Dimensions (UK) Limited

Dimensions 87 Hazel Avenue

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 January 2017. The provider was given 48 hours' notice, because we wanted to make sure that the relevant people we needed to speak to would be available.

The service had a registered manager who also managers another service that is owned by the provider. 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.

Dimensions 87 Hazel Avenue provides accommodation and personal care for up to five adults with learning disabilities, physical disabilities or both. At the time of the inspection four men were living at the service, who were over the age of 55. The environment was safe and had been purpose built to suit the needs of people who were wheelchair users or who had restricted mobility, as it provided level access throughout.

People who lived at the service had their own individual ways of communication through eye contact, gestures or noises. Throughout the inspection we saw staff responding to people's needs and providing care and support in a person centred manner. Staff were able to immediately recognise when people needed or wanted help or support, however the need was expressed. However, not all the recording of people's needs was being done in a person centred way and not all guidance for staff was clear in order to demonstrate how changes in some people's needs had been addressed.

People were encouraged to make decisions about their daily care and support. We saw how well staff understood people's communication needs which enabled staff to support people to make choices. Where people needed to have a legal representative or relative represent their views then these were sought and acted upon. A relative/legal representative told us: "Plenty of opportunity to change things about [person's name] care if I wanted" and they went on to explain how staff then acted on what they had said to further improve the person's support.

People were kept safe because staff understood their responsibilities in protecting people and knew how to report any concerns. People were enabled to take positive risks as part of a person centred lifestyle.

People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in the people they supported. People showed us positive signs that they were relaxed and at ease with staff and their surroundings. A relative/ persons representatives told us: "He is very well and settled and very happy there, he has a really good relationship with staff and they have a good understanding of his communication needs".

There were sufficient skilled staff to meet people's individual needs in a timely and safe way. A staff member said "There is now much more of a focus on staffing levels designed to meet the needs of the residents as

they have just recently changed the shift patterns in the morning, it makes it much better". Many of the staff were new to the service but had previously worked in the provider's other services and they told us about their positive induction into the service. One staff member said: "I was given time to get to know people, it gave me the confidence I needed to know what I was supposed to be doing". Staff spoke enthusiastically about recent 'active support training' which is a method of enabling people with learning disabilities to engage more in their daily lives. A staff member said "It has changed the way we support and now get people more involved".

People were supported to maintain good health and to access healthcare services as and when required.

People were engaged in individual meaningful occupation and activities and were supported to take part in wider community activities. Staff told us: "Lot more interaction here now with the residents and you have time to do this as there is no rush". A relatives /persons representative told us: "They look to support each client individually to find activities which they are interested in, they are always looking at the individual activities, always individually geared".

The service was in a period of positive transition. There was new leadership and a significant number of new staff who were enthusiastic and committed to implement and embed changes in order to further improve the experiences of people living at the service. A relative/persons representative commented: "The home may have been struggling in the past but defiantly picked up recently, staff perhaps in the past were a little too relaxed, with the change of manager much more attentive, there is an intent of very high level of care, it is very observable. Everyone's so interactive now".

The quality of the service provided was kept under review and was monitored by the Registered Manager and the provider to help continually drive improvements to the service.

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.

People were protected from harm because staff understood their role in keeping people safe.

Risks to people were identified, assessed and actions were taken to protect people from those risks.

There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had been trained and had the knowledge and skills to meet people's needs.

Staff understood people's communication methods and used those methods to seek people's consent. People's rights were promoted and protected in line with legal requirements.

People were supported to have enough and to be able to safely eat and drink. People were supported to maintain good health and to have access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

Staff supported people in a caring, dignified and compassionate way and people showed they were at ease with staff.

People were encouraged to make their own choices about their lifestyles. Where needed, advocates or representatives were available to support people's decision making.

People's privacy and dignity were promoted and respected by

staff when they provided care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although people's individual needs and preferences were assessed and their care was person centred, records did not always provide the necessary guidance for staff on some people's changing needs.

People took part in individual meaningful activities.

People's experiences, concerns and wishes were listened to which enabled staff to use these in order to support people.

