

Dimensions (UK) Limited

Dimensions 1 Middlefield Close

Inspection report

1 Middlefield Close
Farnham
Surrey
GU9 8RS

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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 ●

Summary of findings

Overall summary

About the service: Dimensions 1 Middlefield Close is a residential bungalow providing personal care for up to five people with learning disabilities. Five people were living there at the time of the inspection.

Dimensions 1 Middlefield Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People appeared relaxed and happy in the company of the staff. People who verbally communicated told us they enjoyed living at the home. A relative said, "The staff are brilliant, nothing they need to do better and X is very relaxed, he has his freedom and is well cared for". People were involved in their own home as much as possible. People were vacuuming and sweeping and making drinks. The home had a relaxed, comfortable atmosphere and people were care for by a dedicated team of staff.

People received safe care because any risks had been assessed and staff knew what action to take to minimise these risks. For examples, they knew to monitor closely people who had epilepsy and they responded with appropriate care or by calling the emergency services. Staff knew how to prevent the spread of infections and how to respond to any emergencies. People received their medicines in a safe way and medicines were stored safely and accurate records were kept.

Accidents and incidents were recorded and investigated appropriately.

Staff had been recruited safely and there were enough staff to support people with their care and their activities. The staff were trained to deliver effective care that met each person's needs and they received

supervision to make sure their training was put into practice.

People had access to health care and regular health checks. People were supported to have a healthy diet which took account of their needs. People ate different meals at different times to suit their own preferences. Staff made sure they served people food in a way that was safe, such as cut up into small pieces if people were at risk of choking.

Staff understood the requirements of the Mental Capacity Act and gave people choices and sought their consent. Where people lacked consent for some decisions the correct legal processes had been followed.

The home was suitable for people and there was specialist equipment as needed. All the accommodation is on the ground floor which allowed people, including those who use a wheelchair, to have full access. A new bed had just arrived to make someone more comfortable and one person had a tailor made chair to help their posture and comfort. The home showed wear and tear and although the housing association had been slow in responding to requests for repairs the registered manager had a redecoration plan in place.

The staff cared about every person and showed this by appropriate affection and humour. Close relationships had been built up over a long time and staff knew each person's needs very well. People were encouraged and supported to maintain important relationships and families were always welcomed and included.

People were supported to take part in a wide range of activities and hobbies that suited their personalities and preferences. These included, visiting historic places, art and music groups as well as one to one time having meals out in town or shopping. The routines were set by people and not by staff. There were detailed plans in place for each person which staff followed, and these were regularly updated as changes occurred. Complaints had been recorded and investigated.

The registered manager also managed one of the provider's other services and divided their time between the two homes. There was a clear management structure in place which meant that there was enough support in place for staff at all times.

There was an open culture and staff understood the providers aim of providing people with a fulfilling life with as few barriers as possible. Regular quality checks were made by the registered manager and the provider and action was taken to improve when needed.

The registered manager had informed CQC of any serious incidents as they are required to do. When incidents had taken place, they had been reviewed to learn any lessons to try to prevent them happening again.

Rating at last inspection

The last inspection was carried out on the 8 September 2016 and the rating was Good.

Why we inspected

This inspection was carried out as part of our routine schedule of inspection based on the previous rating.

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

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 was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

Dimensions 1 Middlefield Close

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 was a fully comprehensive inspection. The inspection took place on the 28 March 2019.

We gave the service 48 hours' notice of the inspection visit because the location is a small care home for adults who are often out during the day. We needed to be sure the registered manager was available and that we could meet some of the people and staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we observed care because some people were able to indicate their feelings through gestures, facial expressions or limited verbal responses. Other people were able to verbally express their views. We spoke with the registered manager and the deputy manager, two members of staff and a visiting therapist. We also spoke with one relative by telephone during the inspection.

We looked at care plans and associated records for two people and records relating to the management of the service. These included records of complaints, health and safety, accidents and incidents, and quality

assurance records. We observed care and support being delivered in communal areas.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

People indicated that they felt safe living at Dimensions 1 Middlefield Close because they were comfortable and relaxed in the company of staff. One person said that they felt safe because they had their wheelchair and a walking frame and staff looked after them. One relative said, "I am not worried about anything, the staff look after X brilliantly."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff understood their responsibilities to recognise and report any concerns about abuse. Any concerns had been reported appropriately to the local authority.
- The provider's policy outlined the provider and staff's responsibility in helping to ensure people were protected from the risks of suffering abuse and harm.

Assessing risk, safety monitoring and management

- There were systems in place to assess and mitigate risks to people in relation to their health and medical conditions. Where risks were identified, plans were put in place to help staff minimise the potential risk of harm in relation to these areas.
- One person was at risk of choking. They had been assessed by a speech and language therapist and all the staff knew how to prepare their food and drink safely. Two people lived with epilepsy and they had detailed plans which staff understood in order to deliver safe care.
- Risks were being regularly reviewed to make sure any changes were updated and communicated to staff.
- Risks relating to the environment and emergency situations had been assessed and mitigated. The provider had a comprehensive contingency plan in place, which detailed the actions to take to ensure the continuity of service.
- There were plans in place, which staff knew about, to mitigate the risks of fire at the service. A full evacuation drill had taken place which showed that staff understood what actions to take.

