Dimensions (UK) Limited

Dimensions Broomfield 40 Gladstone Road

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 24 August 2015 and was unannounced. When the service was last inspected in May 2013 there were no breaches of the legal requirements identified.

Dimensions Broomfield 40 Gladstone Road is a care home registered to accommodate up to three people.

The home supports people with learning disabilities and profound physical needs. At the time of our inspection three people were residing at the house. They had all lived at the home for a number of years.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered

Summary of findings

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 were unable to tell us of their experience of living in the house. We found that people's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked capacity to make informed decisions.

People had their physical and mental health needs monitored. All care records we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those closest to them.

The provider had arrangements in place to respond to suspected abuse. Positive comments were received from relatives we spoke with about the relationships they had with staff and people felt safe in their company.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. We received positive comments from relatives we spoke with about the staff. One relative commented, "They're very dedicated members of staff."

Staff were caring towards people and there were good relationships between people and staff. People and their representatives were involved in the planning of their care and support. To ensure their attendance, one relative told us that they would prefer to be given more notice regarding meeting dates. Staff understood the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

The provider had a complaints procedure and relatives felt confident they could speak with staff about matters of concern. There were systems in place to assess, monitor and improve the quality and safety of the service. Arrangements were also in place for obtaining people's feedback about the service

Summary of findings

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 safe.

There were sufficient numbers of staff to meet people's needs and appropriate recruitment procedures were completed.

Risks to people were assessed. This helped to ensure people were safe when receiving care from the staff.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Good

Is the service effective?
The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness, dignity and respect.

Relatives spoke positively about the staff and told us they were caring.

Good

Is the service responsive?
The service was responsive to people's needs.

People and their representatives were involved in care and support planning and reviews.

People were supported to attend social activities of their choice.

Good

Is the service well-led?
The service was well-led.

There was a clear emphasis on being open and transparent and the need to continually strive to improve.

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

Good

Dimensions Broomfield 40 Gladstone 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.

The inspection took place on 24 August 2015 and was unannounced. The last inspection of this service was in May 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff and the registered manager. On the following day we spoke with two relatives of people who received care from the service.

The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff felt the staffing level was appropriate. There were sufficient staff to help people and we observed people having 'one to one' time with staff. The registered manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be taken seriously and listened to. They also advised that they would be prepared to take it further if concerns were unresolved and would report their concerns to external authorities, such as the Commission. For ease of reference, the guidance was displayed on the staff notice board.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told that staff files were held in head office and they contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Fire risk assessments had been completed for people and there were personal emergency evacuation procedures for individuals in place. This meant that staff had the information they needed to keep people safe in the event of a fire or other emergency requiring an evacuation of the service.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Medicines were checked into the home and were recorded appropriately. People's medicines were managed and they were received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed, for example paracetamol for pain relief. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as eating and drinking, bed side rails, personal care and moving and handling. Assessments were reviewed and updated, mostly on a monthly basis. Within the person's records, appropriate support and guidance for staff was recorded. The level of detail recorded what worked well and what to do if things didn't work so well. Examples included of how to keep a person safe when they rocked back and forth continuously. Instructions were provided on actions which resulted in a calming effect on the person and practical instructions were detailed regarding their wheelchair and bedside rail requirements.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager.

Good

Is the service effective?

Our findings

People received effective care and relatives gave positive feedback about the staff that supported them. One relative commented, "They're very dedicated members of staff. One particular member of staff is exceptional."

New staff completed an induction training programme. New staff attended an initial one day induction that included learning about the provider and the expectations whilst in employment with the provider. The remaining induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety, moving and handling and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are nationally recognised training and care standards expected of care staff.

To enhance their understanding of a person's needs, new members of staff shadowed more experienced members of staff. A member of staff told us, "I shadowed more experienced staff when I first joined as well as attending the formal training programme. Shadowing shifts with more experienced staff enabled me to understand their needs and how to communicate with them."

We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, food hygiene, nutrition and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff. Training in autism awareness, positive behaviour support and epilepsy emergency plan training had been undertaken by staff.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as mandatory training, the employee's welfare, people's care and support needs together with any other areas of discussion the staff member wanted to address were discussed. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. We made observations of people being offered choice during the inspection, for example what the person wanted for their breakfast or what activities they wanted to undertake during the day.

Where a person was unable to communicate and to enhance their understanding of the person's requirements, staff utilised a number of techniques such as making clear eye contact and using simple sentences. Staff understood how different actions, noises and pitches from the person notified them whether the person was distressed or happy.

Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues such as finances and medication, decision making agreements involved family members and the appropriate health professionals.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). They were in the process of being applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. The registered manager confirmed that one DoLS application had been made and there was a need to process applications for the other two people.

The food was nutritious and served at the correct consistency according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food each person should consume. The people who used the service required assistance to eat and

Good

Is the service effective?

drink safely. We observed that staff provided the appropriate support in accordance with the care plan guidelines. The correct procedures to follow were clearly identified in the person's 'My meal time' care plan.

People had their physical and mental health needs monitored and people were supported to access healthcare services. All care records that we viewed showed people had access to healthcare professionals according to their specific needs. For example, where necessary appointments had been arranged with physiotherapists, GP's, speech and language therapists and specialist epilepsy nurses.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff and told us they were caring. One person felt that there was quite a high turnover of staff but the level of care was good. Another person told us that their relative was, "Very well looked after. They provide a safe environment. I'm happy and on the whole and they do a reasonable job."