Is the service well-led?

Good

The service was well-led.

A clear management structure was in place to ensure people and staff were supported. People and staff had access to the management team who were visible and available.

The provider and Registered Manager promoted a positive culture that was centred on people's needs. The service was kept under review to ensure that it provided quality care and action was taken to improve the service if needed.

Dimensions 87 Hazel Avenue

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 checked 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 10 January 2017 and was announced. We told the provider several days before our inspection that we would be coming. This was because we wanted to make sure that the people who use the service and other appropriate staff would be available to speak with us. When planning the inspection we took account of the size of the service and that some people at the service might find unknown visitors unsettling. As a result the inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed this information along with information we held about the service and the service provider. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted by the provider. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we interacted with all four people. Due to their differing communication methods people were not able to give us direct, verbal feedback or speak with us about their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care and support that people received. We spoke with two support staff, a team leader and the registered manager. Following the inspection we spoke with three relatives and people's legal representatives to obtain their feedback about their experience of the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medicine and staff employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected in December 2013 where no concerns were found.

Good

Is the service safe?

Our findings

We spoke with people's relatives or their representatives who told us they felt that the people who lived at the service were safe. They told us "I do believe that they are safe, I can back that up as whenever I meet them they have always been happy to meet with me, there has never been a sense of hiding away or not wanting to be seen, always been happy with the staff around them and the support they have provided". "Whilst there is always room for improvement in terms of being safe and being well looked after I don't think there is any concern" and "In both of the services I visit the security level is good, always check who is coming into the building, always ask for identification or ask who I am and who I have come to visit, it reassures me that they are safe".

People were protected from abuse and harm and staff recognised the signs of potential abuse. There were whistleblowing and safeguarding adults at risk policies and procedures in place. These were accessible to staff, who had a clear understanding of their responsibility in relation to reporting poor practice. Safeguarding training and posters displayed in the service reminded staff of their responsibility to protect people from abuse. Where any concerns had been raised the provider had co-operated with the investigatory authority. Staff demonstrated their knowledge of the whistle blowing process and knew that they could contact senior managers or outside agencies if they had any concerns. A staff member told us "I can't see there would ever be a need to whistle blow here, as you can tell the manager anything but if I ever had the slightest concern I know what and who I need to tell, there would be no hesitation". A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. Records confirmed that staff had an awareness of their responsibilities in relation to reporting concerns. Body map charts had been completed detailing any scratches, bruises or wounds on peoples' bodies so that these could be monitored to help ensure their safety and well-being.

Risks to people and the service were managed so that people were protected. The Registered Manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at, measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst enabling the person to undertake the activity. Staff gave us many examples of where they were now supporting people to take some positive risks as part of promoting their more active participation in daily life. For example. in using a food grater or knife and in trying new activities.

People's records demonstrated that risks to them and posed by them had both been assessed. Staff told us about the on line training they did in relation to risk assessments and how this had helped them to identify and clearly record potential risks. Where risks had been identified people had a support plan in place to manage them. A people's relatives or their representatives told us "Staff are defiantly conscious of how he is moving around and encourage him to slow down; they are defiantly aware of risks and able to provide solutions and help alleviate those risks". Our observations confirmed that staff understood people's individual risks and were able to describe how these were managed to ensure their safety. A staff member spoke about the training they had undertaken in supporting people to eat safety and were able to describe

the guidance for individual people which had been developed by SALT (Speech and Language Team) in order to support people to eat safely. We observed people assessed as at risk of choking being supported to eat, staff followed peoples individual risk assessments and SALT guidance on the precise texture and consistency of food items and the individual techniques to support the person to eat safely. Staff were clear on what to do in the event of a person choking. In response to a recent serious choking incident at the service some changes had been made to ensure that risk assessments and SALT assessments were more closely aligned to one another for ease of understanding.

