Dimensions (UK) Limited

Dimensions 1 Middlefield Close

Inspection report

1 Middlefield Close
Farnham
Surrey
GU9 8RS

Tel: 01252718479
Website: www.dimensions-uk.org

Date of inspection visit:
08 September 2016

Date of publication:
04 October 2016

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

The inspection took place on 08 September 2016 and was unannounced.

1 Middlefield Close is registered to provide accommodation for a maximum of five people. It specialises in care for people with learning disabilities and autistic spectrum disorder. At the time of the inspection there were five people living at the service.

There was a registered manager in post. 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 was unavailable during the inspection, support was provided by the deputy manager to access records and information.

People and staff spoke highly of the management of the home. Staff told us that they felt supported and knew that there was always someone available to help them when needed. We received positive feedback regarding the care staff from relatives of people living at Middlefield Close.

Care plans and risk assessments had been completed to ensure people received appropriate care. Staff involved in developing care plans knew what was important to people and their communication needs. This meant information was personalised and reflected people's personal choices and preferences.

People were encouraged to take part in daily living tasks and supported to participate in daily activities. Staff demonstrated an understanding of how to recognise and report abuse and treated people with respect and dignity. People were given choices and involved in day to day decisions about how they spent their time. People had a choice of meals provided and staff knew people's likes and dislikes.

People's rights were protected as systems were in place to assess people's capacity to make decisions and guidance was followed when making decisions in people's best interests. There was complaints procedure in place and relatives told us they would felt any concerns raised would be addressed promptly.

Medicines documentation and relevant policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out and accurate records were maintained. People had access to healthcare professionals and their health needs were assessed and monitored. Where people's behaviours and anxiety impacted on their day to day lives guidance was available to staff as to how to support people in managing their anxiety.

People were supported by sufficient numbers of skilled staff. Staff felt that training provided was effective and ensured they were able to provide the best care for people. Staff received regular supervision and training which they felt was effective and supported them in providing safe care for people. Recruitment

checks were completed before staff started work to ensure they were suitable to be employed in the service.

Systems were in place to assess the quality of the service people received. Maintenance and servicing of equipment was completed regularly and fire evacuation plans and procedures were in place. There was a business continuity plan in place to ensure people would continue to receive safe care in an emergency. Notifications had been completed to inform CQC and other outside organisations when significant events occurred.

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.

Staff had a good understanding of how to recognise and report safeguarding concerns.

Staffing levels were sufficient to meet people's needs in a timely way.

Policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Safe recruitment processes were in place to ensure that only staff suitable to work in the service were employed.

Is the service effective?

Good

The service was effective.

Staff felt supported and that they had training they needed to meet the needs of people living at the service and received regular updates to their training.

Staff were knowledgeable about their responsibility to maintain people's rights and followed the legislation.

People involved in making choices regarding their food and staff were aware of people's preferences.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and had a good understanding of what was important to them.

People's privacy and dignity was maintained.

People were supported to develop their independent living skills.

Visitors were welcomed to the home and there was good communication with relatives.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place which provided guidance for staff in how people preferred their support.

People had access to activities which met their individual needs and preferences.

There was a complaints policy in place which displayed in pictorial format.

Is the service well-led?

Good

The service was well-led.

The registered manager knew people well and staff said they felt supported by the management team.

Audits were completed regularly to assess and develop the quality of service provided.

Regular staff meetings were held and staff felt able to contribute to the running of the service.

Records were organised and stored securely.

Dimensions 1 Middlefield Close

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 took place on 8 September 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion as we inspected the service early than planned. A PIR 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 gathered this information instead before and during the inspection.

As people living at Middlefield Close were not able to tell us in detail about their experience we observed the care and support provided. We spoke to the deputy manager, two staff members and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 11 July 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members received safe care. One relative said, "I know (family member) is safe by the way they react to staff, always smiling. There's a good manager and a good team, I have confidence them." We observed people were relaxed in the presence of staff and interacted with them positively.

Risks to people's safety and well-being were identified and control measures implemented to keep them safe. Each person's care file contained a risk profile assessment which highlighted identified risks and checked management plans were in place. Detailed risk assessments were then completed in relation to each identified risk and gave guidance to staff on the support people required to keep safe. Risks had been identified regarding fluctuations in one person's mobility. There was clear guidance in place for staff to follow regarding how to support the person to stand and when it was appropriate to support them by using the hoist. Staff were able to describe the way in which the person's mobility varied and when this was likely to happen. We observed the person was safely supported to transfer between chairs following the guidance provided.

There were sufficient staff deployed to meet people's needs safely. Staff told us that consistent staffing levels were maintained and rotas viewed confirmed this was the case. Staff said, "There are set numbers of staff for each shift but these vary depending on what people are doing. There are less of us here today because people are on holiday but on a Friday we have more because of people's activities. We all work flexibly." We observed that there were sufficient staff to meet people's needs and no one had to wait for care. Where people required additional support to go out additional staffing was provided.

