

Dimensions (UK) Limited

Dimensions The Mulberries

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 19 and 27 May 2015. We gave the provider short notice of our visit on the 19 May as the service is small and we needed to make sure people and appropriate management staff were available. We arranged with the acting manager to return on 27 May to finish the inspection. We last inspected the service in May 2013 when we found the service was meeting four of the standards we inspected. We did identify some improvements were needed to the service's record keeping systems.

Dimensions The Mulberries provides accommodation and personal care for up to seven people with complex needs. When we inspected, six people with learning and physical disabilities were using the service.

The service has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the CQC 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. When we inspected, the registered manager was on maternity leave and the provider had arranged for management cover to be provided.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People using the service may have been at risk of receiving care or support that was inappropriate or unsafe, as the provider did not report possible safeguarding incidents to the local authority or the Care Quality Commission.

The premises did not meet people's individual needs. Equipment and facilities had been out of use for extended periods and parts of the service had limited space to provide support for people using manual handling equipment.

The provider assessed risks to people using the service and others and support staff had access to guidance on managing identified risks.

Where people were not able to make decisions about the care and support they received, the provider acted within

the law to make decisions in their best interests. The provider met the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Support workers treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

The provider produced all care planning and risk management documents in easy read formats to make the information easier for people using the service to understand.

People's relatives commented positively on the care and support their family members received. They told us they were involved in reviews of their family member's care and support plans and met with the manager regularly.

People's relatives described the provider as "very caring" and "an organisation that listens."

Staff described the organisation as "a good employer" and "open and supportive." Staff also told us they found their managers supportive.

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 not always safe.

The provider did not always report possible safeguarding incidents to the local authority or the Care Quality Commission.

The provider assessed risks to people using the service and others and support staff had access to guidance on managing identified risks.

People using the service received the medicines they needed.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

People's relatives told us they felt staff were well trained to care for and support their family members.

The adaptation, design and decoration of the service did not meet people's individual needs.

Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests.

Requires improvement



Is the service caring?

The service was caring.

Support workers treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

Support staff helped people to choose where and how they spent their time.

The provider produced all care planning and risk management documents in easy read formats to make the information easier for people using the service to understand.

Good



Is the service responsive?

The service was responsive.

People's relatives told us they were involved in planning the care and support their family member received.

The provider assessed people's health and social care needs and reviewed these regularly or when a person's needs changed.

Support staff treated people as individuals and based their care plans on identified needs, interests and aspirations.

Good



Summary of findings

Is the service well-led?

The service was well led.

People's relatives described the provider as "very caring" and "an organisation that listens."

Relatives also told us they met four times each year with the registered manager of the service to discuss the care and support their family members received and developments planned for the service.

Staff described the organisation as "a good employer" and "open and supportive." Staff also told us they found their managers supportive.

Good



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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 took place on 19 and 27 May 2015. We gave the provider short notice of our visit on the 19 May as the service is small and we needed to make sure people and appropriate management staff were available.

The inspection team consisted of one Inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was the parent of a young person with complex needs.

Before the inspection, we reviewed the information we held about the service, including the last inspection report and notifications sent to us by the provider following significant events affecting people using the service.

During the inspection, we spent time with people using the service. While we were not able to speak with people due to their complex needs, we observed the care and support they received from the support staff working with them. We also spoke with six support workers and the acting manager. The records we looked at included two people's care records, recruitment records for three support staff and medicines management records for all six people using the service. We also reviewed records relating to the management of the home, including accident and incident reports, risk assessments and staff training records.

At lunchtime, we carried out a structured observation 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 were not able to speak with us.

Following the inspection, we spoke with the relatives of two people using the service. We also contacted a speech and language therapist, a contract monitoring officer from the local authority and a social worker for one person using the service.

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe in the service. One relative told us, "We have no worries whether [family member's name] is safe, we know [they] are well cared for." A second relative said, "I'm sure [family member's name] is safe, I've never felt any other way."

