

Dimensions (UK) Limited

Dimensions 21 Searing Way

Inspection report

21 Searing Way
Tadley
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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

Dimensions 21 Searing Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions 21 Searing Way provides accommodation and personal care to a maximum of five people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of the inspection there were five people living at the home.

The inspection took place on 27 February 2018 and was unannounced. Which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Policies, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. Recruitment processes were followed to ensure suitable staffing levels and the provider had thorough pre-employment checks in place to determine prospective candidates' character and skills. This was to ensure staff were suitable to support people with a learning disability. Where agency staff were used the provider ensured people received good consistency and continuity of care by deploying the same staff. Arrangements were in place to receive, record, store and handle medicines safely and securely.

People were cared for by staff who had received appropriate training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing.

Staff treated people with kindness and compassion, they cared about people. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity and human rights when delivering their care.

People had a comprehensive assessment of their support needs and guidelines were produced for staff about how to meet their individual needs and preferences. Support plans were reviewed with people and their families and relevant changes made where needed. Staff encouraged people to be as independent as possible. Activities that were appropriate to each person were offered and encouraged. Processes were in place to enable people to make complaints and these were responded to appropriately.

The service had clear and effective governance in place. The provider encouraged people, their families, staff and professionals to be actively involved in the development and continuous improvement of the home. The provider had robust quality assurance systems which were operated across all levels of the service. Staff had worked effectively in partnership with other agencies to promote positive outcomes for people.

Further information is in the detailed findings below

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 safe	Good ●
Is the service well-led? The service remained good	Good ●

Dimensions 21 Searing Way

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 a comprehensive inspection and took place on 27 February and 2 March 2018 and was unannounced. The inspection was carried out by one inspector and an inspection manager.

Before the inspection we reviewed information we had about the service, this included previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spoke with four staff members, an external professional and the registered manager. Following the inspection we spoke with a four relatives and received written feedback from four professionals. Not everyone was able to fully share with us their experiences of life at the service, therefore we spent time observing staff interactions with them, and the care provided by staff.

We reviewed records which included three people's care plans, four recruitment and supervision records for staff, the provider's policies and procedures, incident reports, staff training records, staff rotas and quality assurance processes and procedures.

At the last comprehensive inspection of 19 January 2015 the service was rated as 'Good' overall.

Is the service safe?

Our findings

Relatives we spoke with felt their family members were safe living at Dimensions 21 Searing Way.

Policies, procedures and staff training were in place to protect people from risks including avoidable harm and abuse. Staff knew about the risk of abuse, and how to report concerns. Staff were confident they would be able to raise any concerns, which would be handled effectively by the registered manager.

Risks to people's safety were managed through comprehensive risk assessments, which staff had read and which were reviewed and updated regularly. Safety checks had been completed in relation to fire, gas, electrical, water and equipment. Staff were informed of incidents at the staff shift handover and in the daily log book. Any learning from incidents was shared with staff in order to improve the service and keep people safe, this was evidenced in staff meeting minutes and supervision files.

There were sufficient staff to support people safely in the home and take them to activities and external health appointments. Staff told us their workload was manageable, and we saw they could carry out their duties in a timely manner. The provider carried out the necessary pre-employment checks before staff started work at the service. The provider had carried out a thorough recruitment process. When required the same agency staff were used to ensure continuity of care for people.

Arrangements were in place to receive, record, store and handle medicines safely and securely. People's medicines were administered by staff who had undertaken the relevant training to enable them to do so safely, for example; to support people when they were experiencing an epileptic seizure. Staff's competency to administer people's medicines had been assessed annually to ensure continuity of knowledge and skills.

Processes, procedures and staff training were in place to protect people from the risk of acquiring an infection. Staff understood their responsibilities in relation to infection control and followed the guidance provided.

Is the service effective?

Our findings

Relatives told us their family members received effective care and support. One visitor said Dimensions 21 Searing Way "Exceeded our expectations".

People had a comprehensive assessment of their support needs and from this a support plan was created. Staff told us they spent time reading people's support plans to enable them to provide people's care effectively.

New staff completed an induction appropriate to their role. In addition to the provider's required training, staff underwent training which enabled them to meet people's individual and complex care needs effectively for example training on autism awareness. Staff told us and records confirmed they received regular supervision and had an annual appraisal of their work.

People had input in planning their weekly meals and had a choice of two meals at lunchtime and in the evening. Staff monitored people's weight and promoted healthy eating. Staff understood the importance of ensuring people maintained a good level of hydration and ensured people were provided with their choice of drinks.

People saw a variety of healthcare professionals as required, for example; during the inspection a person was supported by staff to attend a hospital appointment. Where professionals had provided guidance about the person's care this was included in their support plans. Staff supported people to maintain good health.

