Dimensions Somerset Sev Limited

Dimensions Somerset Northmead House

Inspection report

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Date of inspection visit:
11 July 2018
13 July 2018

Date of publication:
17 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 11 and 13 July 2018 and was un-announced. This is the first inspection of this service since it was transferred to Dimensions from the local authority in April 2017.

Dimensions Somerset Sev Limited, is part of a national not for profit organisation providing services for people with learning disabilities, autism and complex needs. Northmead House provides respite (short stay) accommodation and personal care to a maximum of 10 people with a learning disability. At the time of inspection there were ten people living at the service. Three people were being accommodated for a longer period to allow for a transition to an appropriate service that could meet the people's longer-term needs.

The people we met on the day of the inspection had complex physical and learning disabilities. Some of the people we met could verbally communicate with us and others were not. To capture the opinions of people who could not communicate directly with us, we observed peoples, interactions with staff and their reactions. We also spoke to people's relatives to help us form a judgement.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

The provider's recruitment processes had not fully minimised the risk of employing unsuitable staff at the time of the inspection. This was discussed with the registered manager who demonstrated they had recently applied for all staff to have an updated Disclosure Barring Service (DBS) check and were waiting for the applications to be processed. However, the service was sufficiently staffed.

At the time of the inspection there was a registered manager in place. The manager had been registered with CQC since April 2017. 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 building had a range of aids and adaptations in place to assist people who had mobility difficulties. All bedrooms were for single occupancy. The service is staffed 24 hours a day and all areas are accessible to wheelchair users.

People told us or indicated they felt safe living at Northmead House. One relative we spoke with said, "(Persons name) wants to go there for a start, that's more than half the battle." They added, "If they didn't want to go there, they wouldn't."

The service had effective safeguarding systems, and managed safeguarding concerns promptly. The registered manager and staff understood their responsibilities to raise concerns and report these internally and externally. The provider had a proactive approach to anticipating and managing risks to people's health and safety. People received their medicines as prescribed. The service was clear about its responsibilities and role in relation to medicines.

The provider managed the control and prevention of infection well. Staff had access to, and followed, policies and procedures on infection control that met current and relevant national guidance.

Staff understood their responsibilities to raise concerns and report incidents and accidents. People knew how to complain and staff had given information about advocacy support to help people in the event they needed their voice heard.

People received effective care and support from competent and well-trained staff. When restrictive practices had been identified, such has having bed rails or straps on their wheel chairs, there were risk assessments and guidance in place to protect people.

People we spoke with told us staff always asked their consent when carrying out personal care However, records showed consent to care and treatment was not always sought in line with legislation and guidance. For example, best interest decisions for people who could not communicate did not demonstrate how people and their relatives had been involved.

All staff we spoke with could tell us how to protect people's dignity when supporting people with personal care but staff did not always protect people's privacy. During the inspection, we observed care records in an unsecured room. We discussed this with the manager who took immediate action. Staff respected people's religious and cultural differences.

There was a management team with clear roles and responsibilities. Staff spoke highly about the registered manager. There were effective quality assurance arrangements at the service to raise standards and drive improvements. The registered manager completed regular audits to ensure quality in all areas of the service were checked, maintained, and where necessary improved. The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. Staff worked in partnership with other health and social care professionals.

The provider had notified the Care Quality Commission (CQC) of significant events in line with current legislation. This meant external agencies could monitor the care and safety of people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment procedures did not fully protect people from being supported by unsuitable staff.

However, there were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

Is the service effective?

Good

The service was effective.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

Staff sought advice and guidance from healthcare professionals to meet people's specific needs.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and patient.

People's dignity was respected and they received support in a way that respected their choices.

However, people's privacy was not always maintained.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices about their day to day lives where possible.

People could take part in activities or choose to occupy their time in their preferred way.

Relatives said they would be comfortable to speak with a member of staff if they had any complaints about the care or support provided.

Is the service well-led?

Good

The service was well led.

The registered manager promoted inclusion and encouraged an open working environment.

