Dimensions (UK) Limited

Dimensions 199 Doseley Road

Inspection report

199 Doseley Road
Dawley
Telford,
TF4 3AZ
Tel: 01952 506105
Website: www.dimensions (UK) Limited

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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

The inspection took place on 27 October 2015 and was unannounced. At the last inspection in October 2013 the provider was meeting all of the requirements that we looked at.

199 Doseley Road provides accommodation and personal care for up to five people with a learning disability. On the day of the inspection visit five people were living at the home. There was a registered manager in post who was present at the inspection. They also managed two supported living services. 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.

Summary of findings

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Information was available to staff on the process they must follow if they had concerns about people's safety.

People received their medicines safely and when they needed them by staff who were trained to administer medicines and their competency was regularly assessed. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

People were supported by staff that had most of the skills to meet their needs. Staff had received appropriate training and felt supported in their work by the registered manager.

People received support when they needed it and staff knew their preferences in relation to their care. People were treated with dignity and were offered choices in a way they could understand.

Staff knew how to raise concerns and complaints on behalf of the people they supported.

People and their families were involved in the service. The provider had quality assurance procedures in place which monitored the quality of the service the home provided.

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.

People were protected from harm and abuse by staff that had been trained to support people safely. There were enough staff to make sure people received their medicines safely and received support when they needed it.

Good

Is the service effective?
The service was effective.

Most staff had the skills and knowledge to support people effectively.

People received enough to eat and drink and were supported to access healthcare professionals when they needed to.

Good

Is the service caring?
The service was caring.

People were supported by staff who knew them well and that treated them with dignity and respect. Where people had limited verbal communication staff supported them in other ways to make sure they were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and reviewed with them and significant others. People had access to a complaints procedure that was available in an easy to read format. Staff knew how to raise complaints on behalf of the people they supported.

Good

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

There was an open and inclusive culture within the home. The registered manager was supported by the provider to manage the service effectively. There were quality assurance processes in place to monitor and improve the service people received.

Good

Dimensions 199 Doseley 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 26 October 2015 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection of the home.

We met all five people who were living at the home. People were not able to share their experiences of living in the home in any detail due to their complex needs. We therefore spent time observing how people spent their time and how staff interacted with people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five care staff and the registered manager. We looked in detail at the care two people received, carried out observations and reviewed records relating to people's care and the management of the home.

Good

Is the service safe?

Our findings

People were supported by staff who knew how to keep them safe. One professional told us, "I believe the service is a safe service". Staff had received training in protecting people from abuse and knew what abuse was, how to recognise it and how to report any concerns. We saw staff had access to information about who to contact in the event of suspected abuse or poor staff practice. One member of staff told us, "I wouldn't hesitate to speak up about abuse or poor practice. I had training in safeguarding people before I was allowed to support people". Another member of staff said, "I would speak to someone above and if they didn't act I would contact CQC". Where allegations of abuse had been reported we saw these were appropriately referred to the local authority that lead on such matters. The local authority told us that the level of safeguarding referrals had, "decreased significantly for this service in recent years".

The provider told us in their PIR, 'Support plans are in place giving detailed information on how people like to be supported with links and cross referencing to the risk assessments to ensure safety'. This reflected what we found. We saw that risks to people had been identified and assessed and plans were in place for staff to follow and these had been reviewed. There was a healthy balance between keeping people safe and allowing them to make choices and take risks. Where incidents had occurred these were recorded and reviewed by the registered manager, the operations director and the health and safety lead for further action where needed. One member of staff told us, "People here generally only present a risk to themselves but the staffing levels keep people safe and we are all MAPA (management of actual and potential aggression) trained". Another member of staff said, "We are given a lot of information in people's risk assessments, they are very detailed".

Arrangements were in place to make sure people's money was safely managed. This included regularly auditing people's financial records and daily checks of people's money at staff handover.