Adaptations had been made to the building to accommodate the needs of people. There was ample space for wheelchairs to be able to move without restrictions and bedrooms had been personalised with people's preferred décor and content including family photographs. In communal areas there were photographs of people and activities they had attended.

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 Mental Capacity Act (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were appropriately trained and understood their responsibilities under the MCA 2005. The registered manager had applied for authorisation under the safeguards where they considered a person might be deprived of their liberty. Processes were in place to ensure people received their care and risks to them were managed in the least restrictive manner possible.

Is the service caring?

Our findings

One relative told us they thought staff were "very caring" and went "above and beyond what they had hoped for". Another relative told us "The staff are caring and committed, [relative] is so much happier and relaxed since being here".

Staff knew the people they cared for well and people were relaxed in their company. Staff did not rush people with their care. Staff were sensitive to people's moods and intervened to ensure people received the emotional support they required. One staff member told us "everyone wants the best for everyone here, everyone's caring". One professional told us "The atmosphere is very relaxed and caring and the residents thrive, they deliver very effective and high quality care".

Some people used Makaton, which is a signing system, and staff used this or an adapted version of this to communicate with people. People were supported to use pictorial symbols and planners to communicate and these enabled them to understand and respond to information given. Staff were provided with guidance about what people's non-verbal communications might mean and demonstrated a good understanding of people's vocalisations, gestures and eye movements. Where a person was limited to be able to have an input in their care planning, relatives were involved in decisions about the person's care.

Staff were discrete and sensitive when helping people with personal care. One staff member told us "I will always knock before entering a person's room". Staff consistently provided people with explanations so they understood what was happening. For example, we observed staff administering medicine to one person whilst letting them know how much was left to take.

People where possible were encouraged to be independent. One professional told us " When [person] goes shopping she enjoys choosing her own clothes and is encouraged to make simple choices about what to wear each day, she is also encouraged to feed herself but a member of staff is always there to support if needed and to ensure she remains safe".

Is the service responsive?

Our findings

Relatives told us the service was responsive to peoples' needs. One relative said, "[person] has a care plan which we are involved in which has detailed information of [persons] needs". Relatives were also clear about the pathway they had to follow for any issues to be resolved with regards to concerns or complaints.

Staff had completed person centred care training which is when the provision of the person's care is based around the person's needs rather than those of the service. Staff understood and applied these principles in the course of their work with people.

People's changing care needs were identified and were reviewed with the involvement of other health and social care professionals when required. One relative said "We get weekly updates about [persons] care and wellbeing, if there is a concern they involve the relevant professional, we had a call recently where they were concerned about [persons] leg being swollen, they called to let us know and that they would be arranging a GP appointment for [person]. We observed changes to people's care in the daily log book which staff read before starting their shift to ensure they were responding to people's current care and support needs.

The provider's complaints policy was displayed in the home's reception to ensure visitors were aware of how to make a complaint if necessary. Concerns and complaints were logged electronically, so that actions taken to address them could be monitored and reviewed by the registered manager and the provider's quality auditors. This ensured that appropriate actions had been taken to address concerns raised.

At the time of inspection no-one living in the home required end of life care. People had end of life plan/wishes documented in their care files, if this became applicable to them.

Is the service well-led?

Our findings

Relatives, staff and professionals told us that the service was well managed. One relative told us "The manager has made improvements since being here". A member of staff told us "the manager has come in and is focussed on getting everything sorted, he is very supportive". One professional told us "The leadership is very good and well organised creating the happy working environment".

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a clear vision to deliver personal and individual care in the home. There was a positive culture within the staff team in order to achieve good outcomes for people. Staff told us they enjoyed working at the service and felt well supported. Staff told us the registered manager operated an 'Open door' policy, which enabled them to raise any issues or concerns they may have.

The registered manager used formal and informal methods to make sure staff were aware of their responsibilities to deliver a quality service. These included team meetings, supervisions and appraisals. The registered manager involved staff in reviewing people's care plans. Staff told us they felt supported and listened to.

The service maintained open communication with people's families through phone and email updates. Staff were engaged through the staff shift handovers and in the daily log book, supervisions and the regular staff meetings. People's families had been sent a quality assurance survey to seek their views and the registered manager was waiting for the results to be collated.

There were systems in place to learn and improve. The registered manager had a service development plan that was updated regularly with areas for improvement identified through the provider's audit processes, this included additional staff training needs when identified and improvements to the premises with regards to redecoration and repairs.

The registered manager and staff worked effectively with partnership agencies such as GPs, reflexologists, physiotherapists, mental health workers and social workers to ensure people's needs were being met.