Quality monitoring systems were in place which ensured the management had a good oversight of the service delivered to people

The service was led by a management team that was approachable and respected by the people, relatives and staff.

The provider was continuously working to improve and develop the service people received.

Dimensions Somerset Northmead House

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 comprehensive inspection took place on 11 and 13 July 2018 and was unannounced. One adult social care inspector and one medicine Inspector carried out the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events, which the service is required to tell us about by law.

During our inspection, we met with six people who used the service, the registered manager, one support lead and four support workers. Some people who used the service were unable to communicate verbally and therefore we observed their interaction with staff and spoke with four family members who were closely involved in people's care and support. We also contacted five professionals requesting feedback about the service delivered at Northmead House. One professional responded to our request.

We looked at records relevant to the management of the service. This included five care plans, risk assessments, staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Requires Improvement

Is the service safe?

Our findings

The provider's recruitment processes had not fully minimised the risk of employing unsuitable staff. We reviewed eight staff files, all of them had references but Disclosure and Barring Services (DBS) checks were very old or not in place. Four of them were last updated in 2004 and four of them did not have any DBS checks in place. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

We discussed this with the registered manager who told us these staff members had been in post for years and when they were transferred to Dimensions the registered manager had to apply for all staff to have an updated DBS check. However, although applications were being processed the service had been transferred to Dimensions in April 2017 and records showed applications for the DBS had not been submitted untill June 2018 which meant the provider could not be 100% reassured that staff who were transferred to Dimensions were suitable.

The registered manager produced a staff rota one month in advance this showed us the service was sufficiently staffed. However, staff told us the provider had reduced staffing levels since they took over the running of the service and planned to reduce the team even further. One staff member said, "Staff are leaving all the time and the manager is going." Another staff member said, "Most of us are looking for other jobs there is too much uncertainty." We discussed this with the registered manager who told us staff were leaving but the service was covered appropriately. The said, "The provider had set minimum staffing levels at three staff in the morning, three staff in the afternoon and one staff member awake at night. On the day of the inspection we observed enough staff on duty and the rotas confirmed staffing levels were appropriate.

People living at Northmead House felt consistently safe. One person told us, "(Staff member's name) helps me, they help me wash, and they are friendly." We asked another person if they felt safe at Northmead, this person said, "Yes", and smiled. During the inspection we observed people who could not communicate with us, interacting with staff. These people were at ease and cheerful when staff spoke with them or provided care and support. One relative we spoke with said, "(Persons name) wants to go there for a start, that's more than half the battle." They added, "If they didn't want to go there, they wouldn't." Another relative said, "(Persons name) is not embarrassed to ask for help, so that is how comfortable (person's name) is at Northmead."

The service had effective safeguarding systems, and managed safeguarding concerns promptly. The registered manager understood their responsibilities to raise concerns and report these internally and externally. Safeguarding investigations were thorough. All staff agreed the registered manager would act if they reported any suspicions of abuse. Staff we spoke with knew which external bodies to contact if no action was taken by the management to keep people safe. Safeguarding and whistleblowing policies and procedures were available for staff to access.

Staff understood abuse and knew what to do to make sure that people were protected. Staff received training on how to recognise the various forms of abuse, which was regularly updated. One member of staff

said, "I always let people know what I'm doing before I do anything." Another member of staff told us what they would do if they thought someone was being abused. All staff we spoke with recognised the signs of abuse in people who could not verbally communicate.

There were systems in place to safeguard and protect people when staff worked alone with them. There was a lone working policy, which staff knew about and staff said they could contact the registered manager at any time and they would respond. One staff member said, "The manager is very hands on, they are here most days, if he's not then we contact them."

The provider had a proactive approach to anticipating and managing risks to people's health and safety. Staff identified risks to people and put guidance in place to mitigate them. This helped keep people safe. We reviewed five risk assessments, these included people's ability to eat and drink, use of bed rails, transferring using a hoist and physical injuries from falls. We also reviewed the environmental health and safety checks. Clear guidelines were in place for staff to follow. Risks to people's health and safety was regularly reviewed, which meant staff followed the most up to date information when delivering care and support.

