

# Dimensions (UK) Limited Dimensions Parrot Farmhouse Arborfield Road

#### **Inspection report**

Parrot Farm Arborfield Road, Shinfield Reading Berkshire RG2 9EA

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#### Ratings

#### Overall rating for this service

Date of inspection visit: 12 July 2017

Date of publication: 22 August 2017

Good

Is the service safe?	Good 🔴
Is the service effective?	Good 🔍
Is the service caring?	Good •
Is the service responsive?	Outstanding 🛱
Is the service well-led?	Good 🔍

## Summary of findings

#### Overall summary

This was an unannounced inspection which took place on 12 July 2017.

Dimensions – Parrot Farmhouse is a residential care home which is registered to provide a service for up to eight people with learning disabilities. Some people have other associated difficulties including physical, sensory and emotional needs. There were six people living in the home on the day of the visit. The service generally provides a service for six rather than the eight people they are registered for. The service has three ground floor and three first floor bedrooms. The bedrooms do not have en-suite facilities but there are adequate numbers of bathrooms to meet people's needs.

At the last inspection, on 30 June 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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 continued to be protected from abuse by staff who had been trained in and understood how to safeguard vulnerable adults. They continued to keep people as safe as possible from harm because they followed the robust health and safety policies and procedures developed by the provider.

There were enough staff, on duty, to ensure people were supported safely. Recruitment procedures ensured, as far as possible, that staff appointed were suitable and safe to work with people. People were given their medicines in safely.

The well- trained staff team continued to meet people's current and changing needs effectively. People's health and well-being needs were met and care staff supported people to access support from other health and social care professionals as necessary.

People continued to be supported to have maximum choice and control of their lives. Staff offered them care in the least restrictive way possible, the policies and systems in the service supported this practice.

The staff team were well established, knew people well and remained kind, caring and committed to their work and to the individuals who live in the service. The staff team continued to respect people's equality and diversity needs and provided totally individualised (person centred) care.

The staff team were highly responsive to people's individual needs and provided exceptionally responsive

and flexible care.

People continued to receive very good care from a well led service. The registered manager was experienced and qualified and listened and responded to people, staff and others. The registered manager was described as approachable, open, caring and very supportive. The quality of care the service provided was assessed, reviewed, improved and developed as necessary.

#### 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?	Outstanding 🟠
The service was outstanding	
People benefitted from an exceptionally flexible and responsive service that was highly person centred.	
People had very high quality and totally person centred care plans.	
People were offered activities which offered them the opportunity to really enjoy their lives.	
Is the service well-led?	Good ●
The service remains good.	



# Dimensions Parrot Farmhouse Arborfield 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 was unannounced and took place on 12 July 2017. It was completed by one inspector.

Before the inspection the provider sent us the provider information return. 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 looked at all the information we had collected about the service. This included the previous inspection report completed in May 2015.

We looked at four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at some records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We interacted with three of the people who live in the home. We observed how staff provided care throughout the inspection visit. We spoke with three staff members and the registered manager. We received written and verbal comments from three relatives of people who live in the service, after the inspection visit. We requested information from seven other professionals and received four responses, which were very positive.

# Our findings

Two people indicated by smiling, saying yes or using the 'thumbs up' sign they felt safe. Professionals told us they were confident people were safe and being well treated. A relative told us their family member, "Feels safe and secure in the home and I am confident they are safe."

People remained as safe as possible from any form of abuse or poor treatment. Staff continued to receive appropriate and up-to-date training in safeguarding adults. They understood their responsibilities and obligations to keep people in their care safe. They told us they were confident that senior staff and managers would act on any concerns they raised. However, they were able to describe how they would use the whistleblowing policy, should it be necessary. The registered manager gave an example of how they took action to safeguard a vulnerable person in the community. There had been no safeguarding incidents during the previous 12 months.