The risks to people associated with moving them, such as from their bed to a chair had been assessed. People's support plans reflected how many staff were required to move them safely. There were hoists available to transfer people. Staff told us and we saw from records that they had been trained in moving and handling people safely.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans (PEEP) which informed staff of how to support people to evacuate the building in the event of an emergency. Accidents and incidents were recorded and action had been taken to reduce the risk of the accident occurring again.

People were cared for by staff that the provider had deemed safe to work with them, as prior to their employment commencing, identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were assisted to take their medicines by staff who had been trained and assessed as competent to administer medicines. Staff were knowledgeable about the medicines that people were prescribed and where to find information about any potential side effects. They were also able to describe people's individual signs if they were in pain or discomfort and what actions they had to take to help alleviate any symptoms. Safe procedures were followed when medicines were being administered. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines.

Staffing levels were planned to be able to support people's needs safely. Staffing levels were based on the assessed needs of people with evidence of flexibility to suit people's changing needs and particular activities. Staff and the Registered Manager told us the majority of the current staff team, had worked for the provider previously, however, they were relatively new to working at the service. We were told that after a period of having to use the provider's pool of bank staff and some agency staff to cover vacancies the service was now nearly fully staffed. Staff told us how they had tried to ensure that during this time people's continuity of care was not affected. A Persons relatives or their representative told us: "Certain number of staff that seem to be there a lot but there are also many I don't know, I think they are bank staff, however nothing that worries me about that other than whether they are able to interpret his signs, I have in the past had to keep repeating things to care staff about his care to different staff".

We observed that there were sufficient support workers to meet people's individual needs and wishes promptly, as people were provided with one to one attention when they wanted and were supported to attend planned and ad hoc activities. Staff also confirmed that they felt that there were sufficient staff, they

told us: "Although we are short today its normally fine we have enough time to do what we need to do without rushing" and "Feels enough staff to do everything we need, it's a really good team here so we all help each other".

Staff and the Registered Manager told us about recent changes to the morning shift pattern, whereby staffing levels had been reduced first thing in the morning and then increased later on in the morning. This was in response to people's individual needs and in order to provide greater opportunities for people to undertake activities during the morning. A staff member said: "There is now much more of a focus on staffing levels designed to meet the needs of the residents as they have just recently changed the shift patterns in the morning, it makes it much better". A staff member told us about the impact of these changes and said: "It's that everyone is a lot more active and previously perhaps it was a little more task focused".

The Registered Manager and people in charge told us how they regularly monitored staffing levels and ensured the right skill mix of staff were rostered on duty. They gave us examples of when they had needed to increase or provide flexible staffing levels in response to unexpected events or planned activities.

Good

Is the service effective?

Our findings

We observed that staff had the skills to understand people's needs including their communication needs and how to interpret these. Relatives and peoples representatives told us; "The staff are pretty good, can vary sometimes as some are better than others and are more attune with [person's name] but generally no concerns". Another spoke about how skilled staff were at being able to pick up the individual communication signs of people and how they acted upon this always in their best interest.

People were supported by staff who had completed training to meet their needs and who were skilled and knowledgeable about the needs of people and how to care for them effectively and safely. New staff were expected to follow the Skills for Care Certificate. These are the standards people working in adult social care need to meet before they can safely work unsupervised. For the providers existing staff who had recently transferred to the service, staff told us about their positive local induction into the service. This involved several days of shadowing and reading people's support plans and other documentation. They said: "Although I have worked for Dimensions for 10 years I still had an induction into the service, when I moved her a few months ago, it made such a difference having this time to get to know the people", "I had a lot of support when I first came here, I had to read all the policies spend time shadowing, all in order to get the know the residents and what support they needed" and "I was given time to get to know people, it gave me the confidence I needed to know what I was supposed to be doing".

Staff had undertaken training, which reflected their job role. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. A staff member told us: "I have had a range of training from using the hoist to SKIP training; it has all helped me to make sure that whatever support I am giving both me and the resident is safe". SKIP training is a technique used to help manage people's behavior's for example, by de-escalation or physical holds. A persons relatives or their representative said "Staff's skill level is appropriate for their roles, based on my observations and seeing how well they interact".