The risk of financial abuse to people was minimised. Appointees (either relatives or the Local Authority) managed people's income and arranged for each person to have sufficient spending money when they stayed at Northmead House. The provider had safe systems in place to ensure staff recorded and checked people's money in and out. People kept their money in a locked box in their room. Staff supported people to access their money safely whilst staying at Northmead House. When people wanted money for activities during their stay at Northmead House two staff signed the money in and out.

When people behaved in a way that challenged others, staff managed the situation in a positive way. There was guidance in people's records on what action staff should take to support them at such times. For example, one person threw objects at staff and people when they became anxious. Staff told us they knew this person needed specific things in place ready for when they came to stay at Northmead. These things helped to reduce the person's anxiety and reduce the likelihood of them becoming distressed. "All staff we spoke with were aware of each person's risks and actions they needed to take to reduce them.

People were supported safely to transfer between two places. There was ceiling tracking fitted in bedrooms to enable people to be safely hoisted from their beds to the bathroom or their wheelchairs. There was also a mobile hoist. Lifting equipment had been tested in May 2018 to ensure its safety. Staff had received training in how to safely move people using this equipment. People we observed looked comfortable once transferred into their wheelchairs and staff checked how comfortable people were throughout the day.

Risks to people in emergency situations were reduced. A fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Staff carried out regular fire safety drills. Personal emergency evacuation plans (PEEP's) had been prepared, the details included what room the person was staying in and the support the person would require in the event of a fire. There were easy read signs in each corridor that told people how to evacuate the building in the event of a fire and staff had access to policies and procedures to manage health and safety in the service. There was a contingency plan in place so that staff knew what to do if the building was not safe for people to remain in and specialist contractors had been commissioned to make sure all fire, gas, water and electrical safety checks were in place, the records we reviewed at the time of the inspection demonstrated all safety checks were up to date.

People received their medicines as prescribed. The service was clear about its responsibilities and role in relation to medicines. Staff recorded when people's medicines were administered on Medicine Administration Record (MAR) charts. We checked nine people's current or previous MARs. These showed that

people had received their medicines correctly in the way prescribed for them. Any creams or external items that were applied were recorded on separate charts with body maps to show staff where these should be used. One staff member told us, "Two members of staff signed and checked medicines when people arrived." Another staff member said, "Together we check that people's medicines are correctly labelled with directions on to tell us how to administer them." Medicines were counted and signed out by two members of staff when people went home again, this meant staff could check that quantities were correct.

Medicines were stored correctly and staff kept accurate medicine records. Medicines were kept safely in locked cupboards in individual rooms. Staff who gave medicines had received training and had checks to show that they gave medicines safely. Further training and checks were also being undertaken. All medicines were checked and signed by a second member of staff when they were given to people.

People had mental capacity assessments and best interest decisions recorded for the administration of their medicines. If people were prescribed medicines to be given 'when required', there was information in their records to guide staff to assess when it would be appropriate to give doses of these medicines. For example, one person had been prescribed an epilepsy rescue medicine if needed. There was a clear personalised care plan so that staff knew when to give this, and when to call for medical assistance. The service was in the process of changing the recording paperwork that was used for medicines. This will be updated to include recording information on 'when required' medicines on separate protocols to be kept with people's MAR charts.

There was a reporting system in place, so that any errors or incidents were followed up and actions taken to prevent them from happening again. Detailed medicines policies and procedures were in place to guide staff. Suitable audits and checks were undertaken to pick up any medicines issues. Staff undertook weekly checks of people's medicines if they were staying more than 7 days.