The provider had systems in place to protect people using the service. However, these were not always effective and people may have been at risk of unsafe or inappropriate care. Accident and incident records showed a number of examples of unexplained bruising reported by support staff. Between January and March 2015, support staff had recorded seven incidents of unexplained bruising and none of these incidents had been reported to the local authority's safeguarding adults team or the Care Quality Commission. Following the inspection we discussed this with the provider's Operations manager and agreed that, where staff could not account for bruising and there were no known medical or behavioural issues, they should refer the injury to the local authority. The Operations Manager confirmed this had been happening since our inspection.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 Care Quality Commission (Registration) Regulations 2009.

We saw the provider had reviewed and updated their safeguarding adults policy and procedures in July 2014. The procedures included clear guidance for support staff on identifying possible abuse and reporting any concerns they had about people's welfare. The acting manager told us support staff completed safeguarding adults training as part of their induction training and they repeated this every two years. Support staff told us they had completed the training and the staff training records confirmed this.

Support workers were able to tell us about the actions they would take if they had concerns someone was abusing a person using the service. One support worker said, "I would tell my manager straight away." A second support worker said, "We are told we must tell someone straight away if we think someone is being abused." A third support worker told us, "I would tell my manager and if I felt they were doing nothing, I would use our whistle blowing procedures." A fourth support worker said, "I would speak

to the shift leader if there were any immediate concerns. If it was a more serious concern I would raise with the Deputy Manager and if there are concerns out of hours, there is an 'on call' number to raise any worries about clients or staff issues, or in the event of an emergency."

The provider assessed risks to people using the service and others and support staff had access to guidance on managing identified risks. People's risk management plans included areas of possible risk in the home and the wider community, for example, managing epilepsy, use of wheelchairs, moving and handling and medicines. Support staff had reviewed each person's risk assessments in the last three months.

The provider ensured there were enough staff to meet people's needs. Relatives' comments included, "We've seen lots of staff changes but things are fine now" and "A lot of 'bank' staff are used but they work in the home regularly and know [relative's name] well." A support worker told us, "There's usually enough staff but we have to use bank or agency staff as there are staff vacancies." A second support worker said, "There's enough staff as long as everyone does their share." During the inspection, there were enough staff to support people to take part in leisure and educational activities in the home and the local community.

The staff rota showed a minimum of four staff on duty during the morning, afternoon and evening. At night, there was one waking member of staff and a second support staff asleep in the home, available to assist people if required. However, we noted some support staff were working long hours for a number of days without a break. For example, one member of staff worked five 12-hour days in a row and another worked six 12-hour days in a 10-day period. This may have affected their ability to support people safely. We discussed this with the acting manager who told us they were recruiting staff to fill vacant posts. They also said they would review the rota to reduce the length of time support staff worked without a break.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks.

People using the service received the medicines they needed. Support staff stored medicines safely in a lockable room and they kept records of the room temperature and

Is the service safe?

the temperature of the fridge used for medicines storage.
The records of medicines received and administered to

people were up to date and this provided a clear audit trail
to show people had received their medicines as prescribed.
We found no errors in the balances of medicines we
checked.

Is the service effective?

Our findings

People's relatives told us they felt staff were well trained to care for and support their family members. One relative said, "Some staff are better than others but overall they are good, they know how to look after [family member's name]. A second relative told us, "The staff are good, they seem to have the training they need."

The adaptation, design and decoration of the service did not meet people's individual needs. During the inspection, we saw all communal parts of the home and people's bedrooms.

We saw a small shower room where space was limited. The decoration was very tired and the tile grouting was dirty in places. The shower bed looked old, the frame was dirty and the paint on one rail was cracked. There was one old and dusty, broken cabinet on the wall. The sink plughole was stained and the grouting at the back of the sink was mouldy. There were no pictures on the wall and no decoration. The toilet was clean but the toilet brush was dirty.

The main bathroom was larger and had sensory equipment, including a disco globe, bubble machine and sound system, installed. There was an assisted bath and another shower. The acting manager told us the bath had been out of use for at least six months, which meant people did not have the choice of a bath or shower. The acting manager told us support staff knew one person preferred to have a bath but this had not been possible for at least six months.