The provider had a wide range of on line and class room training that staff had to complete and where some people had specialist needs, for example, epilepsy or eating and drinking needs that required staff to have specialist skills to support them safely or to respond appropriately in an emergency then staff underwent this training. A staff member told us: "The epilepsy training made me more aware of seizures, the different types and this has made me more vigilant in looking for signs and triggers". Training had also been undertaken in response to events, for example, staff had recently undergone further training in CPR (Cardiopulmonary resuscitation). A staff member explained that this had helped to improve confidence amongst the team following a recent incident. Another staff member said: "You can always request any specialist training you feel you would like". Staff spoke enthusiastically about recent 'active support training' which is a method of enabling people with learning disabilities to engage more in their daily lives. A staff member said "It has changed the way we support and now get people more involved". Staff gave us examples of the impact of this training on their practice and how people were now more involved with their cooking and laundry.

Staff were provided with appropriate guidance and support by management. Although regular formal supervision was yet to be fully implemented by the new manager and for all new staff, staff fedback that they felt supported by the management team in the interim and that there were opportunities to discuss concerns and receive guidance. One member of staff said: "I feel happy to raise anything with the manager if I had to, I would not have to wait for a one to one to do this". The Registered Manager and team leader worked alongside support workers and we observed them providing guidance and support to help develop staff's knowledge and skills. A staff member in charge spoke about how they "Lead by positive example rather than being negative as they felt that this had much better impact on staff development".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team and staff demonstrated a good awareness of the MCA and DoLS. Appropriate applications had been made to the local authority for any (DoLs) assessments to ensure that any limitations on people's freedom were authorised and made in the least restrictive way. There was a system in place to ensure that DoLs were reviewed when needed. The provider had recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate or a paid representative. People who are being deprived of their liberty in care homes have a statutory right to have a representative to support them to exercise their rights under the Mental Capacity Act. If there are no appropriate, willing or able friends or family to take on this role, then a paid representative will be appointed. This is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A person's representative told us they felt very confident in the care that was being provided and had no concerns that any restrictions were being managed inappropriately. A persons relatives or their representative also told us that "The management understand exactly what is going on with DoLs and MCA" but felt "That support staff could always do with further training in this area", but said that they felt confident that they had an understanding sufficient to ensure people's rights were not being impinged.

People's rights under the MCA were upheld. Staff were clear that people were assumed to have capacity to make their own decisions unless they were assessed as not having capacity. People were asked their consent for day-to-day decisions that affected their care. We saw that people were supported to make choices by being offered a small range of choices and they were given the time to make their own selection. A staff member told us: "I asked him if he wanted to go for a walk and I would wait and look for a reaction, it can be subtle such as a facial expression but he will let me know".

People received the food and drinks they preferred and were supported to ensure their nutritional needs were met safely. We observed that as part of ensuring a person centred lifestyle, people ate their meals at different times which suited their needs and preferences. We saw people being supported to choose what they wanted to eat.

People had nutrition care plans that provided staff with guidance about whether the person could eat independently or required support, whether they had any food allergies or required a special diet. People

who had difficulties with swallowing, eating or choking had been referred to the Speech and Language Therapist (SALT) team. There was clear guidance in place from the SALT teams on the specific support needed to support some people to eat safely. Where required people's meals were pureed or they were helped to cut the meal into small pieces to reduce the risks of choking. We observed one person being supported to eat who had been assessed as at risk of choking. The staff member was knowledgeable about the specific food consistency needs for the person and how this was achieved. A staff member told us that following a recent choking event at the service that although they felt they were clear before on the individual needs of people, changes to the support plans had made the guidance even clearer. Drinks were freely available and were offered to people throughout the day, people were supported by staff to remain hydrated. People had been weighed regularly and action taken where there had been any unaccounted weight loss.