The provider managed the control and prevention of infection well. Although the registered manger did not carry out regular checks to monitor infection control, we did see that all areas of the service were kept clean. Staff told us they carried out all cleaning duties as part of the house routine. One person told us they liked to hoover, we observed staff supporting this person to help with the cleaning duties. Staff had access to, and followed, policies and procedures on infection control that met current and relevant national guidance. There were hand washing facilities throughout the service but no hand washing signage or alcohol gel for staff and visitors to use. We discussed this with the provider who told us they did not want signs up everywhere in the service as the idea was to teach people how to maintain their hygiene as part of their care needs. We observed staff asking people after using the toilets if they had washed their hands.

Staff understood their responsibilities to raise concerns and report incidents and accidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the provider had used these to make improvements and shared and lessons learned with staff through team meetings. Staff told us, a recent incident involved one person becoming very aggressive because someone had removed a tray from their oven. Staff said, "We have a list in place now so all staff are aware of what items must be available when this person comes to stay." Records showed this incident had been reported and investigate and all staff we spoke with knew the outcome of the investigation.
service effective?

Good

Is the service effective?

Our findings

The provider had suitable processes to assess people's needs and choices. The registered manager invited people to Northmead House for a visit before they came to stay. They completed an assessment during this visit to see if the service can meet their needs. Assessments assisted staff to develop a care plan for the person and deliver care in line with the person's needs and wishes, current legislation, standards, and guidance.

The registered manager told us, "If someone new is coming into the service we usually get a referral from a social worker." In addition, they said, "The best source of information is from speaking to the person and their relatives." A relative told us, "They know (person's name) well and know their little quirks." One person said, "(Staff member's name) helps me get ready, I tell them what I want I want to wear". We observed one person who was excited they had chosen to wear their England shirt in preparation for the football game that evening. Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. For example, one person liked staff to put their night clothes on their bed before 7. 30pm.They also showed how risks would be minimised.

People received effective care and support from competent and well-trained staff. New staff received an induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. New staff completed a qualification known as the Care Certificate at the start of their employment if they did not already hold a relevant qualification. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. Relatives told us "They know (person's name) autistic traits well and accommodate their needs." Another relative said, "They are definitely experienced." One person told us, "(Staff members name) knows what I like, they then turned to the staff member and said, "Don't you (staff members name) you know me don't you?"

Training records showed that staff had received a wide range of training relevant to the needs of the people. Staff had received training on manual handling, infection control, fire safety, safeguarding, the Mental Capacity Act, first aid, food hygiene, and basic life support. A training record helped the registered manager check the training each member of staff had received and helped them plan the staff team's future training needs. One staff member said, "The training is on line learning." Another staff member said, "We get specialist training as well, like epilepsy training." A third staff member had completed an assistant dysphagia practitioner certificate. One relative we spoke with told us, "Staff always seem to know what they are doing." Another relative said, "Oh yes they are experienced, they know exactly how to work with (person's name)."

Staff told us they had received enough support from the registered manager to meet people's care needs. Supervision and appraisals were used to motivate staff, review their practice or behaviours, and focus on professional development. Staff told us they had not had an appraisal this year but they see the registered manager most days and are always discussing people's care and support. One staff member said, "(Registered managers name) is really hands on and we talk regularly, they are always available if we don't understand something." Another staff member said, "We haven't had formal one to one supervision and the last appraisal was 2016 but we talk regularly and the manager is really supportive.

All staff we spoke with confirmed they felt supported in their roles, we did discuss this with the registered manager who told us they had plans in place to set up more formal supervision so that all staff received a one to one meeting within the provider's guidelines and appraisals had been planned for September 2018.

People had individual food and fluid plans to support their health needs. Food and drink was prepared in line with this information which was accessible to all staff. For lunch the staff had asked people who had not gone out for the day what they wanted to eat and drink. We asked one person if they liked to be involved in make their own meals, they told us, "No, I like staff to do it for me, they make nice cheese and pickle sandwiches." They could eat it themselves. Whilst another person had their lunch blended. Staff spoke with the person about the food they were eating whilst supporting them to eat. The person ate it all at their own pace and seemed to enjoy the food.