The Sensory Room was out of use due to funding issues. There was some old sensory equipment, but it needed updating and adding to and the room needed decorating. As the room could not be used, staff used it to store with boxes, beanbags and black sacks on the floors.

The second shower room was larger, the shower bed was much newer and cleaner and the tiling was clean, resulting in a more pleasant environment. Support staff told us they showered people who needed to use the larger mobile hoist here, as there was more space.

People's bedrooms were nicely decorated and full of their personal possessions. They all had family photos on the wall and other pictures and personal mementoes. However, there were issues in three of the bedrooms. One

room had limited space for hoisting, which may have made it difficult for support to transfer people comfortably. The walls were scuffed and in need of redecoration. The carpet was worn and very dirty in places.

A second room had more space, however the walls needed decorating and the radiator needed painting. The carpet was old, stained and there were two cuts due to a change in fitted furniture in it, in front of the wardrobe.

A third bedroom was small, with little room for hoisting with a mobile hoist.

We spoke with support workers about how they transferred people in their bedrooms, communal areas and bathrooms. Their comments included, "Space is tight, but we manage," "Some rooms are very small, but we manage to squeeze the hoist in, then the wheelchair," "You have to know your three point turn. We make sure the client is safe and that we're not knocking them, we develop our own techniques" and "You adapt to it." We asked the provider about this and they told us, "although the space is limited, staff can manoeuvre safely and smoothly. Staff are well trained, know the people we support well and know how to position the hoists to transfer them safely. We have assessed the service for overhead hoists; due to the building structure, only two rooms were deemed suitable."

The provider made sure staff completed the training they needed to work with people using the service. Training records showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety.

Support workers told us they felt well trained to do their jobs. One said, "I've always been able to do the training I need." Another told us, "[The provider's] system is very good. I can check when I need to refresh my training and there's never any problem booking the training I need."

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Is the service effective?

The acting manager understood their responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted.

The provider had worked with the local authority and had submitted applications for authorisation where people's liberty was restricted in the service. For example, all of the people using the service were unable to go out alone and needed staff support. The provider had recognised this was a restriction and had applied to the local authority for authorisation, as required by the Safeguards.

Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests. Where a person was unable to make a decision about their care and support, the provider had arranged meetings with relatives and other people involved in their care to agree decisions in the person's best interests, a requirement of the Mental Capacity Act 2005. For example, where people needed equipment such as bed rails to keep them safe, the provider discussed and agreed this with people's relatives and appropriate health and social care professionals. This was confirmed by records we saw.

The provider arranged for and supported people to access the healthcare services they needed. People's care plans

included details of their health care needs and details of how staff met these in the service. People had a Health Action Plan and staff had reviewed and updated these in January 2015. Records showed support workers supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. On the first day of this inspection, we saw staff worked well together to make sure one person was able to attend a planned medical appointment.

Support staff understood people's nutritional care needs. We saw the menu book used by staff in the kitchen. It contained a variety of very different and interesting meals that would appeal to all palates. One support worker told us, "Parents say we have a nice recipe and can we do it and we do."

Support staff were able to tell us about people's special diets and the way they supported people to eat and drink. One support worker told us a speech and language therapist had assessed each person using the service and staff had clear guidelines on how to support each person with eating and drinking. Two of the residents were PEG fed, and the rest had a pureed/mashed diet, with two managing food cut into small pieces. During the lunchtime we observed, people had the support they needed to eat and drink.

Is the service caring?

Our findings

People's relatives were very complimentary about the support people received from staff. Their comments included, "We're generally very happy with the care" and "We're very happy with the home, they do a good job."

Relatives also told us they visited and called regularly and always felt welcomed by staff. One relative told us, "We visit every weekend." Another relative said "The staff are very good at helping [family member's name] keep in touch with us and other family members."

