Dimensions (UK) Limited

Dimensions 1-2 Orchard Mews

Inspection report

1 Orchard Mews,
Bakers Drove,
Rownhams.
SO16 8AD
Tel: 02380 739076
Website: www.dimensions-uk.org

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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

Overall summary

The inspection took place on the 16 September 2015. The inspection was unannounced.

Dimensions are a specialist provider of a wide range of services for people with learning disabilities and people who experience autism. This service provides care and support for up to six people with a learning disability. The home consists of two adjoining bungalows with an office in the middle. Each bungalow has three bedrooms, a lounge, bathroom, laundry room and a large kitchen /diner. The home has a large garden to the rear and parking to the front.

The service had a registered manager. 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager was also the registered manager for another Dimensions service nearby and was supported in these roles by an assistant locality manager.

Some areas required improvement. Where people were at risk of their health deteriorating quickly, escalation plans were in place, but these were not always being followed and had not been updated in light of revised guidance from healthcare professionals.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. Staff acted in accordance with people's wishes and choices. Systems were being implemented to support staff to assess and record mental capacity assessments and best interests decisions.

Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were either in place or had been applied for.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

People were supported to follow their interests and make choices about how they spent their time.

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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

Whilst guidance was in place which detailed the action required in the event of a person experiencing a prolonged seizure, staff were following an alternative protocol. It was not clear that this was based upon appropriate medical advice.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were clear about what they must do if they suspected abuse was taking place.

Staffing levels were adequate and enabled the delivery of care and support in line with peoples assessed needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Is the service effective?

Good

The service was not always effective

Staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were happy with the care provided.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

People were treated with dignity and respect and were encouraged to live as independently as possible.

Is the service responsive?

Good

The service was responsive

Summary of findings

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care.

People were supported to take part in a range of activities in line with their personal preferences.

Complaints policies and procedures were in place and were available in easy read formats.

Is the service well-led?

Good

The service was well led

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Dimensions 1-2 Orchard Mews

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.'

The inspection took place on the 16 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

Due to nature of the needs of some of the people using the service, we were not able to seek each person views about the care and support they received. We were however, able to speak with two people and also spent time observing interactions between people and the staff supporting them. We also spoke a relative, the registered manager, assistant manager and three support workers. We reviewed the care records of two people in detail. Other records relating the management of the service such as audits and policies and procedures were also viewed.

Following the inspection we sought feedback from five health and social professionals about the quality of care people received.

The last full inspection of this service was in September 2013, when we identified some concerns in relation to how medicines were being managed. We went back to the service in December 2013 and found that the required improvements had been made.

Requires improvement

Is the service safe?

Our findings

People told us that being supported by the service made them feel safe. However, whilst people told us they received safe care, we found some aspects of the care provided were not always safe.

Staff were not following the recorded treatment pathway or escalation protocol for a person who experienced epileptic seizures. The person's epilepsy care plan stated that staff should call 999 in the event that the person experienced a seizure lasting longer than three minutes. We noted that this guidance had on one occasion not being followed. Staff told us that they had previously been advised by paramedics that they should only be called after a seizure had lasted eight minutes. This updated guidance had not been discussed with the person's doctor to ensure that this reflected an appropriate treatment plan for this person. The person's epilepsy care plan had not been updated to reflect this revised guidance. There was a risk therefore of this person receiving unsafe or inappropriate care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. We spoke with the registered manager about our concerns. They took immediate action to ensure the person's doctor was asked to review the escalation protocol and this was updated accordingly during our inspection.

There were a range of systems and processes in place to identify and manage risks to people's wellbeing but also environmental risks. Each person had a risk analysis which identified the areas where specific risk assessments were required. Individual risk assessments were then prepared by the staff supporting the person. Areas covered included moving and handling, nutrition, dangers within the house and within the community. Some of the risk assessments viewed lacked specific and personalised information and were rather generic in nature and this is an area which could improve. For example, one person's bathing risk assessment talked about the need for all staff to be trained in epilepsy. This person did not have epilepsy. Another person had an assessment around their risk of slips, trips and falls. This did not contain personalised information about what made this person at increased risk of falls or what had been a trigger for their previous falls. Overall though staff were informed about each person's risks and were able to describe the strategies in place to manage these. For example, staff were able to describe how one person had no concept of hot or cold and could often grab hot objects. They explained that to manage this risk, two staff always needed to be available whilst meals or hot drinks were being prepared.

Staff were able to share with us examples of positive risk taking and there was evidence that staff did not restrict people's interests. For example, we were told how one person had been supported to have a short break away in a hotel with one to one support. Staff explained that the person had chosen a hotel which was not ideal for their needs. However they said, "She chose it, so we did it and she loved it".