We saw the provider carried out checks on new staff to ensure they were suitable to work with people living at the home. Two newly appointed staff shared their experience of how they were recruited. They considered the procedures in place were robust and helped to safeguard people. They told us they were required to visit the home and meet the people before they were offered employment. This ensured people living at the home met with potential new staff and interaction between people was observed to ensure the appropriate person was employed.

People were supported by sufficient staff to meet their needs most of the time. One member of staff told us, "I think it's generally okay, we try and have a permanent staff member on each shift". Another member of staff said, "There's a lot of staff turnover and more staff would be good as four out of five people have seizures". We saw the number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority, the activities that took place each day and when people went home to their relatives. On the day of the inspection all five people were being supported at home. One person usually attended a day service but this was closed all week and another person usually attended work but remained at home due to personal circumstances. Staff confirmed that the required numbers of staff were on duty for each shift and this increased if people were being supported on day trips. For example, two people were being supported on a day trip the day after the inspection visit and therefore an extra member of staff was rostered to support the activity. One member of staff told us, "Sometimes the use of agency staff limits people's activities and restricts what we can do". The registered manager told us that permanent staff worked extra hours to provide the support where possible and agency staff were only used as a last resort. They were able to provide us with details of the regular agencies used and the hours provided. They told us that over the next 12 months their aim was to stop using agency staff and increase their pool of casual staff to provide people with greater continuity of care and support. They also told us they were planning on using staffing hours more effectively to provide people with a personalised service in line with their individual support needs providing greater flexibility. We were told that two new staff had been appointed and were due to commence working at the home shortly.

People received their medicines when they needed them. We saw staff were trained and had access to the information they needed to administer people's medicines safely, as prescribed and in accordance with people's preferences. One member of staff told us, "I've been trained by the managers. I did lots of shadowing at first and then

Good

Is the service safe?

they did my competency assessments. I feel confident with medicines and I have the right skills". Another member of staff said, "If meds were missing I'd contact on-call and advise them. I'd complete an incident form and record what I had found". We saw medicines were securely stored in people's own rooms. We looked at the medicines administration records (MAR) for the two people, whose care we looked at in detail, and found medicines administered had been signed for and witnessed by a second member of staff. We found a gap in one MAR and although the registered manager was able to show the person had received their medicine, this had not been picked up on the medicines audit carried out. We saw people had medicine protocols in place which gave staff guidance on why people needed their medicine and when. However, discussions with one member of staff showed they were not familiar with the protocol in place for a person who on occasions discarded their medicines. Staff knew what to do in the event of a person requiring emergency medicine administering and had received training to ensure they were equipped with the knowledge and skills required. We saw people's medicines were reviewed regularly with the appropriate healthcare professionals.

Good

Is the service effective?

Our findings

People were supported by staff who had received the training they needed to keep them safe and meet their needs. Staff were also supported to achieve nationally recognised health and social care qualifications. One member of staff told us, "I've done lots of training, MAPA, CPR, epilepsy, moving and handling, nutrition and confidentiality. Some is classroom based, the rest is

e-learning (computer based), which I think works pretty well. Staff can do it at home and don't have to come off the floor then". An agency member of staff told us, "I got to shadow people when I first came here. I was asked to come and see the home first, to see if I thought I could work here. The staff were very supportive. I was asked to read people's care plans and talked to staff about their experiences supporting people. I did all my training through the agency". Most staff told us they felt competent and could ask for additional training when they needed it. Staff also received training specific to the needs of the people they supported. For example, training on supporting people who have epilepsy. However, we observed a new member of staff was not confident when one person had a seizure. Although they sought help from the registered manager they told us they had not yet received training to support people with this condition. The registered manager confirmed that they had been booked to attend this specific training shortly.