Staff cooked the main evening meals. People who had allergies, cultural needs or did not want the main meal offered were offered alternatives. One staff member told us, "If (person's name) did not like or want the food being offered they would turn their head away." All staff we spoke with knew this meant they wanted something different. Staff said, "We make sure they have a smoothie, it is their favourite." A relative told us, "(Persons name) enjoys the food, if they didn't they wouldn't eat it." Another person told us, "The food is alright."

The provider supported people to continue to access services from a variety of healthcare professionals including GPs, dentists, and district nurses whilst staying at Northmead House. Care records demonstrated staff shared information with professionals and involved them appropriately. One health and social care professional told us, "They support people with complex needs and are innovative in their approach to doing this." People could access other health and social care professionals to meet their health and care needs. One person had a percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is used where patients cannot maintain adequate nutrition with oral intake. The registered manager arranged for the specialist nurse to deliver training to staff to ensure this equipment was maintained and used correctly.

Northmead House provided appropriate accommodation for the people who came to stay there. All accommodation used by people on the ground floor including bedrooms, communal areas and the garden could be accessed by people using wheelchairs. There were rooms upstairs that could be accessed by a lift. The registered manager told us the lift was regularly serviced. Records confirmed this. People brought in personal belongings to help personalise their room during their stay. One person had several DVDs in their room as they like to watch films regularly, another person had photos of family members. During the inspection doors were open to outside space and people told us they could access this space at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to decide, any made on their behalf must be in their best interests and the least restrictive option available.

People's legal rights were protected because staff worked in accordance with the MCA. Staff had undertaken training in the Mental Capacity Act and knew how to support people who were unable to make specific decisions for themselves. Care plans contained information about people's capacity to consent to areas of their care. Best interests' decisions had been made where people lacked the capacity to give consent, but records showed that the provider had not involved people or their relatives in these decisions. We discussed this with the registered manager who told us, "We always talk to people and their relatives but we know the old paperwork doesn't show that." They added, "We will be updating all the best interest documents as part of transferring all the previous provider's paperwork on to Dimensions paperwork." They also said, "When

we do this, people's involvement will be recorded."

Throughout the inspection, we observed staff confirming with people regularly that they were happy to carry out any form of activity before they started anything. One person told us, "I always do what I want." A relative said, "(Persons name) would soon let them know if they were not happy with staff."

When restrictive practices had been identified such has having bed rails or straps on their wheel chairs there were risk assessments and guidance in place to protect people. If a person was unable to consent to the restrictive practices then a MCA assessment and best interest decision was in place. Staff had discussed these practices with family and other professionals where appropriate. The registered manager told us, "Family members are the expert we go by what they say if the person is not able to tell us." A staff member said, "We know most things people like, we would always choose what the person would most like." A relative told us, "They know (person's name) well, they are autistic and the staff cope well with their little ways."

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). People who were able to, told us they could go out when they wanted but where people required this level of protection the registered manager had made applications to the appropriate authority.

Good

Is the service caring?

Our findings

People were cared for by kind and caring staff. During the inspection we observed staff interacting with people respectfully. Staff showed kindness and patience when supporting people and regularly asked if people were ok as they passed them by. One relative told us, "The staff are great they really know how to get the best of (person's name)." Another relative said, "I can't speak highly enough of the staff and the manager, we are very happy with the care provided."

Staff knew people very well and could understand their communication even if it was not verbal. Some staff had worked at Northmead for many years and had built trusting relationships with people who came to stay there regularly. One staff member told us, "(Persons name) will cry out when they want attention." We observed this person cry out during the inspection, staff went to them and spoke kindly, soothing them on the arm and reassuring them the person calmed down almost immediately.

People were supported to maintain relationships with family and friends. One member of staff told us, "We help (person's name) to ring their relatives when they want to speak with them." A relative told us, "(Persons name) takes a book with them, they write in the book to say how they have been, I am very heavily involved." Another relative said, "(Registered managers name) involves me, they always ring me if there is a problem. "

The registered manager told us relatives phone regularly or just visit when they can. Staff held events and invited families to attend. One person told us, "We had a barbecue in the summer my parents came, it was fun." A relative said, "They hold coffee mornings so we can get involved." The registered manager said, "We try and involve families as much as possible they are the experts and know people the best." They added, "We learn from relatives how to best to work with people."

