

Dimensions (UK) Limited

Dimensions 1-2 Westbury Way

Inspection report

1 Westbury Way
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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

The inspection took place on 8 January 2018 and was unannounced. Dimensions 1-2 Westbury Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Dimensions 1-2 Westbury Way is registered to provide accommodation and support to six people. At the time of the inspection there were six people living there.

Rating at last inspection

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good.

Processes and procedures were in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse and infection. Appropriate recruitment procedures were in place and sufficient staff rostered to ensure people's safety. Medicines were managed safely within the service. Processes were in place to ensure learning took place from incidents.

Staff received training to maintain and develop their skills and knowledge in order to support people effectively. The registered manager had taken action to ensure staff received the provider's required number of supervisions. People were supported by staff to eat and drink sufficient for their needs. Staff worked across organisations to ensure people received effective care which met their health care needs. The environment was purpose built for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had developed caring and kind relationships with the people they supported. People were supported by staff to be involved in decisions about their care wherever possible. Staff ensured people's privacy and dignity was upheld during the provision of their care.

People's care was based on support plans, which took into account people's needs and preferences. People were able to take part in leisure activities, which reflected their interests. People and their relatives were provided with information about the provider's complaints procedure.

There was a warm, friendly and home-like atmosphere. People's relatives and staff were engaged with the service. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The service has sustained the improvements they have made in the key area

of well-led, which is now rated good.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service is now good.

Dimensions 1-2 Westbury Way

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 checked 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.

The inspection took place on 8 January 2018 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

Prior to the inspection we spoke with a social worker who had been involved with the service; during the inspection, we also spoke with a GP. People living at the service could not speak with us about their experiences so we spoke with three people's relatives. We also spoke with three care staff and the registered manager.

We reviewed records, which included two people's care plan and two staff recruitment and supervision records for staff recruited since our last comprehensive inspection, and records relating to the management of the service.

The service last had a comprehensive inspection in December 2015 when one breach of the Regulations was

found. This one breach was followed up at a focused inspection held in June 2017 where we found the provider was now meeting this Regulation.

Is the service safe?

Our findings

Relatives told us their loved ones were kept safe within the service. Their comments included, "I think they look after my relative. They care for my relative. The door is always locked so people can't just come in and out." Another relative said "I know the quality of care my relative receives 'is on point' and my relative is well taken care of."

Staff told us and records confirmed they had undertaken the provider's required safeguarding adults training to ensure they understood the signs that might indicate a person was being abused and their responsibility to report any concerns. Staff spoken with demonstrated a sound knowledge of their role and responsibilities in this area.

People had a risk analysis that identified potential risks to them and risk assessments, which outlined how any risks would be managed and minimised for their safety. Appropriate guidance and equipment were in place for staff who understood the risks to each person. Relevant equipment and environmental safety checks had been completed as required.

There were sufficient staff rostered to provide people's care safely. The registered manager told us there were three staff who drove and they were rostered around people's trips out, to ensure there were sufficient drivers to take people to their activities. Staff recruitment records contained evidence of proof of identity, a health declaration, a criminal record check, full employment history, and satisfactory evidence of the applicant's conduct in previous employment. Appropriate recruitment procedures were in place for people's safety.

Staff who administered people's medicines had undergone relevant training and had their competence to do so assessed. Staff were observed to administer people's medicines safely and then documented what people had received. Staff had access to relevant medicines guidance and information about when and how to give people medicines they took 'as required' safely. We noted that not all bottles of liquid medicines were dated with the date of opening, to ensure they were used within the recommended time. We brought this to the registered manager's attention who took immediate action to ensure staff completed this for people. Medicines were managed safely.

We observed that the service and equipment were all clean. Staff were up to date with the provider's required infection control training and were provided with relevant guidance. There were plentiful supplies of personal protective equipment (PPE) and adequate hand washing facilities for staff, in order to minimise the risk of infection for people.

Although there had not been any recent incidents at the service, the provider had a process in place to ensure any incidents were recorded, reported and reviewed in order to identify any areas for improvement. Within the service any improvements or changes to people's care were shared daily between staff for people's safety via the staff shift handover and the communications book. Areas for improvement were discussed with staff both at their supervisions and staff meetings.

Is the service effective?

Our findings

Relatives told us their loved ones received effective care within the service. Their comments included, "I think the staff do a very good job. My relative is always clean, always looks good, and if my relative is feeling unwell the staff take care of this." Another relative told us, "My [loved one] definitely knows what food she likes."

