

Dimensions (UK) Limited

Dimensions 30 Keepers Crescent

Inspection report

30 Keepers Crescent
Telford
TF2 9UQ
Tel: 01952 201715
Website: www.dimensions-uk-org

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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 was unannounced and took place on 21 April 2015. At the last inspection in August 2013, we found the provider was meeting the regulations we inspected.

30 Keepers Crescent provides care and accommodation for up to five people with a learning disability. There were five people living in the home on the day of the inspection. There was a registered manager in post who was on planned long term leave. An acting manager was covering the post. 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 were cared for safely. Staff knew how to protect people against the risk of abuse or harm and how to report concerns. There were enough staff to support

Summary of findings

people at the time of the inspection. However, due to an increase in one person's needs staff felt an additional member of staff was required to ensure they were able to respond to people's needs in a timely manner. Managers had identified this and were in the process of getting the person's needs reviewed. People's medicines were given when they needed them by staff who were trained and had their competency assessed.

People were supported by staff who had the skills to meet their needs. Staff had received training and felt supported in their roles. Staff were supported to carry out their roles effectively through a planned programme of training and support. People were supported to make their own decisions and choices. Staff understood and promoted people's rights and people were supported to maintain their health. People's healthcare needs were assessed and planned to meet their needs.

Staff were kind and caring and had developed positive working relationships with the people they supported. People were treated as individuals, were listened to and

respected by staff who knew them well. Staff were aware of people's need for privacy and dignity however, on one occasion we saw one person's privacy and dignity was not considered. Managers informed us they would take action to look into this.

People were supported to maintain their identities and received care and support that was individual to them. People were at the centre of their care and staff were responsive to their needs. People's care plans and risk assessments were personalised. Staff were able to tell us how people preferred their care and support to be delivered. People were encouraged to participate in a range of activities and staff knew how to raise concerns on behalf of the people they supported.

There was a positive and open culture in the home. The acting manager was approachable and supportive and ensured people were well cared for. People's views were sought about the quality of the service. Audits were carried out on a regular basis to monitor and improve the service people received.

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.

Staff received training and were aware of how to keep people safe from harm. Risk associated with people's care was identified and managed. There were enough staff to make sure people received their medicine safely and received the support they needed.

Good



Is the service effective?

The service was effective.

Staff received training to meet people's specific needs and support them in their role. People were supported in decision-making and maintaining their health and nutritional needs.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and had a good understanding of people's needs. People's preferences were respected and people were seen and treated as individuals. People's privacy and dignity was considered.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed. People were involved in planning and reviewing their care. Staff knew how to raise any complaints or concerns on behalf of the people they supported.

Good



Is the service well-led?

The service was well-led.

The acting manager understood their role and responsibilities and promoted a positive culture. Systems were in place to review people's experiences and to continually monitor the quality of the service provided.

Good



Dimensions 30 Keepers Crescent

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 unannounced inspection took place on 21 April 2015. The inspection team included two inspectors.

We reviewed the information we held about 30 Keepers Crescent 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 sought information and views from the local authority. We used this information to help us plan our inspection of the home.

During the inspection we met all five people who lived at the home. Not everyone was able to share their experiences due to their complex needs. We spoke with the acting manager, locality manager, four support workers and two visiting relatives. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to two people's care. We also looked at how medicine was managed, reviewed complaints, staff training and systems used for monitoring quality.

Is the service safe?

Our findings

People were unable to tell us their experiences about how they were kept safe. We saw people looked comfortable with staff and other people they shared their home with.

People were protected from the risk of abuse by staff who understood their responsibilities to protect the people in their care. Staff told us about the action they would take to keep people safe. A member of staff told us, “I’d feel confident speaking out. We are here to protect people”. Where allegations of abuse had been made the acting manager had referred the matters to the local authority who take responsibility for investigating concerns about alleged abuse. Staff were able to describe the organisation’s procedures in the event of observing poor staff practice and said they would use these if needed to ensure the people they supported were protected from harm. Safe systems were in place for managing and auditing monies held on behalf of people. This helped safeguard people from the risk of financial abuse.

We saw risks to individuals had been identified, assessed and recorded in people’s care plans. This included risks associated with their mobility, nutrition, health, medicines and community activities. They provided staff with information about how to support people in a way that minimised risk for each person. For example, we observed staff effectively support a person who had a specific health care condition and required support and reassurance. The acting manager told us that staff had an active input into risk assessments so they were aware of risks and said, “We can’t stop risks but we can reduce them”. We saw general risk assessments had been carried out to cover health and safety issues. The provider had systems in place to accidents and incidents. All accidents and incidents the were recorded and added to the provider’s computer system. We found that senior managers had access to the reports and ensured that patterns or areas requiring improvement could be identified and learning points shared to manage risks for people.