During the inspection, we saw support workers treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

Support staff told us, "Staff knock on doors before entering and for personal care," "During personal care, we always shut the door" and "We have to respect people's choices, dignity has to be respected at all times and if people don't want something, they'll let us know." They also commented, "You have to know the person well, you need to be passionate about your work and know people's differences," "Each person can be very lively and talented in their own way. You have to respect people's choices and their dignity has to be respected at all times."

At lunchtime, we carried out a structured observation 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 were not able to speak with us. People had adapted cutlery and plates to help them eat as independently as possible. Support workers mostly ensured they respected people's dignity and privacy when they supported to eat and drink. A support worker was feeding one person and supporting them to feed themselves with a spoon. The support worker interacted well with the person she supported and it was

apparent that she knew their needs well and they had a good rapport. The support worker explained, "[person's name] will turn their head or raise their hand when they have eaten enough."

However, in one incident we saw a support worker standing over a person while feeding them at lunchtime. They also completed this task without speaking to the person and then walked away when the person had finished eating without explaining what they were doing. We discussed this with the acting manager who told us they would remind all staff to make sure they treated people with respect at meal times.

Staff supported people to choose where and how they spent their time. During the inspection, people spent time in their rooms and communal areas, as well as going out with staff support.

The provider produced all care planning and risk management documents in easy read formats to make the information easier for people using the service to understand. Staff were able to tell us how each person communicated their needs and we saw staff used a variety of methods to communicate with people. These included speech, Makaton (a type of sign language) and pictures.

Staff also supported people to keep in touch with family members and other people important to them. The acting manager told us the service had recently introduced a new on-line system to allow friends and family to keep in touch with their loved ones. This was especially valuable to one person as their family spent time abroad each year. Using the secure system, families could click on their relative's photo and are given a password to access their file. Support staff updated information on the day-to-day life of each person, which enabled families to feel more connected to their everyday lives. There was also a Service Update icon, which gave general information about events at the service.

Is the service responsive?

Our findings

People's relatives told us they were involved in planning the care and support their family member received. One relative said, "We meet regularly with the staff to review [person's name] care, we've been doing that for a long time now." Another relative told us, "We meet several times a year with other parents as a group and then we meet with the manager to discuss any issues and get news about plans for the home."

The provider assessed people's health and social care needs and reviewed these regularly or when a person's needs changed. For example, people had a Health Action Plan completed by a community nurse that detailed their health care needs and how staff in the service would meet these.

People's care plans included a programme of activities based on their assessed likes and interests. Staff completed daily care notes that showed each person spent time taking part in activities in the home and the local community. Each person had their own weekly planner displayed in the office, which listed each day's activities. However support staff told us, "Each person will not necessarily undertake the activity shown on that day as some activities are taken in turns by each person." For example, people went swimming on a Saturday by rota, so each person was taken every six weeks.

One support workers also told us, "Enable Me is a weekly club for adults with a learning disability where people are supported to do craft activities," "Us on the Bus come into Mulberries weekly to support with activities and music" and "somebody comes in to do massage and manicures every two weeks." Another support worker commented, "People go to the cinema, for meals out, for walks in Richmond Park and two people go out for a pub lunch."

A third support worker told us, "My main concern is with transport. We have a mini bus, but if there's no driver on duty we have to go by taxi, transport can be a pain, taxis are not reliable, they turn up too early, too late or not at all." A relative also commented, "There are plenty of activities, but they need more drivers for the bus."

Support staff treated people as individuals and based their care plans on identified needs, interests and aspirations. Care plans included information about people's needs in respect of their gender, religion and culture. For example, staff recorded information about people's preferences about the gender of staff that supported them with their personal care and we saw they respected people's choices in this area. One person's care plan showed staff supported them in their spiritual life by taking them to meet family members at church on Sundays, if they were unable to collect them from the home.

Support staff reviewed and updated people's care plans regularly. The provider produced information in an easy-read format and used photos, pictures and plain English to make information easier for people using the service to understand.

Daily care notes completed by support staff were mostly task based, concentrating on people's personal care and support needs, although there was some mention of activities in the home and the local and wider communities. Staff displayed photographs of activities in people's bedrooms and communal areas in the home.