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. Relatives had mentioned qualities in the staff they particularly liked, such as staff members being, "Caring" and "Dedicated." We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They played the music they liked and supported them in the sensory area of the home.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, one person's plan advised that the person could not understand what staff members were saying but they enjoyed interaction and often smiled and reached out to hold hands. We observed this during the day which demonstrated staff understood the person's communication needs. Staff we observed were patient, understanding and friendly towards the people they cared for.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs. Staff understood the risks associated with some people's behaviour and how their behaviour may change because they required attention. This demonstrated that staff understood people well and were able to support them in a safe and caring way. One member of staff said their understanding of people's behaviour was instinctive. They provided an example of how they referred a person to their GP as they recognised that their behaviour changed and the person was in distress.

People were enabled to be involved in day to day decisions about their care such as food choices, clothing and activities. Other decisions involved family members and a wider circle of health professionals. This was dependent on the issue such as epilepsy management. Relatives told us they felt involved and their relatives lived their lives as they wished and in accordance with their preferences. One person did comment that they would prefer to be provided with more notice regarding scheduled meetings for care reviews to ensure they were able to attend.

People's privacy and dignity was well respected. One relative told us that all staff demonstrated respect towards the people. One member of staff explained how one person liked to be greeted and they always knocked before entering their room. Their care plan stated that during personal care they liked the door to be shut for their privacy, respect and dignity. The staff member clarified how the person's personal care needs were met and their focus was on providing the necessary privacy, offering choices and being interactive. If the person they cared for did not like something they would turn their head away and this was their indication they wanted something different.

The staff members enabled people to be independent as far as possible. When they spoke about the people they cared for they expressed warmth and dedication towards them.

People were given the opportunity to pass on their feedback in surveys that were sent out by the service. If they had and concerns, relatives we spoke with would feel confident to approach senior staff and felt they would be listened to.

Good

Is the service responsive?

Our findings

The service was responsive to a person's needs. Assessments were reviewed regularly and whenever needed throughout the person's care and treatment. We reviewed the management of epilepsy for one person. Their epilepsy emergency management plan involved the GP, an epilepsy specialist nurse and a neurologist. It was last reviewed in July 2015 and detailed the support needed and the guidelines that staff should follow if the person was having a seizure. Staff we spoke with demonstrated a sound understanding of the person's epilepsy plan and actions required.

People received good care that was personal to them and staff assisted them with the things they

made the choices to do. We observed that people appeared content living in the home and they received the support they required.

Owing to not being able to verbally communicate, a communication plan was held within people's records. These showed the behaviours that people may make if a person is anxious, upset or distressed and how staff could support the person during this time. This information within the records meant staff were aware of personal information about the person that may help to reduce or eliminate distress or anxiety. An example of this included de-escalation techniques if a person expressed anger if they thought they were not receiving enough attention from staff members

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included having a structured programme of activities. An action plan was implemented to enable the person to engage in the activities they liked to attend such as listening to jazz at a nearby brasserie.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The service knew people well and were responsive to their needs.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaged in different activities such as attending the day centre, going out for coffee, staying at home, listening to music and spending their time in the sensory area of the home. People were also engaged in other activities such as attending church, going the pub and cinema trips. Two people were going away to Devon for their summer holiday. One person told us their relative was very active and was always engaged in lots of interesting things.

People maintained contact with their family and were therefore not isolated from those closest to them. One relative told us that the service enabled them to maintain regular contact with their relative as they came to pick them up on a weekly basis so they could visit. Relatives we spoke with felt the level of communication between them and the service was generally good and they confirmed that they were contacted and offered the option of attending care plan reviews and meetings relating to their relative's best interests. Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other health professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

Relatives were aware of the who the registered manager was in the service and told us that in addition to the support staff, the registered manager was easy to speak with. The service also issued an informative family newsletter. The newsletter identified changes that were occurring with the company and also advised people of the Commission's new inspection methodology and regulations. It also highlighted where actions had been taken in response to raised issues.

The provider had a family forum which put together a vision of how the provider would work with families. The recent published newsletter identified the work that had been achieved so far and the work that still needs to be taken forward. An example of what they said they would do was to provide useful and practical information booklets. This resulted in the forum developing a series of factsheets, a guide to the Mental Capacity Act 2005 and booklets to help families understand person-centred reviews. There was a clear emphasis on being open and transparent and the need to continually strive to improve.

There were methods to communicate with staff about the service. The manager told us that staff meetings were held approximately every month. Minutes of the meetings demonstrated that matters general to the home were discussed at these meeting such as 'people we support', training, safeguarding and whistleblowing. Staff were provided with a monthly 'Core Brief' newsletter which included provider information on such issues as organisational work streams and pipeline planning. This meant that staff were informed about the proposed future strategic development of the provider. Staff we spoke with took real pride in their work and felt supported by their manager.

People were encouraged to provide feedback on their experience of the service and monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives if they wished to give their views. The most recent annual review identified the issues people were most pleased with such as staff enabling people to do the things they wanted and they were supported to stay safe at their home. The survey also identified things that people were worried about. The provider published the results of the survey and provided assurances that would do something about the things that people were worried about. One of the issues they have implemented was to involve people or their representatives during the interview process of new member's of staff.

To ensure continuous improvement, the registered manager conducted regular observations of staff support, practice and engagement. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such the implementation of a cleaning schedule and booking health checks in good time.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm and equipment tests were also completed.