

Dimensions (UK) Limited

# Dimensions The Laurels 3 Nine Mile Ride

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 06 June 2017.

Dimensions - The Laurels is a residential care home which is registered to provide a service for up to six people with learning disabilities. Some people have other associated difficulties including needing support with behaviours which could be distressing and/or harmful. There were three people living in the home on the day of the visit. The service offered ground and first floor accommodation in six bedrooms. One bedroom was on the first floor and two rooms had fully en-suite facilities.

At the last inspection, on 20 May 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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.

People continued to be kept as safe as possible from abuse and harm by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. The staff team's knowledge and understanding of how to keep people and themselves safe contributed to ensuring people lived in a safe and secure environment. Staffing ratios ensured people were supported safely and the recruitment procedures were effective in making sure appointees were suitable and safe to work with people. People were given their medicines in safely.

The staff team continued to respond effectively to people's current and changing needs. They ensured their health and well-being needs were met in a timely way. The service worked closely with health and other professionals to ensure they met people's needs.

People continued to be supported to have maximum choice and control of their lives. Staff offered them care in the least restrictive way possible, the policies and systems in the service supported this practice.

The staff team remained kind, caring and committed and were knowledgeable about people's needs. People continued to benefit from individualised care planning which ensured staff used a person centred approach. The staff team respected people's equality and diverse needs.

People received good care from a well led service. The registered manager was experienced and qualified and listened and responded to people, staff and others. The management team were described as approachable and very supportive. The quality of care the service provided was assessed, reviewed,

improved and developed as necessary.

## 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 remained safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Dimensions The Laurels 3 Nine Mile Ride

## **Detailed findings**

### Background to this inspection

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

This inspection was unannounced and took place on 06 June 2017. It was completed by one inspector.

Before the inspection the provider sent us 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 looked at the PIR and all the other information we have collected about the service. This included the previous inspection report completed in May 2015 and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at the three care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at some records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records. Further documentation was sent to us after the inspection.

We interacted with the three people who live in the home and spoke with two. We observed how staff provided care throughout the inspection visit. We spoke with three staff members and the registered manager. We received written comments from two families of people who live in the service, after the inspection visit. We requested information from eight other professionals and received four very positive responses and one mainly positive response.

# Is the service safe?

## Our findings

The two people, who were able to, told us they felt safe and staff helped them if they did not feel safe. A family member said, "We are very confident that my [relative] and the others living at The Laurels are safe and very well treated." Professionals told us they were confident people were safe. One professional said, "...I have never seen anything that concerned me". When asked if they felt people were safe another professional responded, "Very confident..." There had been no safeguarding incidents during the previous 12 months.

People continued to be protected from any form of abuse or poor practice. The staff team received training in safeguarding adults and described, in detail, how they would deal with any concerns. This included following the provider's whistle blowing policy, should it be necessary. Staff told us they were very confident the management team would act on any concerns or issues that arose, to ensure people's safety.

People who lived, worked in or visited the service were kept as safe from harm as possible. Staff were trained in and followed the service's health and safety policies and procedures. They had service emergency plans to follow in the event of foreseeable emergencies. General health and safety risk assessments and risk management plans such as lone working and infection control were in place. Health and safety and maintenance checks were completed at the required intervals.

The service continued to complete comprehensive risk assessments for individuals, as required. These were incorporated into support plans and advised staff how to provide care as safely as possible whilst offering as much independence as possible. The service learned from accidents and incidents which were recorded, investigated, analysed and acted upon, as necessary.

People's finances were appropriately protected according to their needs. For example some people's money was looked after by their local authority and some by family members.

People were supported to take their medicines safely by appropriately trained staff. Medicines were ordered, stored and disposed of safely. People had guidelines for the use of 'to be taken as necessary' medicines. However, these did not always contain enough detail. The registered manager undertook to review these guidelines. One appropriately dealt with medicine error had been reported in the preceding year.

People were supported by staff who continued to be safely recruited. Prospective staff were fully checked so that the registered manager could be as sure as possible that they were suitable and safe.