People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home. The registered manager had been instrumental in arranging for a fire bunker to be installed in the front garden. This served as a safe haven for people in the event that they needed to evacuate the building. The provider also had a business continuity plan which set how the needs of people would be met in the event of the building becoming uninhabitable or an emergency such as a fire or flood.

People's medicines were managed safely. Staff who administered medication had completed training and the registered manager told us competency assessments were carried out to ensure they remained safe to administer people's medicines. Medicines were kept safely in locked cabinets in people's rooms or in a centrally controlled medicines cabinet. We reviewed two people's medicines administration record (MAR) and found that these were fully completed and contained sufficient information to ensure the safe administration of medicines. There were protocols in place for the use of 'as required' or PRN medicines. These included information about the strength of the drug and the maximum dose to be given in 24 hours. Where the PRN medicines were for pain relief, the protocols included some information about the signs or behaviours which might indicate that the person was in pain. Similar PRN protocols were being developed for the use of medicines which managed people's agitation or anxiety. We carried out a stock check of Controlled drugs. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs Act 1971 and which require special storage, recording and administration procedures. The CD's being stored did not tally against the CD register.

Requires improvement

Is the service safe?

The deputy manager showed us a separate record on site which did tally with the CD's being stored. They explained that when a new supply of drugs were received, this had been added to the separate record but the CD register had not been updated. We found similar issues with other non-controlled drugs. This is an area which needs to improve.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was available on the local multi-agency procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. The service had a dedicated whistle-blowing line and information about this was displayed within the home. Staff told us they were aware of the whistle-blowing line and would use this to report concerns about poor practice. They were also aware of other organisations with which they could share concerns about abuse. People were supported to stay safe. The service had easy-read information available for people on issues such as abuse or bullying and how they could seek help or advice about this.

Staffing levels were adequate. During the day the usual staffing levels were three support workers. At times, this rose to four support workers. At night there were two night staff, one sleeping and one awake. The majority of the staff team at Orchard Mews had been employed within the service for some years and this meant they were very familiar with people's care and support needs and this helped to ensure people received consistent care and support. Large staff rotas were available for people and included a photograph of each staff member. The registered manager told us the staff rotas were determined by people's needs and were adjusted as required to ensure people had the support they needed to undertake specific activities both within the home and in the community. For example, staff were allocated shifts based on people's needs for a support worker who could drive or who was able to take them swimming. The registered told us that if a person needed a particular skill match to undertake an activity, then they were also able to tap into the staff resources at other local Dimensions services. All of the staff we spoke with told us the staffing levels were adequate to meet people's needs safely. One staff member said, "The staff team are amazing, this makes a big difference to the people we support, we work well as a team". Our observations indicated that the staffing levels enabled people's needs to be met in a safe manner.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

Good

Is the service effective?

Our findings

People were supported by staff who had a good knowledge of their needs and of their likes and dislikes and during our inspection we observed that staff delivered care effectively and to an appropriate standard. We observed staff working in a professional manner and communicating with people effectively according to their needs. Feedback from health and social care professionals indicated that they felt the home provided effective care. One health care professional said, "They know people really well…they recognise their own training needs and call us appropriately".

Staff had received training in the Mental Capacity Act (MCA) 2005 and they were able to demonstrate an understanding of the key principles of the Act. The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Our observations indicated that staff sought people's consent about all aspects of their daily lives. We saw people being asked about what they would like to eat, or what they would like to do. Their choices were respected. The need to act in accordance with people's consent and choices was clearly referenced throughout their support plans. Where people used specific communication techniques to indicate their choices, these were described. For example, one person's support plan recorded how if they walked away, this indicated they did not like the choice being offered. We did note that where a person's ability to consent to the support delivered by Dimensions was in doubt, an assessment of their capacity to make that decision had not routinely undertaken as part of the care planning process. Assessing a person's ability to consent to the actions covered in their care plan and confirming what actions are agreed to be in the person's best interest's helps staff to ensure that they are acting in accordance with the principles of the MCA 2005. The registered manager explained that the provider had recently introduced a person-specific 'Your support agreement'. We saw that this agreement documented how the person made decisions about their support and daily life. It said that where people were unable to make decisions about their support, the service would undertake an assessment of their mental capacity using a mental capacity toolkit. The document would then record what decisions had been reached in the person's best interests and who had been involved in this process. This process once embedded will help to ensure that the staff are fully implementing the principles of the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant applications for a DoLS had been submitted by the home.

New staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. New workers shadowed more experienced staff, learning about people's needs and routines. The induction was mapped to the Care Certificate which was introduced in April 2015. The care certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Staff told us their induction had been useful. One staff member told us their induction really prepared them for their role. They said, "I really got to know [people using the service] I was able to sit and talk with them, I definitely felt ready, everything was explained to me".