Relatives we spoke with considered there were enough staff on duty. During the morning of the inspection we saw staff were busy supporting people with their personal care

needs. This meant at times people were left waiting for staff support. For example, one person was left waiting for their breakfast. All of the care staff we spoke with felt staffing levels needed to be reviewed due to the increased needs of one person. One member of staff said, “Things have been more challenging with [name of person]. We saw managers had recognised the need to increase staffing levels and had very recently approached the person’s funding authority to review their needs. We saw people were supported by a minimum of three staff throughout the day to ensure their safety and meet their needs.

Managers told us prospective staff visited the home as part of the interview process so they could be observed interacting with people. We were told one person enjoyed showing prospective staff around their home. Managers explained the process the provider had in place to ensure only suitable staff were employed to work at the home. They considered the recruitment procedure was both effective and safe. Staff recruitment records were held centrally at the provider’s head office. However, we spoke with a newly appointed member of staff who confirmed all of the necessary checks had been undertaken before they commenced employment. They told us, “It was really thorough”.

We looked at how people were supported with their medicines. We saw people received their medicine when they needed them and these were stored securely. Records were completed correctly and showed that people had received their medicines when they were required to have them. There were plans in place for people to keep their own medicine in their own room. A member of staff told us how they ordered and disposed of medicines. We found these systems were safe. Regular reviews were held to ensure people received the right medicine in the right quantity. A member of staff told us that one person’s medicine had been reviewed when staff noticed a change in the person’s sleeping pattern. Staff told us that they had received medicine training and their competency was regularly assessed to ensure that their skills were kept up to date. There was a medication policy available and staff had signed to confirm they had read and understood this. A member of staff told us they were aware of the policy and it reflected staff practice.

Is the service effective?

Our findings

Relatives told us they had confidence in staff's skills and were happy with the way staff supported and cared for their family member. The acting manager told us people were supported by a long-standing staff team who knew people well. Staff told us they were provided with good training opportunities. They said the training they received gave them the skills and knowledge they needed to support people. Staff reported they were well supported and received regular meetings with their manager and attended team meetings. A member of staff told us, "My one-to-ones have fallen behind however, [Name of acting manager] is very supportive and the training is good". Another member of staff said, "I can't put my bosses down at all".

Throughout the inspection we saw staff treat people with respect. We saw staff spoke with each person before delivering care so they understood what was happening. One member of staff told us, "People have got to be given every opportunity to make decisions themselves".

Staff told us people's rights were protected and shared examples of instances when best interest decisions had been made with the involvement of relevant people and professionals. The acting manager commented, "My attitude towards best interest meetings is more the merrier. It's the person's choice and life and people have the same rights and opportunities".

Relatives we spoke with confirmed they had been involved in a best interest meeting held for their family member. We saw evidence of these meetings on the files for the people whose care we looked at in detail. Meetings held included a detailed account of the people present, the background to the situation, what had been proposed, how the person had been involved and the outcome. Staff told us they always asked people's consent before providing care and support and shared examples of good practice. For

example, always asking and involving the person in their care routines. We observed this during the inspection. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The acting manager advised us that they had submitted DoLS applications for all five people as they required continuous supervision in the community.

People were supported to have enough to eat and drink and to maintain a balanced diet. We saw people involved in choosing their own food and were supported and encouraged to be independent. Throughout the inspection we saw that people were supported by staff to have access to snacks and drinks. Where people had specialist diets, staff knew how and when to provide them. People were involved in menu planning and were supported to go to the local supermarket to purchase their food. We saw people had access to specialists, such as the speech and language therapist and dietician, to help them with their eating and drinking. The home had sought professional advice when they were concerned about the dietary needs of one person. Relatives told us they had seen a big improvement in their family member's health as a result of this.

People saw health care professionals when they needed to and were referred to specialists promptly. Staff worked closely with professionals to ensure people's health was safeguarded. Records showed they had regular health checks and saw a range of health professionals when they were unwell in addition to monitoring any long-term health conditions. Where health professionals had assessed and advised on aspects of people's care, we saw the advice gained was reflected in people's care records and risk assessments. Staff were familiar with people's individual support needs and were responsive to people's needs. We saw people were provided with the specialist equipment they needed to keep them safe and to support their independence. Staff shared examples of how they knew when people were in pain or required medical intervention.

Is the service caring?

Our findings

Relatives we spoke with described staff as, “Absolutely brilliant”. They told us all of the staff they had met were good. One relative said, “All the staff seem to love [name of family member]. They interact well and [name] is happy here”. We saw staff were kind, caring and compassionate towards the people they supported. Staff interacted with people calmly and respectfully. They were patient and caring and took time to listen to people and allowed them time to express their needs and preferences. 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. A member of staff told us, “We get to learn what works well and what doesn’t work for each person”. Another member of staff said, “I absolutely love working at Keepers. It’s not just a job to me. The people we support are great and the staff are really friendly”.