People's communication needs were assessed and met. People had access to relevant healthcare professionals to maintain or improve their communication, such as audiologists and opticians. People were supported to maintain good health and to access healthcare services as and when required. It was apparent that staff knew people well, we were told and records confirmed that when staff observed a change in the person that indicated they required assessment by a healthcare professional, such as a dietician or GP, this had been arranged. The Registered Manager spoke of an additional focus on addressing people's physical health needs, in order to ensure that as people became older that their physical needs were being regularly assessed and met. In response to this focus, new specialist wheelchairs had been commissioned and referrals to specialist health care professionals had been made.

The environment was safe and had been purpose built to suit the needs of people who were wheelchair users or who had restricted mobility, as it provided level access throughout. We observed one person being able to move about independently, which they clearly enjoyed being able to do. We saw that people's rooms were spacious and reflected people's preferences and lifestyles. It was apparent that people enjoyed spending time in their own rooms and were supported to spend time such as listening to music or talking books in their private space.

Where it was assessed that people required specialist equipment this had been provided. For example, adjustable beds that ensured the height could be adjusted for their safety and comfort, specialist hoists, wheelchairs and shower and bathing equipment.

Good

Is the service caring?

Our findings

People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in the people they supported. People showed us positive signs that they were relaxed and at ease with staff and their surroundings. Relatives /peoples representatives told us: "Overall happy no real complaints always pretty good and they are willing to let me come and visit whenever I want" and "He is very well and settled and very happy there, he has a really good relationship with staff and they have a good understanding of his communication needs".

Although many of the staff were new to working at the service some had worked for the provider's other services and were already familiar with the people who lived at the service through the provider's social events. Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. There was a caring, friendly and relaxed atmosphere. Staff knew people well and it was apparent that positive relationships had been developed. Staff took the time to listen to and observe people so that they received the care they needed. Observations showed staff were aware of people's needs and when one person showed signs of apparent anxiety staff identified this promptly and provided comfort and reassurance.

People were being encouraged to be as independent as they could. Staff told us that following training in 'active support' that there was a real drive to encourage more independence and they described a number of ways in which they now promoted people's independence. For example, they broke down tasks such as the laundry or cooking into manageable steps. A staff member told us what they were doing to encourage a person's independence: "By spending time with them and to get to know how we can encourage independence, it may be only something small but it is so important and we can already see results".

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished. We saw examples where people's diversity was respected with regard to their lifestyle choices, food and music.

We saw that people were involved in decisions that affected their lives, for example, different communication methods were used for people to enable them to make daily choices about their food, activities and when they wanted personal care. A staff member told us "When supporting people to get dressed it's really important that they can choose what they want to wear that day, so I usually hold up two choices of say a shirt and he will push away the one he wants". Records showed that people and their relatives/legal representatives were involved in identifying people's preferences and wishes and that support plans had been reviewed in response to feedback. Relatives and people's representatives confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it.

People received advocacy support when needed to either make more complex decisions or to ensure that an independent person was monitoring their rights and wellbeing. One such person told us how they spoke

on behalf of some people and how they ensured that they represented the people's views and how the staff listened to and acted upon their feedback.

Support plans included positive information about the person and included the things that were important to people. People were encouraged and supported to maintain their role in society and family life. Staff spoke passionately about supporting people to maintain important relationships within their own family. To ensure people's communication methods would be understood by others such as hospital staff if needed, we were told that communication passports had been drawn up to provide specific guidance about communicating with the person. These described the "Things you must know about me", how best to provide information to the person and what their responses would indicate.

We saw that staff upheld the privacy and dignity of people. Observations showed staff discreetly and sensitively supported people to maintain their personal care needs. People's support plans provided guidance on each person's needs regarding their privacy, how staff should meet these needs and how to respect people's times of privacy. Staff gave us many examples of how they maintained people's dignity in their day to day practices, which also included when they were outside of the service. Staff told us about the provider's 'dignity challenge' initiative which they felt helped improve the focus on maintaining dignity at all times. A staff member told us "By seeing the poster it just keeps it fresh in your mind all the time about what dignity means".

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff were aware of the importance of maintaining confidentiality and could give examples of how they did this.

Requires Improvement

Is the service responsive?