Staff completed a range of essential training. Most of the training programme was delivered by e- learning and included a range of essential training such as first aid, food hygiene, infection control, nutrition and safeguarding people. Moving and handling and resuscitation training was also completed. Staff also had additional training relevant to the needs of people using the service. For example, staff had completed training in epilepsy and caring for people living with dementia. The service had an online recording system which alerted the registered manager when staff training was becoming due or was out of date. We noted that some staff were yet to complete hoist training and epilepsy awareness training, although the registered manager confirmed that dates were booked for this to take place shortly. Staff were positive about the training available and told us it helped them to perform their role effectively.

Staff told us they felt supported and they received regular supervision. The training and supervision records we

Good

Is the service effective?

viewed confirmed this. Staff also had an annual appraisal which included feedback on their performance from people, their peers, family members and other professionals. This helped to ensure that the process was meaningful and that their effectiveness was assessed fully and any training needs identified. The provider was committed to equipping staff with the right skills in order that they might move forward in their careers with the organisation and had implemented an 'Aspire Programme' to facilitate this which the registered manager was taking part in.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. One person had specific needs around the type of diet they were able to safely tolerate. The staff we spoke with demonstrated a good understanding of these specific needs and were able to clearly describe how these were catered for. People were involved in decisions about what they ate and staff told us that each week, they all sat down together and planned the weekly menu. The menu was then displayed with pictures and the name of the person who had made the choice. We observed that people were encouraged to be involved in preparing their meals, where able, and in clearing away after. Records were maintained of what each person ate and these showed that the people were being supported to maintain a healthy and balanced diet which included plenty of vegetables and fruit.

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met. This included GP's, learning disability nurses, physiotherapists and community nurses. We saw that people had attended dental and optician appointments and also well woman clinics. A healthcare professional told us the service referred people to them appropriately and that staff understood and followed their guidance. This helped to ensure that people's day to day healthcare needs were met. People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments. Following reviews by healthcare professionals, staff usually completed a practitioner's report which documented any changes to the person's treatment pathway or support plan.

Good

Is the service caring?

Our findings

Some of the people living at Orchard Mews were not able to tell how caring the service was and so we spent time observing whether they were treated with kindness and their dignity and privacy was respected. Others were able to tell us they were happy with the care provided and enjoyed living at Orchard Mews. One person told us they were "Very happy" and agreed that the staff were all kind and caring. A relative said that their relative was enjoyed living at the home, they said staff were "Good at encouraging and engaging" the person and that being at the service had "Opened up the world" for the them.

Our observations indicated that staff showed people kindness, patience and respect and offered people lots of praise and gentle encouragement to complete a task or chore. The Staff team were cheerful, motivating and we heard lots of laughter and banter between people and their support workers. The atmosphere was positive and it was clear that staff had developed a meaningful relationship with each person and that they in turn had trust and confidence in the staff supporting them. We saw that a social care professional had complimented the service on how friendly it was and another told us that Orchard Mews had a "Homely and inclusive feel".

Staff showed they had a good knowledge and understanding of the people they were supporting. This was helped by the fact that the staff group was so consistent. People were involved in choosing their key workers who worked closely with the person so that they became very familiar with their needs, their wishes and their hopes and desires for the future. People also, however, benefited from working with a variety of staff which meant they experienced a range of interactions and benefitted from the skills different staff members brought to their work. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated that they knew them well. We were given examples of the types of food people liked to eat and what activities they enjoyed as well as their preferred daily routines. This information was also reflected in people's care plans. A staff member told us, "We work well as a staff team…the support plans help us to know about their likes and dislikes, everyone knows everyone".

The registered manager told us that the people who used the service were involved in planning every part of their care and support. For example, we saw that people were involved in planning their meals each week and the activities they wanted to take part in. They were also involved in making choices about the décor of the home. Each person's room was decorated according to their own style and looked really homely and comfortable. Meetings were held on a regular basis during which people were able to talk about the things they wanted to do and whether they were happy with all aspects of their care. These meetings were also an opportunity for people to be kept up to date on staffing issues or organisational changes and as well as review the 'house rules'. We saw in one person's room, an easy read version of a letter explaining about recent staffing changes within the organisation.

The service had a policy of not recruiting staff without the involvement of people. We saw that each person had devised a set of questions to ask prospective staff. The registered manager told us how parts of the recruitment process often involved the potential staff member coming to the house for a coffee. This helped to ensure that people had a say in who provided their care and support. The service had a range of accessible communications available to ensure people were enabled to be involved in decisions about their care and the policies and procedures of the organisation. For example there were easy read versions of 'What Dimensions does about abuse' and the complaints process. A social care professional told us that people were "Very much at the centre of choices and decisions about their future".