People could make choices and staff respected them. On the day of the inspection two people wanted to show us how they had chosen to wear their England shirts in support of the football. We asked if they planned to watch the football, one person got very excited and staff confirmed they would be watching it together later. We observed staff offering other choices such as what people would like to do throughout the day if they weren't going out and what people wanted to eat or drink. Staff gave people time to decide. Care plans gave guidance on how to communicate with people and when people expressed their unhappiness or discomfort through body language, behaviour or vocalisations staff knew what they were communicating and responded.

Staff gave information to people about other organisations and sources of general or specific advice, support or advocacy about conditions, care and support. We saw leaflets on notice boards and staff knew what advocacy services were available for people if they needed one.

Staff respected people's dignity. All staff we spoke with could tell us how to protect people's dignity when supporting people with personal care. One staff member said, "I make sure the bedroom door is closed and curtains are closed." All staff knew to knock on people's doors when they entered the room. During the inspection we observed staff supporting people with personal care, this was carried out discreetly and with

kindness. One person told us, "(Staff member's name) helps me get dressed, they help me choose my clothes." A relative said, "They make (person's name) comfortable they always make them feel safe when getting dressed." We did observe that one room had its own access and there was a large glass door and people outside the building could see into the bedroom. We discussed this with the registered manager who told us they would arrange for the glass to be covered so people could not see in.

Staff did not always protect people's privacy. During the inspection, we observed an open door to the main office, which was situated in a communal area. This was the staff office and held people's care records on shelves. We also found people's names displayed on a board in the office for anyone to see when entering or passing the office if the door was left open. We raised this with the registered manager who immediately arranged to have a keycode lock to be fitted and put a notice on the door reminding staff to keep the door locked when no one was in there.

Staff respected people's religious and cultural differences. The registered manager explained that one person currently staying at Northmead liked to go to church. The registered manager said, "Staff go with them on Sundays to the local church." Staff also knew how to access community links for people with other religions or cultural needs.

Good

Is the service responsive?

Our findings

The provider was responsive to people's needs. The support plans were detailed. This was especially important due to staff changes and use of agency staff. They provided a range of information about the person that included details about their family history. Staff also recorded preferred daily routines, likes, and dislikes and details of people and things that were important to them as well as risks and how these should be managed. This was important for staff to understand because some people receiving support had limited or no verbal communication.

Although people and their family members were not invited to formal reviews of people's care, all records we reviewed were kept up to date and reflected people's current needs. One relative told us, "They, (meaning staff), always keep us in the loop." Another relative said, "They are lovely people, they work hard and they know (person's name) ways." They added, "We developed working relationships, we tell them what (person's name) likes, for example, (person's name) likes a certain blanket at night and certain TV programs, staff make sure (person's name) has these things."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Most people who stayed at Northmead had no verbal communication. Assessments had been carried out by speech and language therapists to promote good communication for people. Each person had a communication profile in their care and support plans which gave staff some indication of how people communicated and what certain sounds and gestures meant for that person. Staff told us they used a variety of methods to communicate with people, which included verbal communication, some signing and some used pictures. During the inspection we saw staff showing people things to enable them to make choices through gestures or pointing.

Staff supported people to attend preferred activities whist staying at Northmead House. At the time of the inspection most people went out during the day. But three people stayed at the house. The provider did not have an activities program because people stayed for short periods but staff supported people who did not go out to do things they liked. For example, one person liked to watch their films, another person liked to do word game. One person told us they had barbeques and family members were invited to these. They said, "We had one in the summer it was good fun." A relative told us, "The staff arrange coffee mornings to help us all stay in touch."