People were supported by staff that had regular opportunities to discuss their progress in one-to-one meetings and appraisals. The registered manager told us that people's relatives, peers and professionals were asked to provide feedback for staff annual appraisals and probation reviews. One member of staff said, "I think the manager is very friendly, we all work as a team". We saw regular team meetings were also held. New staff told us they had worked with a more experienced member of staff before supporting someone alone. Staff we spoke with spoke positively about their work and the level of support they received. One member of staff told us, "I love my job; I wish I'd done this years ago. We've got a really good and happy team here that work together to look after the people we support". Another member of staff said, "I love the job, it's a good set up here and we're a good staff team". We saw there were on- call arrangements in place for staff to access for support when there were no managers available within the home.

Staff shared examples of how they gained people's consent before they supported people with their care and support. One member of staff told us, "I always ask people before I support them and make sure I tell them everything that I'm going to do". Another member of staff said, "I follow people's care plans, and talk everything through with them". Staff were aware of people's preferred communication methods and we saw these were documented on the files of the people whose care we looked at in detail. One member of staff told us, "The people here are all unique in their own way; I tend to read people's facial expressions". Another member of staff said, "Some people will use Makaton, and even though they sometimes get signs mixed up, I can understand them". One member of staff told us, "If [person's name] wants a cup of tea they stand by the kettle, and you learn that".

We spoke with staff about how they supported people to make decisions for themselves, or the process that took place if someone did not have the capacity to make a specific decision. They told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards however, not all of the staff we spoke with were able to tell us about this legislation and how it ensured people's rights were protected. The registered manager told us applications to deprive people of their liberty had been made to the local authority and were awaiting authorisation. One member of staff said, "I understand about restrictions. If [person's name] wants to go out and they are not able to at that time, I would use a distraction technique, offer them the garden or something. Generally we would be able to take them out at some point; they might just have to wait a bit because of us supporting other people". We found assessments had not been completed where people did not have capacity to agree to restrictions. The registered manager told us best interest meetings had been held for financial purchases, a person not having a holiday and for a person requiring significant medical intervention. A member of staff told us, "We have best interest meetings if we need to; people's families are involved in all decisions". This was reflected in what the provider had told us in their PIR.

Good

Is the service effective?

People appeared to enjoy the food provided. When we arrived at the home we saw a person being supported to choose their breakfast cereal. Throughout the day we saw people were encouraged to make choices about what they ate. Each week staff supported people to choose the menu for the week ahead and a pictorial menu was developed which offered a choice of two main meals for dinner. One member of staff told us, "People eat a lot of salad, it's a varied diet". We were told shopping was completed online as people did not enjoy shopping for their food and busy supermarkets. We observed the lunchtime meal. One person buttered their bread and made their sandwich. The atmosphere at lunchtime was calm and unhurried and people were given a choice of what and where to eat. People were supported and encouraged to eat their meal independently where possible. For example, we saw a member of staff load a person's food onto a fork and encourage them to feed themselves. We saw staff were aware of a person that preferred softer food options and staff ensured their preference was respected. Throughout the day we saw that people were supported by staff to have access to snacks and drinks. One person was supported to make their own decaffeinated hot drink as caffeine was known to have a strong effect on them. We saw that where needed, the provider had sought specialist advice to help people with their eating and drinking. One member of staff told us, "[Person's name] has a risk of choking; we always monitor them when they are eating".

People's health and wellbeing was regularly monitored. We saw staff responded quickly when people showed signs of distress and spent time with the person. For example during and after a person had a seizure. We saw staff timed the person's seizure length and recorded their recovery time and ensured the person had made a full recovery before reducing their support and supervision. A professional told us, "I do visit the clients on a regular basis and have never had any concerns about the quality of care they have received from staff on a daily basis. Staff are responsive to their clients' needs and contact me in a timely manner when they have concerns about the health of the clients". People were supported to attend health appointments with their support staff or their relatives and outcomes of appointments were recorded on people's care records. We also saw that people had 'health action plans' in place that contained information about the person's health needs, the professionals who supported those needs, and their various health appointments.

Good

Is the service caring?