Our findings

The staff team were responsive to the needs of people who lived in the home. They were able to immediately recognise when people needed or wanted help or support, however the person expressed their need. We saw staff responding to people's body language and behaviour as noted in their support plans. For example, when one person made particular gestures staff responded by supporting them to spend time in their room listening to music. We saw that the staff's responsiveness had reduced some people's need to behave in a way that was potentially harmful and distressing. However, we saw examples whereby guidance provided for staff was not always clear in order to ensure changes in people's needs were being met.

Throughout our inspection we saw staff responding to people's needs and providing care and support in a person centred manner. Person-centred means putting the person at the centre of the planning for their lives. However, not all support plans and daily records were reflective of person centred principals and some were recorded in a task focused way. A staff member explained that although much work had already been done to support person centred recording they acknowledged that it was not yet embedded.

We saw that people's needs were assessed and support plans were developed to meet those needs, in a structured and consistent manner. People's support plans detailed how each person liked to be supported, what was important to them and how they communicated. This meant staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. However, we saw two examples where the guidance for staff on meeting the changing needs of people were not clear. Therefore it could not be identified whether these needs had been met. For example, a person was discharged from hospital following a temporary medical condition and it was noted 'To offer plenty of fluids'. In discussion with the Registered Manager and staff it was confirmed that there was no evidence to demonstrate if this medical advice had been followed. Although the Registered Manager immediately went about ensuring that clearer daily recording was implemented, providing clear guidance for staff on people's temporary needs is an area of practice in need of improvement.

Staff spoke about the importance of the key working system and how they were able to provide additional support and oversight of a person's individual care. A staff member told us "I have built up a good relationship which helps me to know what support is needed". A staff member spoke about the importance of routine for someone they supported and due to their complex needs that maintaining this routine was sometimes challenging. They told us how the service went out of their way to ensure that this routine was enabled to be respected at all times. They felt that this was one of the main areas in which the service had recently improved significantly upon that of "Respect for people's individual routines".

Formal reviews of people's support plans were now being undertaken in order to provide staff with up-to-date information about people's care and support needs. Relative's and people's representatives, who have a legal right to make decisions on people's behalf, told us how they were involved in formal review meetings of people's needs. They said: "Plenty of opportunity to change things about [person's name] care if I wanted" and they went on to explain how staff then acted on what they had said to further improve the person's support. Others told us: "I have not had to raise any niggles or concerns, the only issues was

around monthly care plan reviews not taken place" and "Not had to make any recommendation yet to improve, as when have to review the care plan they are all very much reflected of their individual choices, care and support needs. There isn't anything that I am able to offer that would improve the situation".

A relative spoke about how responsive the service was in response to the challenges of communal living. They told us "The environment is suitable for him, but he can get frustrated with others living there, but I think they are aware of that and support him to go to his room and listen to his music".

People were engaged in individual meaningful occupation and activities and were supported to take part in wider community activities. People's activities programmes were designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, on a daily basis. Others had an organised weekly activities plan. Staff spoke consistently about a drive to improve people's opportunities to engage more in meaningful activities. Staff told us : "Lot more interaction here now with the residents and you have time to do this as there is no rush" and "What I like about working here is that they are not now afraid to try new things and they are flexible to try new activities". An external agency was also employed to provide specific one to one activities with a person. Relatives and people's representatives told us: "They look to support each client individually to find activities which they are interested in, they are always looking at the individual activities, always individually geared" and "I am reasonable impressed the only area I think could do with some fine tuning is if they had more to occupy them".

The service had a procedure for making a complaint or speaking out. We saw that a version of the procedure in a picture format was displayed. It was recognised by staff that people would require considerable support to make a formal complaint in this way. Instead staff spoke about how they felt confident to raise concerns on people's behalf and how they would not hesitate to do so. Relatives and/people's representatives told us that they knew what to do if they had any concerns but they have not had to do so. They felt confident that if they did raise any concerns that this would be dealt with. The Registered Manager confirmed that there been no complaints raised with them.

Good

Is the service well-led?

