Dimensions (UK) Limited

Dimensions Brambletye New Mill Road

Inspection report

New Mill Road,
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Wokingham,
Berkshire.
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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 was an unannounced inspection which took place on 10 August 2015.

Dimensions- Brambletye New Mill Road is registered to provide care for up to five people. One bedroom had been re-designed to offer a suite to an individual and the home therefore offered accommodation to four people. The home provides a service for people with learning and associated behavioural and physical disabilities. There were four people living in the service on the day of the visit. The service offered all ground floor accommodation. Two bedrooms had en-suite facilities which included a shower or a bath.

There is a registered manager running the service. A registered manager is a person who has registered with

Summary of findings

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.

The home kept people who use the service, staff and visitors as safe as possible. Staff were trained in and understood how to protect people in their care from harm or abuse. The health and safety of people who live in the home was carefully considered and appropriate action was taken. Any general or individual risks were identified and action was taken to minimise them, as far as possible. People were given their medicines safely. The service tried to make sure that staff who worked there were safe to support vulnerable people.

People's health and well-being needs were met at all times. Staff knew how to communicate with people and helped them to make as many decisions for themselves as they could. People had been provided with appropriate equipment to assure their safety and comfort.

Peoples' rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Appropriate DoLS applications were made.

People were offered support by a committed and caring staff team. Staff had built strong relationships with the people who live there and their families. Staff members were very knowledgeable about people and their needs. People's needs were met and their requests for help or attention were responded to immediately. People who had been assessed as requiring special care with enhanced staffing always received it.

A variety of individual and group activities were provided. People's needs, preferences and wishes were taken into account when planning daily activities. People were treated with dignity and respect at all times. The individualised care planning ensured people's equality and diversity was respected.

People's care was overseen by a registered manager and management team who listened to them, their families and the staff team. They maintained and improved the quality of care people received and ensured people had as rewarding a lifestyle as possible.

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?

Good

The service is safe.

People were protected from abuse or harm by staff who knew people well. They were able to recognise if people were unhappy and took action to find out why.

People, staff and visitors to the homes' health and safety was carefully considered. Risks were identified and any necessary action was taken to make sure they were minimised.

People were given their medicines by properly trained staff. Staff gave medicines safely, in the right quantities and at the right times.

There were enough staff to care for people safely.

Is the service effective?

Good

The service is effective.

People's choices, decisions and wishes for the future were respected. People were helped to make as many choices and decisions for themselves as they could. If there were decisions people were unable to make for themselves the service took the appropriate action to ensure their rights were upheld.

People were, appropriately, helped to control their behaviour so they did not become distressed or cause others harm or distress.

People were supported to keep in contact with health and well-being specialists to keep themselves as healthy as possible. Training provided helped staff to meet the needs of the people in their care.

Is the service caring?

Good

The service is caring.

People were treated with respect and dignity at all times. Their very different needs were recognised and respected. Staff were caring and knew people's likes and dislikes.

People's behaviour and other communication methods was understood and interpreted accurately by the staff team. Staff followed people's individual communication plans to ensure they had the best chance of understanding what was happening and when.

People were helped to keep their special relationship with people outside of the home. Families and others important to people were as involved in people's care as was appropriate.

Is the service responsive?

Good

The service is responsive

People's preferences and how they liked their care to be given was clearly identified in their individual care plans. Staff provided care which was meeting current needs, in the way people were comfortable with.

People were helped to participate in activities that they liked and which suited their needs. They were supported to enjoy their lifestyle as much as possible.

Summary of findings

The service's complaints procedure was detailed and available to people who live in the home, their relatives, visitors and others. Staff knew people well and were able to identify if they were concerned or distressed.

Staff knew how to deal with complaints although there had been no complaints for over two years.

Is the service well-led?

Good

The service is well-led.

The manager was described as open, approachable and supportive. The views and ideas of everyone involved in the service were listened to and acted upon, as appropriate.

The service regularly checked it was giving good care. The registered manager and staff maintained and improved the quality of care whenever possible.

