

Dimensions (UK) Limited

Dimensions 6 The Avenue

Inspection report

6 The Avenue
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Date of inspection visit:
21 June 2023
05 July 2023

Date of publication:
15 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dimensions 6 The Avenue is a residential care home providing personal care without nursing for people with a learning disability and/or autism. Some people in the home also had other associated needs including mental health and dementia. The service was for up to 8 people. At the time of our inspection 7 people lived at the home.

People's experience of using this service and what we found

Right Support:

People felt safe and had positive relationships with the staff supporting them. There was a positive, caring culture which promoted independence for people. Staff were recruited in a way that kept people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Although, we recommended staff learning more about supporting people who could become distressed and anxious.

Right Care:

People's care was person-centred and led by them and their needs. Staff spoke fondly about the people they supported and knew them well.

People's privacy and dignity was always respected by staff. People were able to choose where they spent time in the home.

Right Culture:

The management led an open-door culture. The registered manager encouraged people, relatives and staff to help run the service. This empowered people to be confident and live their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have recommended that the provider seeks guidance on restrictive practices.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector carried out the on-site inspection and an Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dimensions 6 The Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions 6 The Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 5 people to tell us their experience. We used observations and spoke with 6 staff including the registered manager. We spoke with 5 relatives on the telephone.

We looked at a range of documents to run the service including 3 care plans, medicine records, policies and procedures, training records and governance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and appeared comfortable around staff. One person put their thumbs up when asked if they were happy. Other people used a visual communication system to inform us they felt safe and smiled throughout.
- Relatives were happy their family members were safe and well looked after. Comments included, "I do not think there are any problems with safety" and, "[Person] is safe. I get to visit about once a fortnight and I can see the level of care. [Person] shows no signs of distress or worry. They are relaxed and happy."
- Staff knew how to keep people safe from potential abuse including signs to recognise. They all knew where to report their concerns internally. However, there was not always clarity about when a supportive action could become restrictive. We shared our concerns about this with the registered manager. They told us they would liaise with a health professional already involved to ensure guidance was clear.
- Systems were in place to manage any allegations of potential abuse. The provider had oversight and would report to other bodies when required such as the local authority safeguarding team.

We recommend the provider consider current guidance on restrictive practices when supporting people who can become distressed and take action to update their practice accordingly.

Assessing risk, safety monitoring and management

- People had a range of risk assessments and ways to mitigate the risks. There was a culture of positive risk taking to improve people's quality of life. For example, people would access activities and holidays which staff supported them with.
- People who could become distressed or upset were supported by staff to keep themselves and others safe. Staff had detailed proactive plans to guide them on how to reduce levels of anxiety or distress. External specialists were consulted when changes occurred to respond in a positive, supportive way for people. One relative told us they were always kept informed if their family member had become distressed.
- Systems were in place to manage health and safety risks around the home. The provider had a central process to rebook periodic checks to things like fire safety, legionnaires and the electrics. All were in date so people were being kept safe.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by enough staff to keep them safe and enhance their quality of life. Throughout the inspection people were going into the community participating in a range of activities both as a group and individually.
- Relatives explained there were times the staffing levels had not been ideal. Although this had improved. Comments included, "There is enough staff", "I am impressed with staff numbers. I feel the staff that have been there a time are trained" and, "The regular staff team are consistent."
- The registered manager told us they use agency staff to ensure there are enough staff to support people, but try to use the same staff to ensure there is consistency for the people.
- People were supported by staff who had been through a safe recruitment process. Staff were recruited centrally, and the final checks were completed by the registered manager. This meant the registered manager was able to ensure suitably skilled staff were employed.

Using medicines safely

- People received their medicine safely. Some people communicated they were happy with their medicines using visual communication tools. Relatives commented, "Medication is on time and [person] would remind the staff if they do not give the medication to them" and, "Eye drops are given on time."
- People's administration preferences were known by staff. One person requiring medicine and food via a tube into their stomach was supported by staff trained by external health professionals. During the inspection, the person was involved in the administration by staff to remain as independent as possible.
- Systems were in place to check medicines were stored appropriately and that room temperatures for medicines were checked. However, they were not monitoring the high and low temperatures to ensure medicines never were stored out of range risking them getting damaged. Staff knew the safe range and records demonstrated it had not gone above safe temperatures. The registered manager was going to purchase thermometers with high/low readings as a result of the inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors and stay in touch with those important to them. Relatives confirmed there were no restrictions on when they could visit.

Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong. Examples were seen where other health and social care professionals were consulted when necessary. The registered manager shared learning through staff meetings and care records.
- The provider had systems to share learning centrally. This meant that people benefited from learning across the organisation and not just individual services.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported in a service where the management promoted a positive, empowering and open culture. People were free to move around the home and were happy interacting with the management. Relatives said, "[Person] has been at the home [a long time]. The staff are loving and caring and [person] is happy" and, "I think the staff are very kind and they do their job."
- People were empowered to make choices around the home. Some people had helped recruit new staff by showing them around and sitting in the interviews. Suggestions people made were listened to and acted upon. For example, during the inspection 1 person wanted a garden umbrella that was easier for them to open; the registered manager responded immediately.
- An example was given of how the person-centred and empowering culture had led to someone having their end-of-life needs met. Staff became emotional recalling how they had supported a person to have dignity when they were dying.
- The registered manager was clear their door was always open for staff or people to talk to them. They spent time with people if they were unable to access the office. It was clear people had a positive relationship with the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and applied it. They talked us through a recent example where they had demonstrated acting upon the duty of candour including writing an apology to one of the people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities at the service. All staff we spoke with felt supported by the management and provider. They told us the provider placed no additional pressure on them during the COVID-19 pandemic and could take time off if they felt unwell. Staff told us this was important to them so they could keep people safe.
- Systems were in place to drive improvement and the management clearly wanted to make improvements when required. The registered manager was clear on their responsibilities to use these systems to help drive the quality and safety of support people were receiving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of their service. One person was checking when the next resident meeting was and informed it was the following week. People communicated they were happy and knew staff they could go to with concerns.
- Relatives had mixed opinions of how easy it was to speak with the management. One relative was positive about the parent advocate the provider has who rings about every 6 months for feedback. Other comments included, "The manager is approachable. There are regular emails and phone calls. One or 2 times we have not been told about appointments. Communication could be better", "I have never met the manager, but we do speak on the phone" and, "There was a questionnaire."
- All staff felt listened to and contributed towards how the home ran. During the inspection, there was a staff meeting already scheduled. Staff confirmed these were regular and they could share thoughts.
- The registered manager operated an open-door policy and welcomed staff coming and talking with them. They were open to hearing ideas and empowering people and staff to contribute to running of the service.

Working in partnership with others

- Systems were in place to work with other health and social care professionals. Examples of collaborative working were seen or heard about during the inspection. One member of staff recalled how they worked well with district nurses and specialist nurses. They told us the nurses were always at the end of the telephone.
- The registered manager and staff were involved with ensuring the people engaged and were part of the wider community when they wanted or needed to be.