Dimensions (UK) Limited

Dimensions 59 Lion Road

Inspection report

59 Lion Road
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10 July 2017

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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

This was an unannounced comprehensive inspection and took place on 7 and 10 July 2017.

The home provides residential care for up to eight people with learning disabilities. It is located in the Twickenham area.

At the time of our inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

At the last inspection in April 2015 the home met all the key questions and were rated good in each with an overall good rating.

People using the service and a relative said that the home provided a nice place to live and they were very happy there, especially with the way that staff treated and supported them. People chose the activities they wanted to do and when they wished to do them. There was a good choice of home and community based activities available. People felt safe living at Lion Road and using the facilities that were available in the local community. The home had a warm and welcoming atmosphere that was friendly and inclusive. People's body language and their interaction with staff and each other was positive throughout our visits.

The records kept by the home were accessible, up to date and covered all aspects of the care and support people received and were regularly reviewed. This included peoples' care plans that contained information about their choices, activities and safety. This information helped staff to perform their duties efficiently and professionally, although they already had a lot of knowledge about each person. People using the service and their relatives were encouraged to discuss health needs with staff and had access to GP's and other community based health professionals. People were supported by staff to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This helped protect them from nutrition and hydration associated risks. People told us they liked the choice and quality of their meals.

People were very familiar with the staff who supported them, they were well supported and enjoyed the way staff delivered care to them. The staff were skilled and provided care and support in a professional, friendly way that focussed on people as individuals. Staff said they enjoyed working at the home and had received good training and support from the registered manager.

A relative said the management team was approachable, responsive and listened to them. People said they liked the registered manager. The quality of the service provided was consistently monitored and assessed.

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 remains Good'	**Good**
Is the service effective? 'The service remains Good'	**Good**
Is the service caring? 'The service remains Good'	**Good**
Is the service responsive? 'The service remains Good'	**Good**
Is the service well-led? 'The service remains Good'	**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 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 was an unannounced inspection and took place on 7 and 10 July 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with five people, four staff, the deputy manager and one relative. There were seven people living at the service. The registered manager was at a meeting on the first inspection day and on leave on the second day. We made telephone contact with them regarding any queries that the deputy manager could not answer.

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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, were shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the care and support plans for three people and staff files for three members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said that they felt safe living at Lion Road and a relative also thought it was a safe place for people to live. One person said, "They [staff] always look after me." People's positive body language towards staff and each other indicated that they felt safe and comfortable.

Staff had received training in how to identify the different forms that abuse took, if it was taking place and the action that they should take if they encountered it. This was in line with the provider's policies and procedures. Staff were aware of how to raise a safeguarding alert and the circumstances in which they should do so. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff also provided people with information about how to keep safe and areas of concern regarding people individually were recorded in their files.

People's care plans contained risk assessments that meant they could take reasonable risks and enjoy their lives safely. Staff told us they received training that enabled them to identify acceptable risks to people and assess them accordingly. People's risk assessments reflected all aspects of their lives. This included activities that took place at home and in the community. Staff were able to discuss, evaluate and compare risks for people against the benefits they would gain. This ranged from access to activities in the community such as local shops and restaurants through transport and road safety to tasks around the home such as laundry. The risk assessments were regularly reviewed and adjusted when people's needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

The staff recruitment process included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were followed up and Disclosure and Barring service (DBS) security checks carried out prior to staff starting in post. There was also a 12 week probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge within the induction training and the person was employed. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures.

Staff told us and the rota confirmed that the home's staffing levels were flexible to meet people's individual needs. During our visit the number of staff on duty enabled people's needs to be met and the activities they had chosen to be pursued in a safe way.

Any immediate risks, incidents or accidents affecting individuals were shared within the staff team during shift handovers and discussed in more depth during team meetings. The home also kept accident and incident records. Staff were very familiar with people at the home, their routines and were able to identify situations where people may be at risk. This enabled staff to minimise the risk and make people feel relaxed by maintaining their normal routines.