People who lived, worked in or visited the service continued to be kept as safe from harm as possible. Robust health and safety policies and procedures were in place and followed by staff to ensure the safety of the living and working environment. General health and safety risk assessments and risk management plans such as staff of child bearing age, cleaning and driving were provided to enhance people and staff's safety. Health and safety and maintenance checks on equipment and the environment were included on daily shift plans and completed at the required intervals.

Individualised and detailed risk assessments for people continued to be completed and up-dated as required. These were incorporated into the specific support plans to ensure staff provided care as safely as possible whilst offering as much independence as was practicable. The service continued to use accidents and incidents as learning opportunities and took action to try to ensure the risks of recurrence were minimised.

People's finances were appropriately protected according to their needs. For example some people's money was looked after by their local authority, some by relatives and some by the Court of Protection.

People's medicines were ordered, stored and disposed of safely. People were supported to take their medicines in the right quantities and at the correct times. Excellent, detailed guidelines had been developed for people who were prescribed medicines 'to be taken as necessary'. There had been no medication administration errors during the last 12 months. The service was involved, with other agencies, in the 'STOMP' (stop over medicating people) project.

People were supported by a very stable staff team. However, when necessary staff were safely recruited. Prospective staff were fully checked so that the registered manager could be as sure as possible that they were suitable and safe to work with vulnerable people. Staffing ratios continued to be set at a level which ensured there were adequate numbers of staff on duty to keep people safe.

#### Is the service effective?

## Our findings

Skilled and knowledgeable care staff continued to provide people with effective care and support. One professional told us people's health and care needs were dealt with in a timely manner. Another said, "... staff are active at contacting me and seeking health team / GP advice." A relative told us, "It is an excellent service and [name] is doing really well because of their hard work." Another told us their family member was given, "Excellent service and care."

Plans of care were of very good quality and produced in detail which ensured staff were provided with enough information to enable them to meet people's specific needs. They were up-to-date and accurate and included a one page profile which gave staff a quick reference to an individual's needs should it be necessary. People's health needs continued to be met very effectively. People had a separate medical file which included a detailed health action plan. Referrals were made, in a timely way, to other health and well-being professionals and annual health and medicine reviews were completed by the G.P. Additionally, the service provided one to one staffing for people who underwent admissions to hospital as and when necessary.

The service continued to provide fresh, good quality and nutritional food for people. People were supported to choose healthy eating options and specialised nutritional needs were included in care plans along with advice from speech and language and nutritional specialists, as necessary.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Best interests meetings were held, as necessary. People were helped to make as many decisions and choices as they could and their individual support plans included a specific one for decision making. Four of the six people in the service had DoLS authorisations and two were in process.

Staff continued to be well trained and were encouraged, via regular 1:1 meetings and an annual appraisal, to develop the skills and knowledge they needed to meet people's needs. Of the 17 staff, 13 had attained a relevant qualification in health and/or social care. The service used a nationally recognised induction tool. Staff felt they were very well supported by the registered manager and management team who were always available for support or advice.

The environment was well kept, spacious and comfortable. The service had a large secure garden and adequate communal areas. People's bedrooms were extremely well personalised and reflected people's personalities and interests. However, work tops in two areas of the home were peeling and could be a potential infection control hazard. The staff team took immediate action to request the provider to rectify these issues.

## Our findings

Care staff continued to treat people with kindness and remained committed to meeting their needs. People said yes or nodded when asked if staff were kind and treated them well. Professionals commented, "The team appear caring and supportive whenever I have visited." "The customers are always well presented and have a good rapport with their carers and appear to be treated well." Another wrote, "On my visits to Parrott Farmhouse I have always observed staff treating clients with dignity and in a kind and caring manner." A family member said, "Standards are so high and staff give so much, they are devoted and very hard working."

People were treated with respect and staff were able to tell us how they supported people to preserve their dignity. For example staff made sure people wore suitable and appropriate clothing and closed doors when pursuing private and personal activities. Plans of care included positive information about the person and included areas such as, "My skills" and "What people like and admire about me".