Our findings

The service was in a period of positive transition. There was new leadership and a significant number of new staff who were enthusiastic and committed to implement and embed changes in order to further improve the experiences of people living at the service. A relative commented on this: "The home may have been struggling in the past but defiantly picked up recently, staff perhaps in the past were a little too relaxed, with the change of manager much more attentive, there is an intent of very high level of care it is very observable. Everyone's so interactive now".

There was a clear sense of leadership and direction. The Registered Manager had been in post at this service for three months, but brought to the role many years of managerial experience with the provider. They were also the Registered Manager for another of the provider's services and worked two days a week at Dimensions 87 Hazel Avenue. They were supported by a deputy who also worked in both services and who worked opposite days to them, they told us that this then provided some consistent leadership within the service. Staff told us that they felt supported by the management team and that in addition there was 'on call' and 'out of hours' support. Staff comments about the Registered Manager included: "She is very open and willing to listen and try new things such as new activities" "'Very supportive" and "They both are very supportive, approachable and know the residents". Relatives and people's representatives told us about their experiences of the management: "Both managers are very approachable everyone is always made to feel welcome, never any question of not being able to access care records and staff are always happy to answer questions and staff are always happy to help" and "There now appears to be a better level of management ".

We observed the Registered Manager working with people and 'modelling' good practices of care and support they expected from the staff team. For example, we saw that they treated people as equals, was patient and extremely respectful. They were able to communicate with people very effectively and used the methods as described in people's plans of care. People were comfortable in their company which appeared to encourage people's engagement and interest in the daily activities.

The provider's statement of purpose was to meet the needs and aspirations of each person they supported, in a warm friendly home environment that enabled people to confidently express their individuality. They aimed to support people with respect, upholding their chosen beliefs, traditions and culture, and promote people's social choices, independence and life experiences. Staff were aware of the provider's aims, and described how they were encouraged to share stories demonstrating implementation of these on the provider's online portal.

The Registered Manager had a clear plan and actions to continue to improve the service which included more community involvement, clearer documentation and improved communication. They told us: "It's been a big transition with many staff leaving roughly at the same time but we have worked really hard to make sure that there was no effect for the residents and in fact people are now more involved in their own lives". A relative also commented that during the transition to a new manager that some people were unsettled but to the Registered Manager's and staff's credit this situation had now been resolved quickly. A

service improvement plan was also used to drive improvement and help ensure action was taken for the benefit of people using the service, to improve the service or to maintain safety. For example, it addressed maintenance issues, staff training and care planning. Findings from the provider's internal audits were also included. The improvement plan was reviewed by the provider's audit team to ensure that required actions were being completed.

The provider used a number of methods to help ensure the quality of the service provided, such as surveys for people, relatives, staff and audits. Feedback from people, their relatives and staff were sought by the provider in order to help drive improvements. The Registered Manager gave us examples of changes in practices and activities based on the feedback of staff during team meetings. Relatives and people's representatives confirmed that they were asked for feedback informally but stated that no changes were required to effectively meet people's care or support needs, as they were already highly satisfied.

Compliance audits were completed by the provider's auditing team quarterly, reviewing various areas of care at each visit, including support planning, medicines administration and finance management. Findings indicated the level of compliance identified at each visit. Where issues were identified, these were used to inform the service improvement plan. This was monitored by the Registered Manager and the provider's auditors to ensure effective actions were completed in a timely manner to drive any improvements required. It was clear that there was a plan in place to address any issues including timeframes. This demonstrated an effective response to issues identified, and evidence of learning.

Reference information was made available for staff to ensure they were aware of the provider's policies and procedures, had access to guidance to manage people's known health conditions, and were aware of how to access the provider's support process in times of personal difficulty.

To promote people's safety and prevent accidents and incidents reoccurring, these were reported and managed appropriately. A computer based system of reporting & checking accidents and incidents was in place. This had been established by the provider to include a number of different levels of checks to ensure that appropriate action had been taken if needed. Any themes or trends emerging from accidents and incidents were able to be identified and any necessary action implemented to prevent re-occurrence.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The Registered Manager had informed the CQC of significant events when they occurred. This meant that we could check that appropriate action had been taken.