People's medicines were safely administered. We checked the medicine administration records (MAR) for all seven people and found the records were accurately maintained; medicines safely stored and disposed of.

There were regular internal audits and an external audit carried out by the local pharmacy. Staff were trained to administer medicines and this training was regularly updated.

Good

Is the service effective?

Our findings

People were encouraged to decide how staff provided care and support, when this took place and that it was delivered in a way they were happy with. One person said, "We are having a barbecue in August and can invite anyone we want." A relative said, "[Person using the service] is getting on okay, although he is new there are lots of familiar faces from other places." People's positive body language towards staff indicated that the care and support they received and way it was delivered worked for them.

Staff were given induction and annual mandatory training that they thought was of good quality and staff practices reflected this. The induction was online and group based depending on its nature. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. Monthly staff meetings gave an opportunity to identify further training needs and two monthly supervision sessions and annual appraisals were partly used to identify staff training needs. There were staff training and development plans in place. The home also shared their experiences with other homes within the organisation. New staff shadowed more experienced staff during shifts to enhance their knowledge of people using the service and the home's operational procedures.

People's care plans had sections for health, nutrition and diet. They included regularly updated and completed nutritional assessments. If required the care plans recorded weight, nutrition and hydration charts and staff encouraged people to follow a healthy diet and monitored people's meals and how much they ate. There was also information regarding any specific support people might require at meal times. Staff told us that any concerns were raised and discussed with the person and their GP. The home had access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Staff used a number of different communication techniques depending on which was most appropriate and effective for the individual person. They ranged from communication tools to objects, symbols and pictures so that staff could make themselves better understood by people. People decided on a menu, participated in food shopping if they wished and chose the meals they wanted. Those people that required it used pictures to choose. Meals were timed to coincide with people's preferences and the activities they attended.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service 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 mental capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. Mental capacity was part of the assessment process to help identify if needs could be met. Mandatory training for all staff included the MCA and DoLS. They displayed a thorough knowledge of how to apply them to ensure people's human rights were respected.

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and had been or were awaiting authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

The home was well maintained, clean, and a new lift was being fitted during our visit. People had personalised bedrooms in the way they wanted and inputted into the choice of décor, furnishings and furniture in the communal areas. They also had access to a secure garden at the front and back of the property.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who used the service were discussed during shift handovers and staff meetings. There was individual de-escalation guidance contained in the care plans. Staff also monitored the effect behaviour had on other people using the service.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff, who provided support in a friendly and helpful way. Staff care practices and behaviour confirmed this during our visit. Staff were kind, interested in people and treated them equally with no favourites. People were given as much time as they required to meet their needs. Staff listened to people, paid attention to what they were saying, valued their opinions and acted on them within appropriate boundaries. The support people received was empowering and enabling. One person told us, "[Staff] are my friends." Another person said, "We have a lot of fun." A relative commented, "Staff are very nice and welcoming." People's comments and their body language towards staff was very positive and indicated that they were happy with the way staff supported them and delivered care.

The way staff met people's needs was skilful and patient and showed us they knew people using the service and their needs and preferences well. Staff communicated with people at a pace that made it easy for people to understand and for them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked.

Peoples' care was focussed on them as individuals and we saw staff put their person centred training into practice with people consistently enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives as appropriate.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful way they provided support. People experienced a relaxed, inclusive and enjoyable atmosphere to live in.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People said that staff met their needs in a way that they were comfortable with and made them feel relaxed. People were able to contribute to decisions about their care, suggest activities they would like to do and support was provided by staff, promptly and appropriately. Staff were aware of people's needs, tried hard to meet them and were available for people to discuss any wishes or concerns they might have. The appropriateness of the support staff provided was reflected in the positive responses of people to them and their positive body language. Any concerns displayed by people were attended to as the priority during our visit. One person said, "I've got my Brentford shirt, I'm going next season with my brother. Going to Arsenal and England too." Another person told us, "I'm going out for dinner for my birthday." Someone else said, "We have weekly house meetings and have our say."