People were offered same gender care for intimate personal support. There was a policy in place which noted what action staff were to take if a staff member of the same gender was not available. This happened very rarely but could occur during the night or in an emergency.

The registered manager and staff team built strong relationships with people who they knew very well. Staff were able to describe people's individual needs and we observed them meeting people's needs in the way described on care plans. People were very comfortable to ask for or indicate that they needed support or attention. One professional noted, "There has been continuity in the senior members of staff over the last three years that I have been involved with the home. They have a huge knowledge of the customers and impart their knowledge to new members of staff."

Staff continued to communicate with people very effectively. People's communication support plans were of exceptionally high quality, very detailed and clearly described how people made their feelings known and how they displayed choices and preferences. They noted how staff would know when people were displaying particular emotions and states of well-being or distress and how they should respond.

People's needs continued to be met by care staff who understood their equality and diversity needs. Staff ensured each person's diverse physical, emotional and spiritual needs were identified and met in the way that suited them best.

#### Is the service responsive?

### Our findings

People's needs continued to be met by care staff who remained exceptionally flexible and responsive to people's individual needs. We observed staff responding quickly to body language, facial expression and behaviour as described in the detailed communication plans. A Professional commented, "The staff listen to and observe the body language/ mannerisms of the customers they support who are non-verbal and treat them with respect by being proactive and take notice of their way of communicating their choices and they safeguard their dignity at all times." Another noted, "The families have always provided positive feedback on the care and support that has been provided to their loved ones"

The care staff team continued to seek advice and assistance from other professionals to ensure they met people's changing needs in the best way possible. A professional commented, "The staff are very open and approachable and will seek advice from health care professionals and social care practitioners as and when required."

People's very high quality care plans remained totally person centred and clearly described people's individual needs and preferred routines. Any special needs people had, including any equality and diversity needs were detailed in their care plans. Care staff were kept up-to-date with people's diverse and changing needs. Care plan reviews continued to take place regularly a minimum of annually and whenever people's needs changed. For example one person's needs were being reviewed on a weekly and/or monthly basis to try to support them with a complex medical condition.

The service was highly responsive to people's future needs and aspirations and found creative ways to enable people to live as full a life as possible. Staff fully assessed people's current needs and identified the progress people would like to make so they could enjoy their life more. Examples included a person who was under the care of psychology and behaviour support teams and was constantly unhappy. Their behaviour caused harm and distress to staff, the other people they lived with and themselves. They required two staff to support them on occasions to help them with their behaviours. However, with detailed care planning and consistent staff support they no longer displayed harmful or distressing behaviour. They were therefore able to lead a much fuller and more inclusive lifestyle. This included making relationships, going on holidays and controlling their life and environment. The individual was now happy, involved in their home and no longer needed assistance from psychology or behaviour support professionals. Additionally, they no longer had medicine prescribed to help them manage their behaviour. A family member said, "The change in [name] has been amazing and wonderful. It's like having the old [name] back but with added extras."

Another person had been prescribed a particular medicine for many years. This medicine contributed to them being inactive and uninvolved in daily living. The service worked closely with other professionals to reduce the medication so that the person could gain more enjoyment from their life. The medicine had been successfully reduced resulting in the person becoming more active, improving their mobility and participating in a holiday abroad. They were now involved in daily activities such as cooking and making drinks. They were more in control of and are enjoying their life.

People continued to be supported to develop and maintain relationships with those important to them. People's relatives were kept informed of any significant issues or changes to people's well-being (with people's agreement). A professional told us, "Family are also informed if any concerns have been highlighted." A family member told us the service was," Very good at staying in contact with people and keeping us informed of anything that's going on. Even new legislation, whatever affects our relatives."