The service worked closely with others to achieve the best care for the people who live in the service.

Dimensions Brambletye New Mill Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 10 August 2015. It was completed by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received one safeguarding notification and notifications relating to Deprivation of Liberties Safeguards (DoLS) referrals, since the last inspection date.

We looked at the four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at quality assurance audit reports and health and safety documentation. A sample of other records such as staff records were sent to us by the registered manager after the inspection visit.

We spoke with,or received written comments from relatives, a representative from the local authority and one professional who works with the service. Additionally we spoke with three staff members and the assistant locality manager. The registered manager was not available on the day of the inspection visit. We looked at all the information held about the four people who live in the service. People were unable to verbally communicate with us therefore we observed the care they were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People were unable to tell us clearly if they felt safe in the service. However, they were confident to approach staff and seek their help or attention. Relatives of people who live in the home told us they had never seen anything which could be considered abusive. One relative told us they were confident that their relative was, ''absolutely safe''.

People were protected from abuse and poor care. They were kept safe by staff who were trained in and understood their responsibilities to safeguard people in their care. The 14 permanent and bank care staff who worked in the home had received safeguarding training which was up-dated regularly. The service made the local authority's latest safeguarding procedures available to all staff. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary.

The safety of people, staff and visitors to the home was considered by the service. Staff followed health and safety procedures and policies to ensure the people who live in the home and others were kept as safe as possible. Various health and safety checks were undertaken to make sure equipment and the environment were safely maintained. These included fire alarm tests, water temperature checks and gas safety (last tested may 2015). Other equipment was tested, at the intervals recommended in health and safety policies. The fire safety policy had been up-dated in 2015 and the fire risk assessment had been completed at the same time.

Risk assessments were incorporated into people's individual care plans called, ''my support plans''. These gave staff detailed information about how to minimise risks for the individual and others, when providing care. Identified areas of risk depended on the individual. These included areas such as no formal verbal communication, mobility and sensory impairments. The service effectively cross - referenced from care plans to risk assessments and support guidelines to draw staff's attention to all the necessary information to keep people safe. Personal emergency and evacuation plans were kept in individual's records and in the emergency folder.

Generic health and safety risk assessments, for areas such as using display screen equipment, physical interventions and lone working were in place. The service recorded all accidents and incidents and added them to the provider's computer system every week, as necessary. The registered manager actioned and signed any incident reports. Any actions to be taken were cross referenced to people's care plans. The service had emergency guidelines in place for the home and for individuals to be followed in event of an evacuation being necessary. The emergency plans and instructions were kept in a folder, prominently displayed by the front door.

People's medicines were given to them by staff who had received appropriate training and had been competence tested. Staff's competence in medicines administration was tested and recorded, every year, by a senior staff member. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for the use of any PRN (to be taken as necessary) medicines and a stock check list of them was kept. The PRN guidelines were detailed and clearly instructed what action staff were to take before, during and after giving people these medicines. Staff of the service completed a weekly medicines audit and the registered manager or other senior manager completed a monthly audit. The administration of medicines guidance and procedures policy had been reviewed by the provider in May 2015 and were displayed on the front of the medicines cabinet. The pharmacist visited the service on 28 January 2015 and made some minor recommendations which had been completed by 27 February 2015.

People were supported by staff who had been recruited as safely as possible. The provider, currently, used an external organisation who completed the necessary safety checks on prospective applicants. Fully completed application forms and all staff recruitment records were available to the registered manager, who viewed them prior to making an appointment. The registered manager sent us the recruitment records of the two newest staff. Recruitment records contained the necessary information.