Our findings

We saw staff supported people with kindness and compassion and spoke to them in a caring way. People were seen as individuals. Staff knew what people wanted when they could not verbally communicate their needs and supported them to express themselves with non-verbal communication. One member of staff told us, "I think we know people well, we know when they are getting agitated for example. It's important that they get support at the right time, they get what they need". We saw a member of staff had developed a positive rapport with one individual in particular who clearly enjoyed having a good banter with them. A member of staff told us, "I think this place works as a family, we share the responsibility of everything between the team, we care about the guys and each other. We laugh together and are very caring". Another member of staff said, "People have freedom, the staff are friendly, I love it here".

Staff shared examples of how they involved people in making decisions and choices. For example, choices in what they wanted to wear, activities they wanted to partake in and food they wanted to eat. We saw staff took time to explain options and choices to people in a way they understood. Staff listened to what people wanted and respected their choices. One member of staff told us, "I offer as much choice as possible, people will point, and grab, or push away the one they don't want". Another member of staff said, "It's about taking the time to understand people". We were told staff worked very closely with people's relatives who took an active involvement in their care and support. We saw people's communication needs had been assessed and guidance was in place for staff to follow to help them communicate effectively with people. One member of staff told us, "It's about understanding people's communication. [Name of person] will sign yes or no". The member of staff showed us how they did this. We saw people had access to easy read information to help their understanding. The registered manager told us that people's relatives were actively involved in any decisions regarding their family member.

We saw staff respected people's privacy and dignity and encouraged them to do things for themselves. Staff knocked on people's bedroom doors. Staff were aware of people's dignity when supporting them with their personal care routines. They told us they ensured people were kept covered with a towel, the curtains were closed and people were given their personal space. One member of staff told us, "I always talk to people about what I'm doing; it's paramount to the job". We saw staff maintain a person's dignity during a seizure by using cushions and supporting them physically to avoid physical harm. Another member of staff prompted a person to adjust their clothing to maintain their dignity. The provider told us in their PIR that internal quality audits were undertaken that included observation of staff practice to ensure people's privacy and dignity was upheld at all times. We saw evidence of these checks and no concerns had been identified.

We saw several examples of where staff promoted people's independence. One person made their own breakfast and another person was supported to assist with making their lunch and completing their laundry. We saw a person was encouraged to run their own bath. A member of staff told us, "People here can do things for themselves, they need encouragement, sometimes they feel lazy and want me to do it for them, but I prompt them, they can do it".

Good

Is the service responsive?

Our findings

Staff knew what people's preferences and wishes were and respected them. Experienced staff showed that they understood the needs and personalities of the people they supported and they were able to tell us about people's preferences and preferred routines.

We saw people had the opportunity to be involved in reviewing their care needs on a monthly basis. People had a designated key worker who ensured their care records were updated to reflect any changing needs. A member of staff told us, "People have reviews and their families attend". Another member of staff said, "Everyone is involved including their family. We all put a plan together to take them where they want to go". The registered manager told us people's review meetings were usually held away from the home and their relatives took an active role in planning and reviewing their care with them. They told us they were planning to hold a meeting involving the people, their relatives and the staff to look creatively at how they provide support in the future.

We saw each person had a support plan which was personal to them and provided staff with the information they would need to support them in a safe and respectful way. Care records contained information that was individual to each person. They showed that the person and family had been involved appropriately and provided a comprehensive assessment of their needs. We saw care records were kept updated regularly by staff and any changes in people's needs were reflected in their care plans. Staff told us if people's needs changed they were kept updated through staff handover meetings at each shift.

People were supported to maintain relationships with people important to them and take part in activities within the home and in the community. One member of staff told us, "I think we go out of our way to help people do things they want to do, I'll take people on activities whenever they like, it's important to them. It might be pouring with rain and [name of person] wants to go for a walk, he doesn't know it's raining, I take him, it's important to him". Another member of staff said, "People get to do a lot here. Shopping, meals out, discos, theatre, up town on the bus, holidays, walking and one person goes to a sailing club". Our observations showed that activities offered in house could be improved. For example, we saw one person was not engaged in any activity for some periods of the day and another person played the same game for over four hours. Although both people did not appear concerned about this, they may benefit from more staff engagement and a greater choice of activity.