The provider had reviewed and updated their complaints policy and procedures in September 2014. These included an easy read complaints form that enabled people using the service or their representatives to comment on the care and support people received. Relatives told us, "We meet regularly with the manager and have had no recent complaints" and "We did make a complaint recently and it was dealt with immediately."

Is the service well-led?

Our findings

People's relatives described the provider as "very caring" and "an organisation that listens." One relative said, "The head office is nearby and they will always make time to talk with you if you ask."

Relatives also told us they met four times each year with the registered manager of the service to discuss the care and support their family members received and developments planned for the service. One relative said, "We meet regularly with the manager and they always make sure we are up to date with things that are happening."

Staff described the organisation as "a good employer" and "open and supportive." Staff also told us they found their managers supportive. They said they attended regular team meetings and had individual supervision with the manager or deputy manager. A member of staff said, "The manager is very good, they make an effort and understand what we do."

The registered manager was on maternity leave when we inspected the service. The provider had provided management cover for a minimum of two days each week but at other times support workers needed to contact the provider's on-call managers for advice or support. Staff told us support was always available but they preferred having a permanent manager in post. One support worker said, "We know managers are around if we need to contact them but it's not the same." We discussed the management arrangements with the acting manager who also managed two other services for the provider. They told us they were always available to advise and support staff and had spent more than the allocated time in the home when needed.

We felt the interim management arrangements meant there was not always sufficient management cover in the home. This was no reflection on the abilities of the acting manager as she was experienced, competent and genuine in her wish for the best service possible. However, we felt the absence of a full time manager meant the service was not always operating effectively. For example, equipment had been out of use for extended periods and the acting manager had not notified the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) authorisations that the local authority had authorised.

Support staff we spoke with were happy with the acting manager. One support worker commented, "The acting manager is good at supporting staff, and she also says when you need to pull your weight!" We discussed the management arrangements with the acting manager. They told us they were available when needed in the home and they would keep the arrangements under review to ensure sufficient management support was available for staff.

During the inspection support staff worked well as a team to meet people's care and support needs. During our inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for support or attention. One member of staff said, "It's hard work, but we work well as a team." A second member of staff said, "The work is heavy and it can be stressful but my colleagues are good and we work well together."

The provider's stated vision was "An inclusive society where people have equal chances to live the life they choose." Support staff were aware of the organisation's values of "Ambition, Respect, Courage, Integrity and Partnership" and told us their role was to work with people as individuals, enabling them to live the life they chose. They were able to give us examples of how they supported each person in the home to take part in activities they chose. For example, going to visit relatives and friends, and going on holidays and day trips.

The provider had systems in place to gather the views of people using the service and others. The registered manager told us the provider invited all people using the service to a quarterly 'Everybody Counts' conference to give their views and experiences of the support they received. The acting manager told us a recent meeting had included information for people using services on voting and the general election and all six people using the service at The Mulberries were registered to vote. The provider had also arranged regular meetings for family members.

The manager and provider carried out a range of checks and audits to monitor the service. These included a daily check of each person's medicines and finances, as well as checks of people's support plans and health action plans, reviews of the support they received, progress in meeting identified goals and risk management plans.

The provider had developed a Service Improvement Plan for 2014-2015 that identified actions for the manager to

Is the service well-led?

take, including ensuring all staff were up to date with training and people's support plans were regularly updated. The provider also carried out a compliance audit visit in March 2015. The audit identified concerns with medicines management staff training and risk management. We discussed this with the acting manager who told us, as a result of the audit, they had updated the Service Improvement Plan to include actions to meet identified concerns.

During our inspection, the atmosphere in the home was open, welcoming and inclusive. Support staff spoke with people in a kind and friendly way and we saw positive interactions between staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One support worker said, "It's a good place to work. [Provider name] is a better employer than most."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not operate effective systems and processes to investigate immediately upon becoming aware of any allegation or evidence of such abuse.

Regulation 13 (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider did not inform the care Quality Commission of possible safeguarding incidents.

Regulation 18 (2) (e).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.