People's needs had been assessed, the treatment and support detailed for each person in their support plans reflected best practice guidance and advice provided from specialists such as the speech and language therapist and the dietician.

Staff who were new to care undertook the recognised industry standard induction. Staff underwent training related to the needs of the people they supported to ensure they had the skills to provide people's care safely and effectively.

The registered manager told us that whilst staff had received supervisions they had not received the provider's required number per year, to ensure they were adequately supported in their role. The registered manager was taking action to address this and supervisions were booked. Staff told us they felt supported in their role and confirmed that in addition to formal supervision they were able to have informal discussions with the registered manager.

Where people had particular dietary needs, these were documented and staff were observed to follow the guidance provided. Staff were observed to support people to eat at a relaxed and unrushed pace. Staff told us people were weighed monthly which records confirmed. Staff had a clear understanding of when they should refer concerns about a person's weight to the GP.

People had completed healthcare and dental passports on their records, these provide professionals with important information about the person and their individual needs in the event they require hospital admission or dental care.

We observed staff contacted a person's GP, to ensure the person was referred in a timely manner. We spoke with the GP who told us staff made appropriate referrals. They also informed us staff worked with them to ensure everyone received their required annual physical health check-up.

The property was a purpose built bungalow with specialised equipment provided for people's needs. People were provided with their own private space in their bedrooms and there were communal areas for eating and relaxing, in addition to a sensory room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005. The

registered manager had applied for authorisation under the Safeguards where they considered people were deprived of their liberty.

Is the service caring?

Our findings

Relatives told us staff at the service were caring towards their loved ones and that staff understood people's communication needs. Their comments included, "There's no two ways about it, ten out of ten for staff," and "Oh yes, yes, yes, my relative has [person's] way of communicating and the staff are well aware of how to read what my relative wants, facial expressions."

Staff were warm and kind to people in the manner in which they interacted with them. There was a calm and relaxed atmosphere in the service. Although some people were not feeling very settled as they had been unwell, staff responded to them positively, remaining calm, kind and supportive throughout. Staff chatted to people as they provided their care and told them what they were doing.

We observed that the structure of the day was determined by people. People were supported to get up when they were ready. Staff showed us that although people had scheduled times to use the sensory room these were flexible and staff altered the programme for the day in response to how people were feeling.

People had decision-making profiles in their records, which documented how staff should involve people in decisions. Records explicitly stated that people's choices were to be respected. We observed that although no-one living at the service could articulate their views verbally and relied on sounds, gestures or behaviours to communicate; staff ensured they involved people in decisions about their care. We heard staff ask if people would like their drink, they then waited to gauge how the person reacted, before either offering the drink or waiting. People were supported by staff to be involved in decisions about their care wherever possible.

Staff were able to tell us how they maintained people's dignity and privacy during personal care, for example; by ensuring doors and curtains were closed and keeping the person covered. We observed staff knocked upon people's bedroom doors before they entered.

People were able to have private time to themselves to relax in their bedrooms, the communal areas or in the sensory room. Where there were risks to people from being on their own, staff used audio monitors to alert them to any issues for people whilst respecting their privacy.

Is the service responsive?

Our findings

Relatives told us their loved ones received a responsive service from staff and that any concerns they expressed were addressed. Their comments included, "The sensory room is very good. I'm aware my relative goes out, shopping, to the pub, aqua, and cinema." Another relative told us, "I do question things, and the staff members do pick up on things that I mention. The staff members do listen yes."

People's support plans documented the extent to which they and those important to them had been involved in their support planning. People had a one-page profile, which provided key information about them, for example, if agency staff were working. Staff told us they read people's support plans and staff signed to demonstrate that they had done so. Records showed people's support plans were reviewed at least annually and that their families were invited to attend.

People each had an activity schedule, which reflected their interests. Staff told us and records confirmed people participated in a range of activities both within the service and in the wider community. At home, people enjoyed sensory sessions, which we observed, family visits, and music. Professionals visited to provide people with aromatherapy, reflexology, music sessions and one to one sessions. In the community people visited day services where they participated in activities, some people attended a weekly disco; they also enjoyed walks and visits to the shops.

Staff ensured people's needs as individuals were met. For example, audio books had been provided for a person with a sight impairment, which we observed they enjoyed listening to. Staff told us they had also obtained a bird table, which had been placed outside the person's bedroom so that they could enjoy the sound of the birds.

The service ensured that people had access to the information they needed in a way they could understand and which complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's records identified people's communication needs. People had a communication profile, which detailed how they communicated. Information was provided for people in an easy read format to support their understanding.