People were supported by appropriate numbers of staff to enable them to enjoy their daily lives, safely. The minimum staff on duty were three per shift during the day and two awake throughout the night. They were supported by the

Good

Is the service safe?

registered manager and her deputy who spent some time in the service. People's individual needs were assessed and if there were four people in residence there was generally four staff on duty. One person received 1:1 care. The service used bank staff, staff working extra hours and agency staff to cover staff shortages. The service currently had eight permanent staff. Four were full time and four were part time. Two of the agency staff worked permanently in the home. The service was recruiting for permanent staff but this was difficult because of the location of the home, which could not be reached by public transport. Rotas for June and July 2015 showed that staffing never dropped below those identified by the service as minimum. One staff member told us that there were, ''enough staff to care for people safely, do nice things and offer worthwhile activities''.

Good

Is the service effective?

Our findings

One relative told us, ‘‘on the whole the care is very good’’. Another described the care as, ''brilliant''.

People’s health needs were identified and continually assessed. Appropriate actions were taken to support people to stay as healthy as possible. People had a detailed medical file which included a hospital passport and all health records. The hospital passport described the care, additional to their medical condition, the person would need if admitted to hospital. Some of the people who live in the home had complex health needs. Staff dealt very effectively with people’s individual health needs. This was reflected in the detailed, accurate records of health appointments, health referrals and actions. Record charts were kept, if necessary, of health issues such as epileptic seizures and waste body products. Detailed notes and instructions from various specialists, such as the dietician and the asthma nurse were carefully cross referenced to care plans and followed by staff on a daily basis.

All information about people’s health could be easily accessed, including in an emergency situation. All staff were knowledgeable about people’s healthcare needs. Care staff were able to identify if someone was feeling unwell by their body language and the sounds that they made. They confirmed their opinion by temperature and other health checks. They had been trained to meet the needs of people with particular conditions and were confident about how and when to seek medical advice.

People were provided with a choice of suitable and nutritious food and drink. Individual dietary needs and preferences were noted in people’s care plans. Some people had specialist nutritional needs. These had been risk assessed and the service was following the advice of a specialist dietician. Records of food and drink intakes and were kept, as necessary. People were supported to eat by staff using a positive and enabling approach. For example one person chose not to sit at the table and was given alternative locations. Eventually they ate standing up and were encouraged by staff using expressions such as, ‘‘well done you’’. After staff displayed great patience and persuasive skill the person finished their meal.

Care staff supported people to make their own decisions and choices, as far as possible. The plans of care included decision making profiles and agreements and noted how people must be involved. They noted what level of decisions people could make and what assistance they needed to make ‘informed’ decisions. Best interests meetings had been held in regard to health and well-being procedures, such as flu protection injections. Staff described how they helped people to make choices about their daily lives. In care plans staff were instructed to describe how they obtained people’s consent if the person was unable to verbally communicate with them.

Consent, mental capacity and DoLS were understood by care staff. The registered manager had submitted appropriate DoLS applications to the local authority. Staff had received Mental capacity Act 2005 and DoLS training. They were able to explain what a deprivation of liberty was and when a DoLS referral may be necessary. They described the action they would take if they were concerned that they had to deprive someone of their rights.

The service worked with health care specialists to provide people with any specialist equipment needed to keep them safe, comfortable and as independent as possible. This included specialised beds, lifting equipment and chairs in communal and their private rooms, as required. Accommodation was all ground floor and all areas were accessible to everyone. The communal and private rooms were spacious and easily accommodated wheelchairs and other specialist equipment. The specialised bath in the shared bathroom had recently been replaced. Two rooms had an en-suite with shower or bath and two people shared the communal bathroom.

Some people, who live in the home, on occasion, displayed behaviours that could cause distress or harm to themeselves or others. The service used restraint, described by staff as physical interventions, as a last resort. People had detailed behaviour plans which included instructions of how to help people to control their behaviour. Staff were provided with SCIP (Strategy for Crisis Intervention and Protection) training. This training focuses on strategies to prevent the escalation of behaviours and on staff protecting themselves and others. The provider had a behavioural support team which assisted the staff to support people to manage their behaviour.