Staffing ratios continued to ensure there were adequate numbers of staff on duty to keep people safe. Some staff worked 14.5 hour shifts, on occasions but told us they were confident they were able to discharge their duties safely and effectively throughout the long shift. The registered manager agreed to review working patterns and develop a method to ensure staff's effectiveness if continuing this pattern of work.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. Professionals told us the service was effective. One commented, "Within the team are established members who have worked with the clients for a long period of time and with this comes a long term therapeutic relationship, whereby health needs and changes in behaviour are noticed quickly." Another said, "...any changes in behaviour; facial expression, signs of distress, agitation or indication of pain is closely observed and investigated; and the GP consulted. Body charts are used and any injuries investigated." A relative wrote, "We are happy with all aspects of our relative's care."

Staff remained well trained and continued to be encouraged to develop the skills and knowledge they needed to meet people's needs. The five permanent staff and two of the four bank staff had attained a relevant qualification in health and/or social care. The service used a nationally recognised induction tool. Care staff were supported by the management team and received regular one to one supervision and an annual appraisal. Staff told us they were very well supported by the registered manager and management team who were always available for support or advice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 people of their liberty were being met. Best interests meetings were held, as necessary. A professional told us, "We have recently conducted a best interests decision under the MCA with regard to covert medication and also [specific activity] – which the client often declines."

People were helped to make as many decisions and choices as they could and their individual support plans included a specific one for decision making.

Plans of care, which included a one page profile, ensured staff were provided with enough information to enable them to meet people's specific needs. People's health needs continued to be met effectively. People had a separate medical file which included a detailed health action plan. Referrals were made, in a timely way, to other health and well-being professionals such as psychiatrists and speech and language therapists. A health professional told us, "The team are quick to seek medical advice from their GP practice which in my professional opinion is one of the best in the area." Another said, "Clients are treated as individuals and referral to health team is made by care staff promptly if they feel further advice and support is required." A relative commented, "The staff are always on top of [relative's] health needs."

People were supported to choose healthy and nutritional food. People's specialised nutritional needs were included in care plans along with advice from the speech and language therapy team with regard to safe eating, drinking and swallowing. Records of food and fluid intake were kept, as required. A professional commented, "Staff always have time to discuss needs and show menus, food and weight records. They are responsive to advice and carry out care plans diligently."

## Is the service caring?

### Our findings

The staff team remained very committed to the people in their care. They treated people with kindness and patience. One person told us the staff were kind and they liked living in the home. Care staff told us that the well-being of people was always their priority. A family member wrote, "We are very appreciative of the staff and all they do for [name]." Another said, "All the staff are very pleasant and caring." Professionals commented, "...the team have always had the best interests of their client group at the forefront whenever I have visited and discussed individuals with them." Another said, "My impression of The Laurels is of a calm, relaxing and almost 'laid-back' environment; where clients are able to exercise their individuality but are not left in isolation, and are included as much as possible in day-to-day life." A further comment was, "The staff team appear responsive to clients' needs and have a caring approach."

People were treated with respect. Staff interacted positively with people, communicating with them at all times, throughout the duration of the visit. We observed staff reacting positively and patiently when a person exhibited distress for a long period of time. They persisted with the use of kind and calming language, followed the support plan and remained patient at all times. Plans of care included positive information about the person and included areas such as, "My skills" and "What people like and admire about me". Additionally, individual support plans included information such as "The kind of support I need during activities to be successful." This noted, "I prefer positive words to be used" (examples given) and "I need continual encouragement to motivate me" (examples given).

People continued to be supported to maintain their dignity and their privacy were respected. Staff were able to describe how they afforded people their privacy and dignity in their daily work and routines. People were offered same gender care for intimate personal support. A professional commented with regard people's dignity, "This is considered a priority whenever I visit." Another wrote, "... I have observed staff giving all clients respect and dignity." Further comments included, "... they are thoughtful and considerate about the client's needs" and "The staff were very attentive towards all the customers while I was present and offered support with personal care discreetly when required."

People's communication support plans were detailed and ensured staff were able to communicate with people effectively. The plans clearly described how people made their feelings known and how they displayed choices and preferences. They noted how staff would know when people were displaying particular emotions and states of well-being or distress and how they should respond.

The relationships between people and staff remained strong. People and staff knew each other very well, in some cases staff had worked with them for over 20 years. Staff were able to describe, in detail, people's needs and what was in their support plans. Their practice (observed on the day of the visit) demonstrated how well they knew people and how comfortable people were in their presence. A professional commented, "The staff were very knowledgeable regarding the care and support needs of each individual customer."