People were protected from the risk of abuse as staff were knowledgeable about their responsibilities in protecting them. All staff had completed safeguarding training and received regular refreshers to ensure their knowledge was up to date. They were able to list the different categories of abuse, signs to look for which may raise concerns and knew reporting procedures both within the organisation and external agencies. The provider had a whistle-blowing policy in place and staff were aware of how to access this information. One staff member told us, "Whistle-blowing is included in the safeguarding training and if I had any doubts I can look at the information on the wall in the office."

Safe medicines process were in place and people received their medicines in line with their prescriptions. Medication Administration records (MAR) for each person contained a recent photograph, details of the person GP and a list of any known allergies. Information regarding how people preferred to take their medicines and the support they required were recorded. MAR charts were fully completed and no gaps in recording. Where people required PRN (as required) medicines detailed guidance was provided for staff on how to identify the person may need the medicine and the frequency which it could be administered.

Medicines were stored safely in a locked cabinet. Staff completed regular stock checks of the medicines held and audits were completed weekly to check that all process had been followed and that medicines which were not regularly used remained in date. The medicines cabinet was organised and any medicines which

were no longer in use were returned to the pharmacy in a timely manner. Staff received training in supporting people with their medicines and their competency was assessed every six months to ensure they continued to follow best practice.

There was a safe recruitment process in place. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Accidents and incidents were reported using the providers on-line system and systems were in place to ensure that trends were identified and addressed to prevent reoccurrence. Following an incident or accident staff would complete a report which was forwarded to the manager to identify any concerns relating how this had been managed and implement any measures to control any risks identified. This was then forwarded to the health and safety manager for the organisation who also reviewed the information to confirm that all appropriate action had been taken or offer advice in managing risks.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis and any problems were reported through the maintenance system. Staff completed monthly health and safety checks to ensure that the service was free from hazards. Audits had not identified that some areas of the service required cleaning to a higher standard. The deputy manager acknowledged this and said they would address this with the staff team. The small amount of additional cleaning needed had minimal impact on people and did not pose a risk of infection, we were confident this would be addressed straight away.

Fire equipment was checked and services regularly and staff were aware of how to safely evacuate the building in an emergency. A business continuity plan had been developed to ensure that people would continue to receive care should people need to be evacuated and the building not be used. Staff were aware of where the plan was kept and the action they would need to take should such an emergency occur.

Good

Is the service effective?

Our findings

Relatives told us they felt staff had the right skills to meet their family member's needs. One relative said, "The staff are very good and make sure everyone gets what they need. They do checks like weight and blood pressure regularly which is important for (family member)."

People's needs were met by staff who had access to the training they needed. Records showed that staff had all completed mandatory training and received regular refresher training to ensure their skills were up to date. Training included an induction to the service and the organisation, first aid, moving and handling, infection control and nutrition. In addition staff received training in areas specific to people's individual needs such as epilepsy, autism and positive behaviour support. Staff told us that the training provided was useful and gave them the skills they required in their role. One staff member told us, "The training's good, I've been here a long time so have done it all several times. It's good that it's repeated, it keeps the mind fresh. Especially things like epilepsy, I might not have given emergency rescue medicines for a long time so it's really useful to have reminders." Another staff member told us, "The training is good and it's ongoing. It gives you reference to back up your knowledge."

People were supported by staff who received regular supervision and appraisals. Staff told us they received regular supervision with their line manager and appraisals were completed annually and regularly reviewed. They said this gave them the opportunity to receive feedback on their performance and discuss any concerns. One staff member told us, "Supervision gives us the chance to review how we're doing and to give our opinions on how things are going. The managers listen and if we disagree on how things are done our opinions are taken into account. I definitely feel supported, we all work as a team."

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).

People's legal rights were respected as staff had a good understanding of the MCA and DoLS and systems were in place to ensure guidance was followed. Staff members were able to describe the principles of the MCA and the process to follow where people did not have capacity to make specific decisions. One staff member told us, "It's about making sure people's rights are protected. Where people aren't able to make a decision this is done in people's best interests, speaking to families and other professionals. If the decision means people are restricted in any way we need to apply for a DoLS."

Records showed that capacity assessments had been completed for specific decisions regarding people's care such as wearing lap belts in chairs, personal care and dental treatment and decisions made in people's best interests had been discussed with family members and relevant professionals. DoLS applications had

been submitted to the local authority as everyone living at the service required continuous supervision to keep them safe. When DoLS applications had been approved the registered manager had informed the CQC in line with statutory requirements.