Staffing and recruitment

- There were sufficient numbers of staff in place to meet people's needs. Staff rotas were organised around the needs of people, so the staff numbers varied during the week.
- We saw that there were enough staff to respond to everyone's needs. Staff said they had time to care for

people and support them with activities and appointments.

- Staff were flexible when covering sickness and holidays and only occasionally needed to use agency staff.
- The provider had safe recruitment processes in place which included all the required checks. People had taken part in interviewing candidates.

Using medicines safely

- People received their medicines safely because staff had been trained and their competency checked.
- The provider had safe systems in place to help people manage their medicines. This included the ordering, storage, administration and disposal of medicines. The level of support and people's preferred or required administration routines were detailed in their care plans and staff understood those.
- Where people needed 'when required' (PRN) medicines for pain or anxiety, staff had suitable guidance to refer to.
- Stopping Over Medication of People (STOMP) is a national NHS project involving many different organisations which are helping to stop the over use of psychotropic medicines for people with a learning disability, autism or both. STOMP is about helping people to stay well and have a good quality of life. STOMP reviews had taken place with people's doctors and as a result some people's medicines had been stopped or gradually reduced.

Preventing and controlling infection

- The provider had policies and procedures in place to mitigate risks associated with infection control. Staff used personal protective equipment such as gloves when supporting people with their care.
- The home was clean and staff followed a cleaning schedule. The registered manager carried out checks but told us they planned to conduct more frequent checks to ensure standards were maintained daily.

Learning lessons when things go wrong

- Any accidents or incidents were analysed to look for any patterns or trends. There were systems in place to report all incidents. These records were reviewed by the registered manager and the provider. When incidents had occurred, action had been taken to try to prevent them happening again.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and all our evidence and observations confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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 Act 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the registered manager had made the appropriate assessment and applications. Where authorisations had been received these were correctly applied and in line with the MCA.
- Staff understood the requirement to obtain suitable consent to care. Staff were knowledgeable about people's ability to make and communicate choices. We heard staff asking people what they wanted to do or eat throughout the day.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to their role. Staff had received a wide range of training which was regularly refreshed to help ensure their knowledge was following current best practice.
- Staff took part in a comprehensive induction course and then completed the care certificate (a nationally recognised set of standards for staff working in care).
- The registered manager had just sourced a more in depth dementia training course which would enhance staff skills given the ages of some people using the service..
- The registered manager monitored staff's ongoing skills and performance through regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to food and drinks according to their needs and preferences. People were involved in choosing their foods.
- Staff offered people advice on healthy eating and one person was on an agreed healthy eating plan which they understood. Fruit and drinks were available, and we saw people making drinks with staff support and being assisted to eat.
- Two people were at risk of choking, so they had been assessed and staff knew how to cut up their food and they always had staff with them when they ate.

Supporting people to live healthier lives, access healthcare services and support

- People had access to information about healthcare and healthcare services as required. Each person had a health action file in place which detailed their medical history and needs.
- The relative we spoke with said, "He has his health needs met, he goes to hospital and the dentists". People had regular check-ups with dentists, doctors and opticians to maintain good health.
- One person required specialist dental services and these had been sourced. The person could now visit the dentist more often with less stress with staff support.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access all the services they needed. The registered manager and senior staff contacted and worked with other agencies such as social services to make sure people's care was reviewed and their needs met in a timely way.

Adapting service, design, decoration to meet people's needs

- The environment at Dimensions 1 Middlefield Close was suitable and safe for people's needs with wide corridors and open communal areas. People had access to all areas of the home and could use a secure garden space for leisure and recreation.
- The home showed some wear and tear, but the registered manager had an ongoing plan for re-decoration and repairs. The wear and tear did not affect the safety of people at the home.
- The registered manager was working with the housing association to ensure repairs were made in a timely way.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People indicated that they liked the staff because they approached them, smiled and communicated in their own individual ways. Staff responded well to people, giving them time to speak or react, they were appropriately affectionate and caring.
- One relative said, " Nothing they could do better it is the same care he would get at home, well fed, clean and tidy, nice clothes. He is doing well".
- Staff showed that they knew each person extremely well. They talked to people about what interested each person with kindness and humour.
- Staff spoke about people respectfully and said they enjoyed their job. Staff spent time with people during the day, encouraging them with activities and providing company.
- One relative said, "The staff are lovely they always welcome me and offer me a drink". The registered manager told us about one relative who had arrived at the home requiring first aid. Staff had helped to clean and dress a wound and advised the person to go to the hospital.
- Staff were aware that some relatives were elderly and if they did not hear from them as often as usual they would make contact to make sure they were alright.
- The staff had considered people's equality and diversity when planning and delivering their care. Female staff were always on duty as one person could only have female staff supporting them with personal care.
- No one was practicing a religion, but staff had asked families about this before they moved in. Staff understood people's sexuality and ensured that people were supported to spend time in private as appropriate.