People could complain if they were unhappy. Records showed that generally people were very happy with their care. People would not be able to use the complaints procedure independently; they would need staff to help them. There had been one complaint made in the last 12 months. The registered manager had investigated appropriately and actions or learning was discussed in staff meetings. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said, "I can't imagine I would ever need to complain."

At the time of the inspection no one at the home was receiving end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

There was a management team with clear roles and responsibilities. A support leader supported the registered manager. The registered manager was positive about the support they received from the operations director and they had access to other specialist professionals such as human resources and a quality lead. The provider had an on-call service for out of hours. This meant staff were always supported by the management team. We reviewed the on-call rota, all managers in the area took part covering evenings and weekends.

The service was well led. Staff spoke highly about the registered manager. One member of staff said, "(The registered manager) is very approachable." They added, "They listen, we know we can go to them if we need anything." Another staff member said, "(Name of registered manager) is really hands on they do shifts just like us." One relative said, "(The registered manger's name) is so good you can talk to them and because they work on the floor with the residents they know what is going on. You can talk to them anytime and they are good at keeping us informed." Another relative said, "(Managers name) came to a meeting, (managers name) is always involved in (person's name) care." This meant the registered manager knew people's needs and could support staff to deliver appropriate care. We observed the manager working a shift during the inspection and people looked pleased to see them.

There were effective quality assurance arrangements at the service to raise standards and drive improvements. The registered manager completed regular audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking medicine records were accurately completed, monitoring care plans making sure they were to a good standard and staff files. These audits identified that staff required their disclosure and barring checks to be renewed.

The provider was in the process of cascading their policies and procedures following the contract being transferred to Dimensions. The provider told us this was a gradual process so that staff could adopt the procedures within their practice. The registered manager could show how they had implemented each policy and procedure as they arrived through staff meeting records. Records showed all staff were up to date with the new policies implemented to date and they were being used in the home.

The provider had carried out an annual quality assurance survey to seek the views and opinions of people or their representatives. We could not review any results of the survey at the time of the inspection. The registered manager told us the provider sent the questionnaire out in April 2018 and the results had not been collated at the time of the inspection. Some people staying at Northmead House could not express their views verbally but staff knew people well enough to know what they were feeling by their behaviour.

Relatives said they were given opportunities to comment on the care provided. One relative said, "We hold coffee mornings and do fund raising for the service so we are regularly chatting to the manger about how it's working."

Relatives told us they felt anxious about the changes happening with staff structures at Northmead House. One relative said, "We are concerned about the staff reductions, they have to use agency staff, they don't know (person's name)." Staff we spoke with said, "The mangers going, we don't know how that will affect us." Another staff member said, "Moral is ok though, we all look out for each other." Another relative said, "Although there are uncertainties, "(Persons name) is well looked after or they wouldn't want to go again."

We spoke with senior managers during the inspection who told us the provider had held consultations with parents and staff. Staff and relatives confirmed this although relatives we spoke with said they did not feel reassured the changes would not affect their loved ones. One relative told us, "I have spoken to the CEO about continuity of staff, I just hope they keep enough staff." They added, "We are concerned about the reduction in managers, we know (registered managers name) is leaving, they have been around for a long time."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example, we reviewed a lesson learned action plan where the manager had identified an issue relating to a person's safety. This was investigated appropriately and the outcome discussed with staff to prevent similar issues in the future. Staff also told us they had learnt lessons from other inspections taking place across Dimensions. For example, one staff member said, "We introduced changes to our recording of medicines because of other inspections taking place."

Staff worked in partnership with other health and social care professionals. Although people came to Northmead House for short stays some people stayed there for longer than planned. In these circumstances staff made sure people remained in contact with health professionals such as GPs, community nursing teams and specialist epilepsy nurses. This made sure staff had access to specialist support and guidance on current best practice and reduced any risks to people's health and wellbeing. One professional we spoke with said, "They are very responsive to people's needs."

The provider had notified the Care Quality Commission (CQC) of significant events in line with current legislation. This meant external agencies could monitor the care and safety of people using the service.