Relatives told us they were involved in their family member’s care and support. We saw people were supported to make their own choices and decisions. For example, when they wanted to get up, how they wanted to spend their time, the activities they wanted to do and what 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. A member of staff shared an example of how they provided a person with choice. They said they showed the person the options available and checked with them twice. They said if the person wanted to go out they would communicate their wish by putting their shoes on. Another member of staff said, “We try our hardest with offering people choices with food, activities and going out”. Staff were able to tell us how individuals preferred their care and support to be delivered. We saw people attended their review meetings and were involved in their care planning, as far as they were able. People had designated key workers that were responsible for reviewing their care on a regular basis.

We saw people were seen, respected and treated as individuals. A member of staff told us, “It’s important we understand people and what they want. They’re all different and have different needs”. People were encouraged to do as much for themselves as possible. Staff were able to share examples of how they promoted people’s privacy and dignity. For example, knocking on people’s doors prior to entering and ensuring people’s bedroom curtains were closed when assisting with personal care. However, on one occasion we saw one person’s privacy and dignity was not considered. Managers informed us they would take action to look into this.

Is the service responsive?

Our findings

People received support from staff who understood their communication methods and responded to their needs quickly. One person showed us a communication book that had been created with them. It displayed photographs of the person doing signs alongside a staff member and a picture of what it meant.

We saw people had attended meetings about their care and these meetings involved people's circle of support. For example, key workers, social workers and family members. Visiting relatives told us they were involved in the assessment and care planning for their family member. They said they had attended the meetings held and staff had been responsive to their family member's changing needs. We looked in detail at the care and support two people received. Each person had individualised care plans. These contained information about their life history and included their personal preferences. Staff were able to tell us about people's individual needs and preferences. Records showed the information was proactively used to support people. The acting manager told us, "People are at the centre of their care". We saw the provider/manager had systems in place to monitor and discuss people's changing needs for example, reviews, key worker meetings, staff handovers, daily records and team meetings. Staff we spoke with considered people's care records were sufficiently detailed to ensure they provided people with consistent care and support.

We saw people chose when they wanted to get up and what they wanted to do during the day. People were supported by staff to maintain relationships and their personal interests which were important to them. We saw people took part in a range of activities out in their local community. A member of staff told us, "Activities are focussed around the individual people and their needs". We saw people were allocated activity days and were supported to choose their own activities. For example, some people chose to watch a film and other people were supported to go out on trips. We saw people were also supported to maintain their independence with assisting with daily living tasks such as helping with their laundry.

Relatives told us they had never needed to make a complaint. If they had any concerns they told us they would speak with staff. We saw there was good communication between relatives and staff at the home. This ensured they were kept up to date on their family member. Staff knew how to raise complaints or concerns on behalf of the people they supported. We asked them how they would know if people were not happy about any aspects of their care. They told us that they would recognise differences in people's body language and other non-verbal communication if they were not happy with something. We saw people were provided with their own copy of the complaints procedure which was written in an easy to read format. We saw the home had not received any formal complaints since the last inspection. Discussions held with the acting manager showed they were familiar with the complaints process in the event of receiving a complaint.

Is the service well-led?

Our findings

There was a positive and friendly atmosphere in the home throughout the inspection. Relatives and staff we spoke with considered the service was well-led. Relatives told us there was good communication between staff at the home and themselves. A member of staff told us, "The people I work with are fantastic. We all want to aim for the best to fulfil the people we support and provide quality". Another member of staff said, "I enjoy working here with the staff and the people we support". Staff told us they were encouraged by managers to question practice and report any concerns they had. They were aware of procedures for 'speaking out' and who they could take concerns to outside of the home.

The home had a registered manager in place that was currently on planned long-term leave. An acting manager had been appointed to cover this absence. A relative told us, "[name of acting manager] seems very nice and keeps us informed". Staff were motivated and committed to their work. They spoke positively about their roles within the home and understood what was expected from them in relation to supporting people and promoting a positive culture and environment. They told us about the arrangements in place to support them and said they were listened to and their views were sought on how the service was run. Discussions held with the acting manager demonstrated they were aware of the organisation's values and their role and responsibilities. They told us they had

designated days in the office and the remainder of their time was spent working alongside the people using the service and staff. This helped them with monitoring staff practice, performance and the care and support provided. The acting manager was able to share the strengths of the service and areas requiring improvement. Staff told us the acting manager was approachable. One member of staff said, "You can go to her if there is a problem".

There were systems in place to obtain feedback about the service. These included satisfaction surveys, reviews, staff one-to-one meetings with the acting manager and team meetings. Information obtained from surveys was collated annually by the provider and a report of the outcome made available. We saw a range of internal quality audits were completed and action plans were developed and shared with the staff team. Quarterly audits were also carried out by the provider's designated compliance officer. The most recent audit showed there were no immediate concerns identified. A service improvement plan had been developed to address the recommendations and managers were able to show us the progress made to date. Managers described the provider as supportive and said there was a good network in place to support the service. They told us staff were provided with opportunities to aspire to different aspects of the organisation if they wished. We saw the provider and managers had considered other professional advice, reports and guidance from other agencies to make improvements to the care and support people received.