The service took some responsibility for some of people’s personal monies. Other financial matters were dealt with by families or the local authority acting as appointees. However, there was some confusion with regard to whether family members had obtained power of attorney (legal

Good

Is the service effective?

permission to deal with someone who lacks capacity's finances) for people's finances or if this was necessary. There was no reference to the power of attorney issue in people's files. The assistant locality manager undertook to raise this issue with the provider. The service had a robust system of recording the money they held on behalf of people. People's money was checked daily by staff in the service, weekly by a delegated staff member, monthly by the registered manager and quarterly by the provider's auditors.

People were supported by staff who were appropriately trained. Training was delivered by a variety of methods which included computer based and classroom learning. Staff told us they were provided with good opportunities for training. Staff members told us they had easy access to training and were actively encouraged by the management to complete core or supplementary training. Part time and bank staff had the same access to training as full time permanent staff. Staff told us that they could request supervision at any time but received it once a month if they did not ask for it. Supervision covered areas of staff's personal development and for maintenance of performance to ensure they were offering high quality care to people. All staff received an annual appraisal which resulted in an annual development plan.

Staff told us they generally felt very well supported by the management team. There was an issue with some senior staff not supporting others but this had been addressed with the manager. Staff told us they did not allow this to have an impact on people but could cause low morale, on occasion. A relative told us they had some concerns about the staff not being consistent. The assistant locality manager told us that it was difficult to recruit and retain staff because of the location of the home and the nature of the work. They tried to use agency and bank staff that knew people and had built a relationship with them. The service made sure the shift leader was someone who knew people well.

Good

Is the service caring?

Our findings

People smiled and touched staff during the inspection. Staff responded by smiling back, using appropriate physical touch and talking to people. Staff told us they felt they gave excellent care. A relative told us, ''generally I'm quite happy with the care''.

Information was explained to people in a way which gave them the best opportunity to understand it. Care plans noted how people were to be shown their files so that they had the best chance of understanding what was in them. Information which was relevant to people was produced in differing formats. These included pictures, photographs and symbols. The organisation provided people with a detailed handbook describing the care they could expect to receive, their rights and responsibilities. Staff followed people's very detailed individual communication plans. The plans were called, ''how I communicate'' and included a description of the sounds people made, particular behaviours and what they meant. It also suggested what actions staff should take to react to people's communication methods. Staff understood when people were expressing pain, unhappiness and contentment. Care staff and people who live in the home constantly communicated and interacted with each other.

People were helped to maintain relationships with their families or other people who were important to them. The service worked closely with families and kept them as involved in the person's care as was appropriate. A relative told us they trust some staff completely, including the manager, but not all''. They explained that they did not know occasional staff very well and weren't convinced they were knowledgeable enough. However, staff were knowledgeable about the needs of people and had generally developed strong relationships with them and their families and friends.

Annual review meetings involved people and their representatives and involved them in their care planning, as much as they were able and was appropriate. A People's views were represented at their reviews by their key workers who worked closely with them and understood their sometimes complex communication methods. There was a part of the review form that staff completed to explain how they had gained the views of people who were unable to communicate verbally. People were encouraged to express themselves and make as many decisions as they could. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities.

Person centred care (individualised care) was a priority in the service. People's special needs were met as part of the strong culture of equality and diversity. All staff had received equality and diversity training and reflected this in their day to day work. Support plans and behaviour support programmes gave very detailed descriptions of the people supported. This information was gained by encouraging input from families, historical information, the staff team who knew them well and the involvement of the people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included areas called, ''what's important to me'', ''dreams for the future'' and ''how do I want my life to be''.

Staff supported people to maintain their dignity at all times. A staff member described what action they took to deal with behaviours that put an individual's privacy and dignity at risk. They had received dignity training and understood how to support and assist people, with sometimes intimate care tasks, without compromising their privacy and dignity. A visiting professional told us, ''In my experience staff work to support people and maintain their dignity.''

Good

Is the service responsive?

Our findings

People's needs were met by a dedicated staff team who worked together to offer the best care they could. The service had high staffing to enable staff to respond appropriately to people's complex health and welfare needs. Care staff interpreted body language and other forms of communication and quickly identified when people needed assistance or attention. Throughout the visit staff responded, immediately to people's expressed needs and those they identified. A relative told us that they had issues in the past but they had all been addressed.

