

Dimensions Somerset Sev Limited

Dimensions Somerset Newholme

Inspection report

Newholme Bushy Cross Lane
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Tel: 01823442298

Date of inspection visit:
11 May 2021

Date of publication:
21 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dimensions Somerset Newholme is a residential care home registered to provide personal care to up to eight people. At the time of the inspection there were seven people living at the home. The home specialises in the care of people who have a learning disability and/or autism. People living at the home also have complex physical healthcare needs.

People's experience of using this service and what we found

People lived in a home where improvements had been made to promote the safety of the premises and the care they received. There were systems in place to identify, monitor and minimise risks to them.

There had been several changes to the management of the home which had led to poor morale and confusion for staff. However, all staff spoken with said this had improved greatly in the past few months which was leading to a calmer environment for people to live in. Further management changes were taking place at the time of the inspection.

Where shortfalls in the service had been identified action was being taken to improve the care and support people received. This included further training for staff and improvements to the décor.

People were cared for by staff who were kind and caring. People looked relaxed and happy with the staff supporting them.

Staff were practicing good infection prevention and control practices to keep people safe.

People had their needs assessed and they, and/or their representatives, were involved in planning their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People lived in a house in a residential area. They had access to transport to enable them to access community facilities according to their interests and preferences.

Right Care

People were receiving care that met their individual needs and they had opportunities to take part in activities according to their abilities and needs.

Right Culture

The management in the home were committed to continuous improvement to make sure people received good quality person centred care.

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

Rating at last inspection

The last rating for this service was requires improvement (published March 2019). The provider was in breach of one regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to staffing and the care of people who lived at the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset Newholme on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Dimensions Somerset Newholme

Detailed findings

Background to this inspection

Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Dimensions Somerset Newholme is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave a short period of notice because this was a small service and we wanted to be sure people would be available to meet with us.

What we did before the inspection

We reviewed the information we held about the service. This included information provided to us by the provider and concerns that had been raised with us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We met with everyone who lived at the home. People were unable to fully express their views to us using words so we spent time observing care practices and interactions in communal areas. We spoke with five members of staff. After the inspection we spoke with two relatives of people.

We looked at a sample of records at the inspection, such as medication administration records, health and safety checks and health monitoring records.

After the inspection

We asked for a number of records to be sent to us electronically. These included staff training details, three care and support plans, the action plan for the home and records of incidents and accidents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we found that risks to people were not always managed effectively. For example, some elements of the environment and equipment being used were not always safe. There had been no checks on fire detecting equipment, bedrails or electrical appliances. This was a breach of regulation 12. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people were minimised because regular health and safety checks were taking place. For example, fire alarms were tested weekly in house and serviced by outside contractors to make sure they remained in good working order. Other equipment was also being checked by staff and serviced by contractors to minimise risks to people and staff.
- Individual risks to people were assessed and control measures put in place to make sure people received care and support safely. Risk assessments showed the level of support people needed with specific activities such as eating and drinking, accessing community facilities and individual health conditions.
- The provider has systems which ensured any incidents or allegations were investigated. This enabled the service to learn from mistakes and make improvements where necessary. This had included additional training for staff where needed.

Systems and processes to safeguard people from the risk of abuse

- People were safe because the provider had systems to help staff to recognise and report concerns. All staff spoken with said they would not hesitate to report any concerns, and all felt that action would be taken to protect people. One member of staff said, "Every concern I have ever had, [registered manager's name] has dealt with."
- People looked comfortable and relaxed with staff who supported them. People smiled when staff approached them and some enjoyed good humoured banter and laughter.
- The registered manager worked with relevant authorities to make sure any allegations were thoroughly investigated. Relatives spoken with were confident that all concerns were taken seriously and responded to in a professional manner.

Staffing and recruitment

- People were cared for by staff who were safely recruited. Staff told us they had only commenced work

once appropriate checks had been carried out. Staff annual review records showed important information was checked. This included making sure criminal records checks had been carried out and staff were eligible to work in the UK.

- There were adequate numbers of staff to meet people's needs. During the inspection we saw people received care and support when they required it. We observed that staff did not rush people and took time to work at each person's pace. The provider used agency staff, when needed, to make sure there were sufficient staff to safely support people.

Using medicines safely

- People could be confident that their prescribed medicines were administered safely. Staff who administered medicines had received specific training and had their competency assessed to make sure their practice was in accordance with best practice guidelines. Records were maintained of all medicines administered or refused.
- Some people were prescribed medicines on an 'as required' basis. There were clear protocols in place to give staff information about when these medicines should be administered. This helped to make sure people received 'as required' medicines in a consistent way.
- Staff had received training in the use of epilepsy rescue medication. This meant people who required this support in an emergency situation, could be safely assisted.
- People received their medicines in accordance with their individual needs. Care and support plans gave details of the support each person required with medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support plans were in the process of being updated. Staff were involving people and their representatives to make sure these plans reflected people's individual needs and wishes.
- People had care and support plans which set out their abilities, likes and needs. This helped staff to provide care that met each person's individual wishes and needs in their chosen way.
- People received care in accordance with their assessed needs. For example, we saw staff assisting a person to drink. When we looked at the person's care plan, we saw they had been assisted in accordance with their assessed abilities and needs.
- People were supported to make choices in appropriate ways. We saw that one person was shown two things to choose from. Another person was able to present a staff member with their choice of drink.