People were invited and encouraged to attend weekly house meetings to state their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information from the meetings was monitored to identify if suggestions were acted upon. Relatives were sent questionnaires to get their opinions.

Before moving in people and their relatives and other representatives were consulted and involved in the decision-making process. They could visit as many times as they liked before deciding if they wanted to live at the home. This included mealtimes and overnight stays. One person was visiting the home as part of the admissions process and staff said the person had already visited on several occasions and people living there and staff already knew them from day centres and previous placements. This made the experience more comfortable for them. During the visits the registered manager and staff added to the assessment information. Staff said it was important to capture the views of people as well as their relatives so that the care could be focussed on people as individuals. They also obtained the views of those people already living at the home.

Service commissioners provided assessment information as well as the home's pre-admission assessments. There was written information available about the home and organisation for prospective people moving into the home, their relatives and placing authorities. There were regular reviews to check that the placements were working for people. If a placement was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People had individualised care plans that were part pictorial to make them easier for people to use. They were based on the organisation's 'Personalisation journey' that focussed on the principle of providing as much freedom of choice, with minimal unnecessary staff intervention within a risk assessed environment. People participated in monthly meetings with their key workers that identified achievable outcomes for people and kept the care plans up to date, relevant and focussed on them. This was reflected in the wide variety of activities that people participated in. The care plans recorded people's interests, hobbies, work, educational and life skill needs and the support required for them to pursue them. They also contained individual communication plans and guidance and 'Social and life histories'. These were live documents that were added to by people and staff when new information became available. The information gave

people and the staff an opportunity to identify activities people may wish to do.

People's needs were regularly reviewed, re-assessed with them and care plans updated to meet their changing needs. People were encouraged to take ownership of their care plans and contributed to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Individual and group activities took place at home and out in the community. Each person had their own weekly activity planner. One person said, "I went out with my sister yesterday, it was so hot we went back to her house for a chocolate lolly. It was lovely." Another person told us, "I really enjoy going out and being sociable." The home made use of local community based activities wherever possible and those further afield. The home had access to transport so that people could easily access these activities. People had a number of regular activities as well as others that were focussed on specific interests. Regular activities included visits to a day centre that gave people an opportunity to socialise with their friends. This was also encouraged within the community and one person said, "I've got a friend coming to visit." Other regular activities included music therapy, bowling, arts and crafts and shopping. One person regularly went to football matches with their brother. People visited a number of places such as Windsor, Runnymede and Wisley gardens. They also went out for meals to restaurants and local pubs that was organised by the Gateway Club who put on events and activities for people with learning disabilities in the community. People were encouraged to develop their life skills by carrying out tasks around their home such as vacuuming, helping with meal preparation and ordering and putting away shopping. People were engaged in discussing topical events in the news such as the Grenfell Tower fire in London with staff and each other. One person said, "It was terrible, I felt so sorry. I wanted to talk about it." They also spent time talking to each other and staff about their families.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and in a format that was accessible to them. There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Good

Is the service well-led?

Our findings

The culture of the home and organisation was positive and supported people to successfully achieve their desired outcomes in an open, inclusive and empowering way. People and a relative said that they were very happy to speak with the registered manager and staff and discuss any concerns they may have. One person said, "I go in the office when I like." Throughout our visit staff listened to people's views and acted upon them.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during the induction training and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication and specific areas of responsibility. The confidence that the registered manager had in the staff team was demonstrated by them being happy for the inspection to be conducted in their absence, whilst making themselves available by phone to answer any queries that staff could not. Staff told us the support they received from the registered manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. One staff member said, "This is a good organisation to work for, I'm on the staff forum group and am impressed with the way they listen and do something." Another staff member told us, "We get really good support from the manager and deputy."

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was a career development programme in place to enable staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals took place when due. There was an 'Aspire' career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Regular audits formed the base of the quality assurance system that contained performance indicators that identified how the home was performing, areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider. Quarterly compliance audits included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took

individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.