People were provided with information on how to complain in an easy read format. Families were made aware of how to make a complaint on the person's behalf. Staff spoken with understood their role to support people and their families to make a complaint if required. Although no complaints had been received, the provider had a central complaints system that enabled them to monitor any complaints received.

Is the service well-led?

Our findings

On 17 and 22 December 2015, we completed a comprehensive inspection of Dimensions 1-2 Westbury Way and judged the provider to be in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance. People's records were not fully completed to ensure they reflected people's care or decision-making. Documents held did not always demonstrate the most current servicing records. We served a requirement notice and the provider sent us an action plan, which stated they would make the required improvements by 31 March 2016. The key area of well led was rated requires improvement. On 8 June 2017, we completed a focused inspection to check the provider's progress in meeting their action plan and we found that the requirements of Regulation 17 had been met. At this inspection, we looked at all aspects of well led and we have been able to change the rating for this key area to good.

Relatives told us the service was well-led. Their comments included, "Well I think so, all the other staff members are wonderful." Another relative said, I don't know who the manager is, but [lead support worker] is very good and seems to be overseeing my relatives care and she's my first point of call." Relatives also confirmed that they had been asked to complete surveys and to attend meetings.

The provider had a clear organisational strategy, which underpinned the delivery of people's care. This focused on the areas of: personalisation, people, engagement, development and organisation. The provider's vision was of an inclusive society where people experienced equal chances to live the life they chose. Staff told us they learnt about the provider's aims and vision during their induction. Staff worked in accordance with the provider's strategy in the provision of people's care.

There was a positive culture within the service. Staff told us that the service was a good place to work, many of the staff had worked at the service for a number of years and staff found it a supportive place to work. People were cared for by staff who understood the provider's purpose and enjoyed working with them.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager is registered to manage two of the provider's services; they told us they were also temporarily supporting a third service until the end of January 2018. The registered manager spent two days at Dimensions 1-2 Westbury Way and there was also a deputy manager who worked across the same services. Within the service, there were also two experienced lead support workers. Staff had a clear understanding of their responsibilities and felt the registered manager and the deputy were easily accessible if they were not on site and an issue arose about which staff required support and guidance.

Staff worked across the two bungalows with two staff based in each during the day and one at night, who supported each other as required. They also had a shift allocation sheet which ensured staff understood their responsibilities for that shift in ensuring people's needs were met.

People's records demonstrated their families had been provided with a copy of the provider's 'Family

Charter.' This outlined the provider's commitment and promises to families and ensured families were provided with relevant information and were encouraged to be involved in their loved one's care. People's relatives were involved with their annual reviews, where their views were sought. Records demonstrated that following people's reviews staff developed an action plan based on the feedback received from families or professionals. Staff confirmed to us these had been actioned and we saw examples of completed actions for a person.

People's relatives and staff were invited to complete an annual quality assurance survey. The registered manager was waiting for the results from both, in order to identify any potential areas that might require action for people. Staff meetings were held bi-monthly and enabled staff to receive updates and to express their views.

People's support plans noted their community connections and the places they were 'a customer,' thus evidencing how and where they participated in their local community in accordance with good practice. Staff told us that in addition to attending local services, people were taken out for walks locally and used the shops. This ensured they were visible in their local community. The service had also engaged with local volunteers from a national scheme who came and updated the garden for people. The service was not insular and looked outwards for opportunities to engage people with their local community.

In addition to the medicines and health and safety audits, which staff completed, the provider audited aspects of the service. The quality team audited the service bi-annually, as did the finance team. This ensured there was an external review of the robustness of the processes in place and to ensure staff were following the provider's guidance. The provider's last quality audit was completed in July 2016. The registered manager provided evidence of how they had addressed the issues identified through the audit for people, for example, in relation to maintenance of the building and a training session with the local speech and language therapist in relation to people's swallowing needs. The provider's financial audit was last completed in April 2017 and the registered manager was provided with an action plan of minor issues to address which they had completed. The provider's pharmacist audited their medicines annually. Audits of the service were used to identify areas of the service which could be improved and these were actioned for people.

The provider produced a core brief monthly, which was filtered to all staff via their team meeting to share developments in the organisation and social care sector. In addition, the registered manager attended bi-monthly registered managers' meetings where they received updates and information relevant to the provision of people's care. Staff were kept informed of developments for people.

The service worked in partnership with a range of health and social care agencies in the provision of people's care, in addition to other non-statutory agencies and providers. The registered manager told us that they had worked with a person's social worker to ensure they could attend their review. A GP for the service told us there were good working relationships between the service and the GP practice.