meet the needs of the people living at the home on the day of the inspection. Staff told us that there were sufficient staff available to support people. One staff member told us, "We have enough staff to support people safely." Our observations during the inspection indicated that the staffing levels enabled people's needs to be met in a safe manner.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines given. Records showed that medicines had been administered as instructed by the person's doctor. Room temperatures were checked to ensure medicines were stored at the correct

temperatures. Only staff who had received training in medicine administration were able to support people with their medicines. Staff confirmed they completed training before they were allowed to administer medicines. The provider informed us that after a staff member had been deemed competent, regular checks were completed to ensure they had retained their abilities to administer medicines safely.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

# Is the service effective?

## Our findings

A relative told us, "The staff have come along way, they are well trained and know what they are doing." A health professional told us, "The manager and staff know all the people really well. They follow any advice or recommendations I give them. They are very pro-active and will contact me if they have any concerns." Staff told us they received appropriate training to enable them to care for people effectively. For example, one staff member told us, "The training is good it covers the skills we need to do the job."

Staff told us they had received a comprehensive induction when they started work, which included shadowing an experienced colleague and received all necessary training to complete their Care Certificate. The Care Certificate is designed to ensure care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care to people.

We saw a staff training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was monitored by the registered manager to ensure that staff were accessing the training they required. The training included mandatory training such as fire and health and safety and also topics which were specific to people's needs such as palliative care and managing challenging behaviour.

Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. Supervision notes contained detailed notes about discussions held. We saw that annual appraisals were recorded for each staff member. One staff member said, "My appraisal it is very much a two way process and a chance to review how I am doing with my work. We discuss my training needs and what I am doing well."

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. MCA 2005 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of our inspection five people were subject to DoLS authorisations.

Staff had a good understanding and knowledge of the key requirements of the MCA 2005 and DoLS. Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Care records showed that people's capacity had been assessed and where necessary, meetings held in a person's best interests had been recorded.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals, whenever necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, opticians and dentists. We saw, where appropriate, referrals



were made to other health care professionals, should people's needs change. People had individual health passports in case of admittance to hospital. These contained clear and concise information about each person's health needs, how they liked to be communicated with and their preferences. Staff could tell us how to recognise a change in a person's health or well-being and were able to say what actions they would take in response. For example, staff recognise that a change in a person's behaviour could be a potential sign of deteriorating health. Staff would record the changes and report their concerns to the GP promptly.

Menu's were regularly reviewed and people were always given a choice of meals. A staff member told us, "We always have balanced menu's but if people don't like what is on the menu, we will cook them something they like." We saw from minutes of residents meetings that food choices were discussed with people who live in the home.

## Is the service caring?

### Our findings

Relatives were complementary about the service. A relative told us, "It is a good home, staff are very helpful and seem to care." A health care professional told us, "The staff are all very good and very caring. They know the residents so well and can quickly spot any changes in their mood or condition and if concerned contact me straight away."

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and their choices were respected.

People living at the home had limited verbal communication. Staff explained to us how, where appropriate, they sometimes communicated with people by using various 'non-verbal' means such as gestures and pictures. One person used touch pad technology which staff used to communicate with them more effectively. We saw people being encouraged to express their views, through signing and visual prompts. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support.

Staff had clearly developed positive relationships with people. Each person had a key worker who was responsible for overseeing the planning of reviews of care and ensuring their needs were being met. We were told, where practicable, keyworkers communicated with the person and their families and involved them in reviewing and updating care plans. At the invitation of the person family members were able to attend a person's person centred plan (PCP) meeting. A PCP provides a way of helping a person plan all aspects of their life, thus ensuring that the individual remains central to the creation of any plan which will affect them. The relatives told us they really valued these meetings which were held every six months and that the staff and registered manager had worked closely with them and the person to improve and maintain their independence. This has resulted in one person now considering living more independently and possibly leaving residential services.

The registered manager told us that relatives were welcome to visit the home at anytime and there were no restrictions on when people visited. The home encouraged people to maintain relationships with their family if they wished and organised trips or stays at their relative's home, if the family were unable to arrange this themselves. We saw from care records that all people who wanted to have contact with their families did so.

## Is the service responsive?

### Our findings

People and their relatives were involved in the assessment and planning of their care. We asked one person if staff were responsive to their needs they told us, "Yes." A relative told us, "Staff involve me with everything, anything that is happening for [person's name] they keep me informed."

Relatives we spoke to were positive about the environment and the relaxed, friendly interactions between staff and the people they supported. They said that despite people's limited verbal communication staff responded to their needs, routinely offered them choices and were aware of their individual likes and dislikes. A healthcare professional said staff were aware and very responsive to people's identified care and support needs. They told us, "I've have visited the home several times recently. I'm always impressed with how well the staff know the residents and the way they respond to their needs."

Information in people's care records showed that detailed assessments had been completed, to ensure the service could meet their needs. These assessments formed the basis of people's care plans and were reviewed and updated on a regular basis. We saw evidence that where practicable people and their relatives had been involved in developing and reviewing these. People's risk assessments had been regularly reviewed and advice from external health professionals was taken into account. Staff told us they had regular access to these and were kept informed of any changes by senior staff.

All the staff members we spoke with told us they regularly discussed people's care and support needs at handover meetings between shifts. This helped to ensure that staff supported people consistently. One staff member told us, "It is important we share information as people's support needs can fluctuate and we encourage people to be as independent as possible, so we need to be flexible."

We saw that the home had an appropriate complaints procedure, which contained detailed information about the steps to be taken in the event of a complaint being received including learning from such incidents. People living in the home were supported by staff on an individual basis to make a complaint or raise any concerns. No formal complaints had been received within the last year.

People were encouraged to maintain and keep in contact with family members. We saw from people's care records that family members visited regularly. One relative told us, "We can visit whenever we like, sometimes we call just in case they are going out to do an activity. The staff are welcoming and tell us what is going on."

## Is the service well-led?

### Our findings

Relatives spoke positively about the service and said they felt it was well run. One relative told us, "Very happy with everything the registered manager and deputy seem to know what they are doing and all the staff are excellent." Another said, "The management team are really good they are supportive to both staff and the residents."

Staff told us that the registered manager and deputy manager were very approachable and supportive towards all the staff. One staff member told us, "The management team are really good they are supportive to both staff and the people." Another said, "The manager has an open door policy, they are always willing to listen and are very supportive to us as a team." The registered manager told us they regularly kept up to date with current guidance, best practice and legislation by accessing information on the internet and attending regular training.

Regular staff meetings were held and staff told us they found these useful. One staff member told us, "They are an opportunity for us to voice any concerns and share information. To reflect on what we do well." We saw minutes of staff meetings that supported this.

People and their relatives had been asked for their opinion on the quality of the service through annual questionnaires. We looked at recent survey results which had been collated and saw that any comments were addressed and acted upon. The registered manager showed us where any issues raised had been discussed at staff meetings, appropriate action taken and any changes or improvements made, as necessary.

There was a system of internal audits and checks completed within the home by the registered manager. For example, regular checks of accidents/incidents, medicines management, care plans, fire safety and safety checks on equipment took place. These audits were used to help monitor the quality of the service.