The service remained extremely responsive to people's needs regarding activities and interests. Staff were proactive and innovative in creating highly individualised activities programmes which totally reflected people's aspirations, abilities, personalities and choices. A relative gave us an example of a very individualised activities programme. They told us, "He, like the other residents, seems to have a varied and interesting daily/weekly programme. ...This year we have received some works of art for Easter, Mother's Day and Father's day made at [name of day activity]. Other outings have been arranged during the year to suit his tastes... [including] an Evening Picnic and Concert at Highclere Castle ... he went to Blackpool for a mini break...A holiday abroad for his birthday treat in September is being planned. [Name] loves travelling. On our visit to [name] on Saturdays we hear of other trips and excursions made by other residents and can see how each resident is well cared for according to their needs and that PFH is efficiently run but most important is a happy home for them all."

People continued to be exceptionally active. Activities were provided within and outside of the service and included holidays and outings. Staff researched activities to find any new ones on offer in the local area. We were told about a person who had been horse riding for many years but had recently been trying to climb off the horse mid-ride. The care staff identified this as the person saying they were no longer enjoying this activity. Staff were consequently offering a variety of other activities to find some they enjoyed. Activities included trampolining, hydro pool, a summer ball, long weekend breaks and holidays abroad.

Additionally people were supported to attend social clubs and evening activities. The service ensured there were enough staff to support people to participate in community activities, as and when (as far as possible) they chose. People were a part of the local community attending the local pub, shops and church. People from the local church also visited Parrot Farmhouse to join in carol singing and other special occasions. People were encouraged to make individual choices about their activities so that they could stay interested in and enjoy their lifestyle. This had a very positive effect on people's behaviour and well-being. A family member said, "[Name] has a wonderful lifestyle, they are given so many opportunities. The staff and manager don't understand the word 'no' or 'can't' and allow [name] to try all sorts of things, but safely. [Name] really enjoys everything and has a really exceptional lifestyle."

The service had an accessible complaints procedure and provided an easy read version which gave people the best chance to understand the process. Staff were able to identify by people's body language, behaviour and other non-verbal communication if an individual was unhappy or distressed and investigate the cause. The service had received no complaints and four compliments during the preceding 12 months. For example, one written compliment referred to the excellent care and support given to a person and their family. It noted how staff offered 24 hour support to an individual who had to be admitted to hospital.

# Our findings

People benefitted from a service that continued to be well-led. The registered manager had been in post since February 2014 and was supported by an assistant manager and an assistant locality manager. The registered manager was registered for one other service and worked with an additional two supported living services. The assistant manager worked in an additional service. However, staff told us the service was well managed and one of the management team was always available. They said they knew the whereabouts of the registered manager at all times and could always contact her for advice or assistance. Staff were very positive about the registered manager and the management team. Comments included, "I like the way Parrot Farmhouse operates, it's always people first. The teamwork is very good and we are valued by the management." "It is very well organised and managed. We are free to voice any concerns or ideas and our views are valued." Another said, "Parrot Farmhouse is very well managed and always in the best interests of the people who live here."

A professional commented, "I think the service is well organised and led and have no concerns." Another wrote, "I have worked with the clients and staff team on a number of occasions and have always found the team helpful and the client group a pleasure to work with." A family member told us the registered manager "Is excellent. She goes above and beyond what she needs to do and her staff teams are led by her excellent example."

The views of people, their families and friends and the staff team were listened to and taken into account by the registered manager. People's views and opinions were recorded in their reviews, at monthly key worker meetings and at monthly house meetings. Staff meetings were held regularly and minutes were kept. People's families, friends or advocates were asked for their views, via formal questionnaires and collected informally when contact was made with the service.

People continued to receive good quality care because the registered manager made sure the quality of the care the service provided was continually monitored and assessed. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, regular financial audits and medicines checks. Quality audits were completed by the provider's compliance team which included a person who uses another of the provider's services.

People's individual needs were accurately noted in detailed and up-to-date records. They supported staff to offer consistent, current and appropriate care. Records relating to other aspects of the running of the home such as audits and staffing records were well kept. Although no notifications had been sent the registered manager understood when statutory notifications had to be sent to the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.