Staff were aware of people's dietary needs and preferences and offered support at mealtimes in line with people's needs. There was a weekly menu board which displayed the week's menu in pictorial format. Staff told us some people were able to make choices as to what was on the menu and for others staff would make choices based on their knowledge of people's likes and dislikes. People's care files contained details of people's preferences and dislikes to guide staff in supporting people to make choices. One staff member told us, "Everyone here is able to make choices about what they eat, some will tell you directly and others will tell you if they don't like something by turning away or pushing their plate away. If this happens we make them something else."

Staff were knowledgeable about the support people required to eat. One person's care file stated that eating with other people may cause anxiety and they preferred to eat on their own. We observed that staff followed this guidance and the person was supported to eat in the kitchen before others started their meal or in their room. Another person was very sleepy during the inspection as they had experienced two seizures during the day. Staff told us that this usually meant the person would not eat for several hours. We observed staff check on the person regularly throughout the day to ensure they were ok and ask if they were ready to eat. Staff told us that they encouraged people to be as independent as possible with eating their meals. One staff member said, "We make sure that the food is suitable and cut up to a size they can manage. We offer encouragement in a way that we know people will respond to." Records were kept of the meals each person had eaten and people's weight was monitored to ensure any significant fluctuations could be addressed promptly.

People had access to a range of healthcare professionals and health appointments were monitored by staff. People had a health action plan in place which detailed their healthcare needs and listed the health professionals involved in their care. These included GP's dentists, chiropodists and specialist consultants. Records were kept of health appointments which included any guidance provided to staff from healthcare professionals. Each person was supported to attend a health review with their GP on an annual basis. Where changes in people's health were identified appropriate action was taken. Where staff had identified a change in one person's mobility they had been supported to attend a number of appointments with the GP and at the local hospital to determine if there was any underlying health concerns.

Good

Is the service caring?

Our findings

People appeared relaxed in the company of staff and relatives told us that staff were caring in their approach. One relative told us, "All the staff use a lovely tone of voice with them. They treat (family member) with dignity which is so important."

People were treated with kindness and compassion in their day-to-day care. Staff interacted positively with people and were attentive to their needs. One person was confused as their normal activity programme for the day had changed slightly. Staff offered reassurance to the person and were patient in explaining what was happening and why. We observed staff compliment people on their appearance and asked people frequently if there was anything the required. When a staff member arrived to support someone to go out they greeted the person warmly and checked that they were still happy with the activity they had planned.

People were supported by staff who knew them well and understood their communication styles. The majority of the staff team had worked at the service for many years and were able to describe people's needs and preferences in detail. One staff member told us, "You get to know people's expressions when you've worked with them for so long. I can tell a lot from people's eyes and understand when they don't like something or are really enjoying it." We observed that when talking to people staff knelt to their level and waited for a response. Staff offered one person reassurance who wasn't feeling well by talking to them gently and rubbing their hand. Communication profiles within people's care plans detailed how staff should respond to people when they expressed certain gestures or expressions and we observed staff followed this guidance.

People were actively encouraged to take part in daily living tasks and independence was encouraged. Staff told us that they always encouraged people's involvement and independence. One staff member told us, "I really enjoy seeing people's potential and working with them to achieve things. With active support people are much more involved in making choices about things like the menu and doing housework and cooking. I love encouraging people and seeing how much they get out of doing things for themselves." We observed one person was involved in preparing the evening meal for everyone and records showed that people were routinely involved in doing their laundry and house hold tasks.

People's privacy was respected. We saw that staff routinely knocked on people's doors and requested permission before entering their rooms. Staff were discreet in the way in which they supported people and personal care was undertaken in private. One staff member told us, "It's really important to tell people what you're doing (when supporting people with personal care). I always make sure the doors and curtains are closed and that people are covered up as much as possible. I knock on most people's doors before going in but there's one person who doesn't like this so I shout hello before I go in."

Visitors were welcomed to the service and relatives told us they were able to visit at any time. One relative said, "They're wonderful, I'm treated like a member of their family." One person enjoyed visiting their family regularly and staff supported them to visit each week. Staff spoke warmly of people's relatives and understood the importance of maintaining good communication. "We know everyone's relatives really well,

they're part of what we do. We always let them know of any changes or medical things, they all like to know and be involved." People were encouraged to welcome visitors into their home. We observed staff supporting people to answer the door and greet visitors whilst staying at a discreet distance to ensure they could offer support if required.

Good

Is the service responsive?

Our findings

Relatives told us that people had access to activities which they enjoyed. One relative said, "When (family member) is well enough he goes to the local church on Sundays. He's always liked choral music so it's lovely to know he gets this opportunity."

People had a range of activities they could be involved in and were encouraged to maintain their hobbies and interests both whilst at home and in the community. Each person had an activity schedule in place which reflected their interests and how they enjoyed spending their time. Activities included, aromatherapy, massage, baking, art and craft, attending church, going out for drives and coffee and eating out. Daily records evidenced that people regularly had access to these activities and recorded their enjoyment.