People's needs, with regard to their equality and diversity, were understood and met by the staff team. Staff ensured each person's diverse physical, emotional and spiritual needs were identified and met in the way



that suited them best.

## Is the service responsive?

### Our findings

The staff team remained responsive to the needs of people and were able to recognise when people needed or wanted help or support. We saw that staff responded to body language, facial expression and behaviour as noted in people's communication plans. A professional described how staff responded to their client. They noted, "She indicates needs by going to rooms, front door or cupboards; and I have observed staff respond appropriately. When she was declining to drink as well as liquid intake monitoring staff offered iced lollies; in the same way when she declined to eat (a prior issue) they offered snacks and finger food."

People's care plans were person centred and clearly described people's individual needs, preferred routines, any special needs people had and the person themselves. People's diverse and changing needs were met by knowledgeable staff who were kept up-to-date with any changes needed in people's care. Care plan reviews continued to take place regularly a minimum of annually and whenever people's needs changed. A professional commented, "...in my view [people] are provided with a service that recognises and respects their individuality, facilitates choice and offers a maximum of liberty within the restrictions of health and safety." People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate.

A social care professional commented that the service was not as responsive to their advice and had to be reminded at a subsequent review to look into the use of assistive technology for an individual. Additionally they told us the service had not asked for a necessary mobility assessment in a timely way. However, health care professionals made various comments about how pro-active the service was in seeking advice and assistance with people's changing needs. One healthcare professional said, "I help support two of the clients in The Laurels and have found the team welcoming and supportive. They will seek advice rather than allowing a situation escalate." Another told us, "...MDT (multi-disciplinary team) involvement is welcomed and acted upon. People's needs were currently being appropriately responded to."

People continued to be supported to develop and maintain relationships with those important to them. People's relatives were kept informed of any significant issues or changes to people's well-being (with people's agreement). A relative told us, "The home are in regular contact and are cooperative with her best interests in mind." Another commented, "[Name's] case worker is very good, she calls us every week to keep us up to date and we also speak to [name] on the phone."

People's activities programmes remained individualised. The service responded on a daily basis to people's state of health, mood and choices. Activities were provided within and outside of the service and included holidays and outings. People were supported to participate in community activities, as they chose.

The service had an accessible complaints procedure and provided an easy read version which gave people the best chance to understand the process. It was clear that some people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause. The service had received no complaints and four compliments during the preceding 12 months.

## Is the service well-led?

### Our findings

People continued to receive good quality care from a staff team which was led. The registered manager had been in post since February 2014 and was supported by an assistant manager who had worked in the service for eight years. The registered manager was registered for one other service and worked with an additional two supported living services. The assistant manager worked in an additional service. However, staff told us the service was well managed and one of the management team was always available. They said they knew the whereabouts of the registered manager at all times and could always contact her for advice or assistance. Staff told us the management team was open and approachable and they felt, "very well supported."

The registered manager and management team listened to the views of people, their families and friends and the staff team. A resident's meeting was held on a monthly basis and notes of the meetings, with actions to be taken were kept. Additionally people's views and opinions were recorded in their reviews. Staff meetings were held every month and minutes were kept. They included the discussion of policies, people and were sometimes used for training activities. People's families, friends or advocates were asked for their views, via questionnaires and collected informally when contact was made with the service.

The service continued to monitor and assess the quality of care offered to make sure people received the best standard of care possible. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, regular financial audits and medicines checks. Quality audits were completed by the provider's compliance team which included a person who uses another of the provider's services.

Various actions were taken as a result of the audit system and listening to the views of all interested parties. These included, refurbishment of many of the areas of the home such as redecoration and new flooring, a trip to the zoo and salmon included on the menus at least once a week..

The service worked with other community professionals in the best interests of the people who live in the service. Professionals made comments such as, "[The team] welcome a multidisciplinary approach for best support for each individual they care for." "I have experienced close cooperation with staff over 2 clients both who required [specific activity]. This has meant at times regular phone reviews twice weekly, regular MDT meetings and best interests meetings with home staff and relatives." A further comment was, "I have found the manager and staff team approachable. They appear motivated to offer the best support they can for the people who live there."

Records accurately reflected people's individual needs and were detailed and up-to-date. They supported staff to offer good quality care. Some personal records were not always dated but the registered manager undertook to ensure this was rectified. Records relating to other aspects of the running of the home such as audits and staffing records were well kept. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.