Activity plans were made on a weekly basis and the home was staffed accordingly. However, the programmes were flexible and were dependent on people's health and mood. People were supported in activities outside of their home at least once a day and often twice a day. Activities could be individual or group activities according to the choices and wishes of people. A record was kept of the activities people participated in so that staff could gauge whether they enjoyed it or not. They then amended activity programmes to ensure people were able to enjoy their lives as much as possible.

Most people had been resident in the home for a number of years. Assessments of people's needs had been completed before they moved in. They and their families, social workers and other services were involved in the assessment process. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month by the key worker and a formal review was held once a year and if people's care needs changed. Reviews included comments on 'what is working', 'what is not working' and 'how do I want to change things'. Daily notes were reviewed at the end of the month and staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialist as necessary.

Detailed care plans, accurate daily recording and staff's constantly up-dated knowledge meant that care staff were able to offer people individualised care that met their current needs. Staff communicated with each other by a variety of methods, such as handovers, if people's needs changed. The roles and responsibilities of the person and the staff members were recorded on care plans. The skills and training staff needed to offer the required support for individuals was noted and provided, as necessary.

Staff were aware that people would be unable to complain without staff or family support. They described how they would interpret body language and other communication methods to ascertain if people were unhappy. However, information was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. There was a complaints procedure displayed in the office and in communal areas of the home so that visitors knew how to make a complaint. Complaints and concerns formed part of the service's and provider's quality auditing processes and were recorded on a computer programme, when received. No complaints had been recorded by the service since January 2014. The assistant locality manager confirmed that no complaints had been received this year. Three compliments had been received by the service, in the same time frame. A relative told us, ''the home manager always listens and puts things right''. They also said the registered manager offered advice and support to make an official complaint, if necessary.

Good

Is the service well-led?

Our findings

Staff described the registered manager as approachable and said the culture of the home was open. They told us that even though she did not work in the home every day either her or the deputy were always available via the telephone or E-mail. They said that the management system worked well and they enjoyed the extra responsibilities they took on to support the management team. One staff member said, ''I am happy because they develop my potential''. Another said, ''it is a difficult home because people have complex needs. It needs the right care team and management, which it has''.

People's and staff views were listened to. The service held monthly review meetings, to discuss with people what's working and what's not working for people. Peoples' levels of happiness and contentment were identified by interpretation of body language and whether people's behaviours had been settled. People's families and friends were involved in all review processes, as appropriate. The service held two team meetings a month. These included discussions about the performance of the staff team, issues with people who live in the home and new policies and procedures. The records of staff meetings noted possible solutions to problems and actions to be taken. Staff views and ideas were listened to and recorded. The regular audits, any shortfalls and the actions identified that needed to be taken were openly discussed. The completed quarterly audit was kept in the team file for staff to look at. The last audit was completed by the provider's representative on 6 July 2015. Changes made as a result of listening to people included renovating the bathroom and increasing the variety of activities available.

The quality of the care provided was maintained and improved by the service. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The provider's representative completed a quality assurance inspection every three months. This covered all areas of the functioning of the service. After each inspection a service improvement plan was written by the registered manager. It noted what and why actions were to be taken, by who and when. Staff appraisals included a ''360 degree'' review. For this review the supervisor sought the views of people who use the service, colleagues, people's families, and other professionals to ensure the quality of staff performance.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. One professional told us, ''the staff are pro-active at seeking advice and support ''. Staff were kept up-to-date with any new developments by various means. Examples included the local authority providing information about new developments and invitations to learning events. The provider's quality and compliance audit team sent relevant bulletins and new policies and procedures to the service. The service was also involved in a project with the University of Kent (The Tizard Centre). This involved working together to try to prevent 'challenging behaviour' of adults with complex needs in supported accommodation. A senior staff member had been delegated to work with the project team and was using the new ideas and innovations generated, in the daily work of the service.

People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.