Staff support: induction, training, skills and experience

- At the last inspection we made a recommendation that staff should be provided with training to meet people's specific needs. At this inspection we found staff were beginning to undertake training according to people's individual needs. This included supporting people with specific healthcare needs.
- Staff received one to one supervision and annual appraisals. This ensured that staff had opportunities to discuss their learning needs. It also enabled supervisors to praise good practice and address any issues that required further training.
- Staff were confident they had received the training they required to safely support people. One member of staff said, "They are really hot on training now."
- People were being supported by staff who were receiving training to enhance their quality of life not just to meet their physical needs. For example, some staff had recently undertaken training with a physiotherapist to support people with movement programmes. Trained staff were rolling this out to the whole staff group.

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

- People received food and drink in accordance with their needs. Where people's care and support plan stated they needed to receive food at a specific consistency we saw this was provided. If people needed to have their food and drink monitored staff kept records of this.
- Some people needed their nutrition to be provided via a percutaneous endoscopic gastrostomy (PEG)

tube. Staff had received training in how to safely support people with this.

- Staff knew people well and said they provided meals in accordance with known likes. However, there was no menu or pictures to help people to make choices. We discussed this with the management at the home who told us they were planning to make pictures available to support people with making choices.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of health care professionals, including annual health checks, according to their individual needs. For example, some people had been assessed by speech and language therapists who had recommended individual eating and drinking plans.
- People's healthcare needs were being monitored to make sure timely action was taken to address issues. The registered manager had introduced guidance and monitoring charts for some important elements of people's care. This helped to make sure responses to people's healthcare needs were consistent. One member of staff said, "We have checks and double checks. It's working really well."
- Staff worked with other healthcare professionals such as community nurses, GP's and dieticians. This was to make sure people's health was monitored and they received appropriate treatment when necessary.

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

- People lived in a home which was appropriate to meet their needs. The building was single storey with wide corridors which enabled people with all levels of mobility to access all areas.
- Each person had a single room which they had been able to personalise to their wishes. One person was planning to change rooms and we were told how they had been shopping to choose new items to make it their own.
- People's physical needs were met by appropriate equipment which was well maintained. This included ceiling hoists and adapted bathing facilities.
- The house was homely and welcoming. There were plans to further improve the environment with some new furnishings and carpets.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected. The registered manager had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe.
- Care and support plans gave information about decisions people could make for themselves and others who could support them to make decisions when needed. For example, one plan showed the person could make decisions regarding who they would like to work with them each day. But for complex healthcare decisions they would need support. The care and support plan showed that for these complex decisions, healthcare professionals should be involved to make decisions in the person's best interests.
- Staff encouraged people to make choices about day to day issues such as what they would like to eat and drink.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home had experienced a period of inconsistent management which staff said had led to poor morale and confusion. The provider's monitoring of the service had not always been effective in supporting the management of the home to make sure people received a high standard of safe care and support.
- People were seeing improvements in their care and safety because a temporary registered manager had been working at the home for the last six months. The registered manager had made great improvements by putting robust systems in place to monitor safety and standards of care. This had included regular safety checks and appropriate staff training.
- There was a continuous improvement plan in place which highlighted work completed and further improvements planned. This demonstrated that shortfalls had been identified and action was being taken.
- Whilst we acknowledge the work completed by the registered manager to implement robust systems, we need to see these improvements sustained over a longer period of time to ensure people receive a good standard of care.
- A new permanent manager had been appointed and begun work the day before the inspection. The new manager was experienced and told us they were committed to continuing with improvements.
- The provider was aware of their legal obligations to report certain events to the Care Quality Commission and has done so in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the main thing the home needed was a period of stability and consistency to ensure all staff were working together to provide good outcomes for people. One member of staff said, "Staff and the people who live here need some stability." Another said, "It's a really nice place but so many changes have taken their toll. It affects the culture and the atmosphere. [Registered manager's name] has stabilised things but there is still work to do."
- People were cared for by staff who were kind and compassionate. Throughout the day we saw staff treating people as individuals and meeting their needs in a caring manner. Staff said they thought care was moving to a much more person-centred model and care plans we saw echoed this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received their care from a provider who was open and honest. When incidents occurred, they took action to fully investigate and put in measures to avoid re-occurrence. Relatives spoken with said they were made aware of incidents and were satisfied with actions taken in response to these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives were kept up to date with changes at the home. Throughout the pandemic the provider had kept people and their families up to date with government guidelines and precautions that had been put in place to keep people safe.
- The registered manager had communicated well with staff and other professionals to make sure improvements were put into action. Information was shared by team meetings and emails.
- People were involved in planning their day to day care as far as they were able. Staff knew people well and gave people choices in an individualised way.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.