Supporting people to express their views and be involved in making decisions about their care

- People, and where appropriate families were involved in planning and reviewing their care. The registered manager had held a review the previous Sunday so that two family members could be present

- During the day staff asked people what they would like and listened for their response. If people could not verbally express their views staff knew people well enough to interpret their body language or facial expressions.
- One person wanted to show us their room. The staff member told us the person had chosen the wall colours and the person nodded in agreement and smiled. They went on to tell us about their hobbies and interests and what they had in their room.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. One person was encouraged to organise their own money and to find their bus pass and coat because they wanted to go into town shopping with staff.
- People were encouraged to be involved in as much of the running of their home as possible to build their daily skills and remain as independent as they could.
- People were treated with dignity and respect. Staff knocked on people's doors before entering and respected people's right to have quiet time alone if they wished. Staff spoke about people respectfully.



Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

An aroma therapist visited several people weekly and they said, "Staff know people well and what they want according to how they act, and staff respond well to that".

One relative said, "He is so relaxed there, he has his freedom. Staff are brilliant".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People used a range of verbal and non-verbal communication strategies to make their choices and preferences known. There was a consistent staff team who knew people well. Staff had developed a good understanding and rapport with people.
- All aspects of people's needs were planned for in very detailed care and support plans.
- People's specific preferences around their personal care routines were identified within their care plans. Staff reviewed people's care plans on a regular basis or when changes occurred.
- The areas where people could carry out their routines independently were documented, and staff encouraged people to utilise their skills as much as possible. Some people took part in household tasks.
- Staff worked with people to identify their interests and activities and then helped them to take part in these. One person attended a day centre one day a week, whilst others took part in activities inside and outside the home. One person went out several times a week to eat and one person went out on the bus with staff to buy their mother some flowers on the day we visited.
- There were a range of leisure opportunities on offer and people had gone to local places of interest and events. One person liked visiting historic places and there was a display of places they had been to in their room.
- People were involved in planning their own holidays.
- A band visited every other week and people enjoyed participating playing instruments. People also took part in art groups.
- Staff supported people to travel to see their families and relatives were always welcomed into the home.

Improving care quality in response to complaints or concerns

- There were effective systems in place to deal appropriately with complaints. The provider had a

complaints policy which detailed how a complaint could be made to.

- One relative said, "If I have an opinion I say it and they act on it".
- The registered manager documented all formal complaints recorded. These were reviewed to make sure appropriate action had been taken.

End of life care and support

- The registered manager understood the principles of providing compassionate end of life care from working in another service.
- People's support plans did contain basic information about people's wishes after their death. However, given the age of people there was scope to improve the level of detail about people's end of life wishes in their plans. Although staff knew people very well, additional information would help all staff to understand people's needs and wishes when end of life care was required.
- No one at the service was receiving end of life care at the time of inspection. The registered manager agreed to address this by updating support plans.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in place. 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.
- The staff said the registered manager and deputy were approachable and supportive.
- The routines were set by people's needs and wishes rather than those of the staff.
- There was a clear management structure in place. The registered manager also managed one of the provider's other homes and divided their working time between each service. They were available if staff required help or advice and there was an on call out of hours system. A duty manager also spent time in the home.
- The registered manager carried out visits in the evenings and at weekends to make sure staff were working to the correct standards at all times.
- The registered manager and provider had systems in place to monitor the quality and safety of the service. They carried out a series of audits and regular checks of care documentation and medicines records to identify any errors and acted to put these right. They also carried out regular audits of health and safety. This helped to ensure they had an effective oversight into the quality and safety of the service.
- Staff were aware of the aims of the service which were to- 'Give people the lives they want. Do our best to take away challenges and inequalities that put barriers up to achieving that. The registered manager made sure that staff worked together to make this happen for people.
- The registered manager and provider understood their responsibilities to notify CQC of any events or incidents and this had been done when necessary.

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

- The registered manager sought feedback from people, families and professionals to monitor quality and make improvements.
- The registered manager held resident's and family meetings.
- A survey had been conducted which gave very positive responses from families and those representing people who lived in the home. There was between 83% and 100% satisfaction rates for the questions asked.
- Staff meetings were held to discuss feedback and review working performance. As a result the rotas had been changed to more flexibly support people during the day and the evenings.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended regular meetings with managers from the provider's other services and senior management. The focus on these meetings was to share good practice and learning from incidents which had occurred.
- The registered manager had developed effective working partnerships with professionals involved in people's care. This included working with dieticians, occupational therapists, community nurses, doctors and social workers.
- The staff ensured that all input and recommendations from professionals were recorded in people's care records. This helped to ensure that staff were providing care in line with professional guidance.