At the time of the inspection two people were on holiday in Devon with staff support. Staff told us people were supported to choose where they would like to go on holiday by looking through pictures of different places and accommodation. We observed that support was still available to the people who remained at home to go out. One person went out for breakfast and another person went to feed horses locally and then out for lunch. Another person's activity plan stated it was important to them to go out for a drive each day or go out for coffee. As the service transport was being used for the holiday staff offered to support the person using their own cars or to go for walks.

People's care plans were completed in a person centred manner and recorded how people were involved in planning their care. Where people were able to discuss their care needs they were supported to write their plan. For those who were unable to directly contribute staff completed care plans based on their knowledge of the person and experience of their support needs. Each person had a one page profile in place which detailed what was important to the person, what people liked and admired about them and how they liked staff to support them. Detailed information of people's life histories and dreams for the future were clearly recorded. Guidance for staff was provided on all aspects of the person's care including medicines, mobility, personal care, important routines and eating and drinking. Each person had a named link worker who was responsible for ensuring care plans were regularly reviewed and updated.

Staff has access to specialist advice to meet people's behavioural needs. The organisation provided a positive behavioural support team which staff were able to refer to for advice when required. One person had recently been working the team to support them in reducing incidents of self-injurious behaviour and developing communication plans. Detailed guidance had been given to staff regarding how to support the person using minimal communication, when to engage and when to give the person privacy. Plans centred on proactive support strategies but also gave guidance on how to support the person during periods of anxiety. We observed the guidance was followed by staff and had been incorporated into the person's support plans. For example, the person disliked noisy environments and did not enjoy spending time with others. A sofa had been placed in the spacious hallway which gave the person the opportunity to spend time away from their room in a quiet area. Staff had planned activities outside the service when loud activities such as a visiting musician were taking place. Staff maintained accurate behaviour monitoring records to identify any triggers to the person's behaviour and enable them to adapt routines to minimise the person's

anxiety.

A complaints policy was in a place and guidance on how to make a complaint was displayed in the communal entrance in an easy to read format. Relative told us they would feel comfortable in telling any of the staff or the manager if they were concerned about anything. One relative said, "I know they would follow it up if I was worried about anything." A complaints log was kept and monitored although no complaints had been received within the last year.

Good

Is the service well-led?

Our findings

Staff and relatives told us they thought the service was well-led. One staff member told us, "The manager and deputy are a good team, they complement each other well and are always around if we need anything." One relative told us, "The manager is excellent, I only have to say something and it's done. She's there a lot which is what's needed."

Staff told us they felt supported in their roles and were able to contribute to the running of the service. Team meetings were held at the service every two months and minutes were available to staff who were unable to attend. Minutes showed that meetings were used to share information regarding the organisation and the service and people's support needs were discussed. Staff told us they were given the opportunity to raise any concerns and these were responded to. One staff member said, "The manager tells us about any updates then will ask us if there is anything we want to raise. We recently commented on the length of time it was taking to complete behavioural monitoring as it was taking time away from people. The manager changed the forms so the information was still there but it doesn't take as long to complete." Staff had access to an on-call system which meant they were able to access support and advice outside of office hours. They told us they rarely need to access this but had received they were reassured that support was always available.

Regular audits were completed to monitor the quality of the service provided. Staff had delegated responsibilities to audit systems such as health and safety, maintenance, activities and medicines which were then checked by the registered manager. The organisation had a quality assurance team which visited the service regularly to complete regular audits of care plans, risk assessments, records and the above monitoring systems. The quality assurance team included a person who received support in another service who acted as a quality checker and reported on people's involvement and the environment. Reports of audits were detailed and contained an action plan of any areas requiring improvement. Records showed that the registered manager addressed any concerns promptly. For example, a recent audit had identified that the housing provider had not completed the repairs required in the shower room. We observed during the audit that the repairs had now been completed. Audit reports showed the service achieved consistently positive results with audit scores in all areas above 90%.

Relatives were given the opportunity to comment of the quality of the service provided. Relatives were contacted the quality assurance team as part of the audit process and comments regarding the service were all positive. Satisfaction surveys were completed by the organisation across geographical areas. This enabled the provider to identify trends within the organisation and focus resources to in areas identified as requiring improvement. Results for the southern region showed high levels of satisfaction with the services provided.

Records were stored securely and in an organised way which meant staff could access information easily. Reviews of care plans and assessments were completed in line with the timescales stated and information was clearly presented. Staff maintained detailed records of care which were easy to cross reference to access information. The registered manager had a good understanding of their legal responsibilities as a

registered person, for example sending in notifications to the CQC when certain events occurred. Records relating to the management of the home were well maintained and policies and procedures were available for staff to refer to.