The registered manager and staff told us they worked closely with people's families and had developed good working relationships with them. They told us people's families often attended social events and meetings held and visited the home regularly. One member of staff said, "We had a garden party here in the Summer and lots of people attended. We also have a Christmas meal planned". We saw people were invited to attend a forthcoming coffee morning event to be held at the home. The registered manager told us one person's relative helped maintain the garden at the home.

A system was in place for dealing with complaints which was also available in an easy read format. We saw people were provided with their own copy of the procedure. Staff knew how to raise concerns or complaints on behalf of people they supported. One member of staff told us they had made a complaint about how people were spoken to and the action taken by the provider to address the concern. They said, "They do act". Another member of staff told us a relative had made an informal complaint and it was dealt with immediately. The registered manager told us they had not received any formal complaints in the last 12 months but was aware of the process to follow in the event of receiving a complaint. We have not received any complaints about this service.

Good

Is the service well-led?

Our findings

We saw that there was an open culture promoted within the home. A professional told us, "I believe the home does promote a fair and open culture". The registered manager said, "The staff team are motivated and very focused on the people we support and genuinely care". We saw people looked comfortable in the presence of the staff and the registered manager. The registered manager demonstrated a clear understanding of the provider's vision and values and told us these were shared with staff. Staff told us they felt supported in their work and were provided with opportunities to give feedback and offer suggestions for improvement. One member of staff said, "It's so rewarding. I used to earn more money in my old job, but going home feeling like I've done a good job is great". There were good links with the local community to help people to develop their independence and learn new skills.

There was a registered manager in place that was also responsible for managing two other local services with the support of an assistant manager. They were based at the service, accessible and provided the day-to-day management and oversight the service needed. The registered manager told us they attended regular meetings with external agencies to review the service provided and discuss and promote positive change. They said they had been recognised and awarded as one of the top 20 managers for the provider in recent years. They told us their achievement was, "A real honour and really good to be recognised". Staff we spoke with considered the home was run well and met people's needs. They told us they found the registered manager to be approachable and supportive and encouraged them to ask for support when they needed it. One member of staff told us, "You come on shift and everything goes to plan, we are given direction and everyone pulls together as a team. It's made clear what is expected of you". Another member of staff said, "I think it's well-led, the staff that are permanent are good, it's a good team. They get the shifts covered and the management will help if they need to". One member of staff told us, "There's the odd occasion when I've not been happy with something, but I think it's well led". We saw the registered manager swiftly responded when staff required their assistance with supporting a person with their health condition.

The registered manager and staff received support from the provider who undertook regular audits to ensure the service was meeting the standards required. They told us, "I have a good understanding of how the service is performing through audits and feedback we receive". They also said they had the opportunity to speak with the senior management team who welcomed suggestions for improvement. They shared an example of how a suggestion they had put forward had been implemented to improve the staff training. We saw there were a range of audits and quality assurance systems in place that made sure the service provided people with quality care and support. The provider told us in their PIR, 'Externally audits include CQC, pharmacy visits, fire inspections and environmental health. Service improvement plans are updated following internal and external audits with action points for individuals and clear time frames'. This reflected our findings on the day of the inspection. The registered manager also shared a positive quality report on a visit to the home undertaken in 2014 by a person who used the provider's services. They concluded that people were receiving a "very good service" and led full and active lives.

The registered manager reported that the provider had very recently obtained people's views through satisfaction surveys and were awaiting the results. A report of the overall findings would be made available but this would not specific to the home. They told us they worked in partnership with external agencies and people's relatives and kept them updated with any changes. They also said that relatives were regularly provided with a staff list and photographs of the team so they were kept up to date with any changes in the team. The registered manager told us they were looking to develop meetings with the people who lived at the home and that people's relatives and staff had opportunity to offer suggestions for improvement. One member of staff said, "We have staff meetings and I feel I can contribute to these".