Staff told us how they supported people in a way that maintained their independence. One staff member said, "[a person] will ask you to make them a cup of tea, but we know they can do it themselves so we ask them to do this, encourage them…we don't take over". Another staff member explained how one person always liked to take the bin out to be emptied but now they were a little frailer and so staff still encouraged them to do this, but walked them instead.

People's privacy and dignity was respected. People could choose to spend time in their room or in the communal lounges. During the day, people were able to move between the two bungalows but to respect people's privacy visiting guidelines were in place that people were asked to respect. Staff had become involved in the local authorities Dignity Forum. They had hosted events for national dignity day to highlight the importance of dignity in the home

Good

Is the service caring?

during which people had been encouraged to express what dignity in care meant to them. The home had a dignity champion whose role was to promote and role model dignity in care and highlight where practice could be improved. Our observations indicated that staff provided care in a manner which was respectful of people's dignity and privacy. Staff told us they were careful to ensure people's doors were closed when providing personal care and knocked on people's doors before entering.

Good

Is the service responsive?

Our findings

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care. People's care plans included a 'one page profile' that described, 'what people like about me', what's important to me' and 'how to support me'. For example, one person's profile described how they liked to have their nails done and feed the ducks. We saw from a review of their daily records that they were supported to be involved in these activities. Care plans also contained relevant information about how people's personal and medical history. People had been involved in identifying what was important to them in life, what was working for them and what a good and bad day might look like. The support plans provided information about the person's preferred daily routines, likes and dislikes and their hopes and dreams for the future. People had been supported to express what attributes the staff supporting them should have. For example, one person's records showed that the staff supporting them should like ducks, know how to cook, swim and sing! From one person's communication summary we were able to understand the sounds that might indicate they were happy or sad. We saw that the service had received a compliment from a social care professional. It commented on how well staff understood the communication methods of the people they supported. Staff told us they could refer to people's care plans in order to understand their needs and it was evident that the care plans had been read by staff. This helped to ensure staff understood the needs of the people they supported and enabled them to care for them in a personalised manner. We did note that some aspects of people's support plans would benefit from being updated to ensure they fully reflected the person's changing needs and daily schedules.

Staff maintained daily records which were mostly detailed and noted how the person had been, what they had eaten and what activities they had been involved in. This helped to ensure that staff were able to effectively monitor aspects of the care and support people received. When concerns were noted about a person's health or behaviour, staff had responded by making referral to relevant healthcare professionals. For example, we saw that staff had noted that one person was starting to display unusual or unpredictable behaviour and so had sought a review by the community learning disability team. A social care professional told us they were kept up to date on changes or incidents that might have occurred.

'Person centred reviews' took place and people, their family if involved and advocates were asked to give their views and feedback about the care and support they received. People's views and aspirations were used to agree new goals and objectives and their support plans were updated to reflect these. We saw that one person had expressed a wish to attend drumming classes, they had been supported to do this, but decided that they did not enjoy it. A person had expressed a wish to visit Disneyland. We were told that this was currently being costed and would therefore soon be possible to support the person to achieve this goal.

People regularly took part in a range of activities based on their own interests. Within the home, people were involved in activities such as massage, knitting, baking and completing household chores with staff. Outside of the home people attended activities such as hydrotherapy, swimming, visits to a local farm and a variety of day services. Each person had a board which detailed pictorially what activity they were doing that day and which staff member was supporting them. Following the closure of one of the local day services, one person was being supported to have one to one support which tailored around their known interests and preferred activities. The service held an annual ball which some of the people at Orchard Mews were planning on attending in October. Just after our inspection, people were planning a visit to the Dimensions Anniversary Games in London which were being organised in conjunction with Saracens Ruby Club and which were due to be attended by Commonwealth medallists. A social care professional told us that staff were "Proactive with exploring activities and options outside and inside the home".

Complaints policies and procedures were in place and were available both in communal areas and in people's private rooms in easy read formats. People told us they had were confident that they could raise concerns or complaints and that these would be dealt with. One person said, "I would speak with [their key worker] they would listen to me". There had not been any complaints since our last inspection. If concerns or complaints were raised, these were logged electronically so that actions taken to address them could be monitored and reviewed by the registered

Good

Is the service responsive?

manager and the organisations quality team. This helped to ensure that appropriate actions had been implemented to address concerns raised, in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

The registered manager at Orchard Mews had been in place since 2012. They are also the registered manager at another small dimensions service nearby. They were supported by an assistant manager who had also worked for the organisation for some time. Staff were positive about the leadership of the service, their comments included, "The home is definitely well led, they are a strong leader" and "They listen and understand". Another staff member said, "I really enjoy my job, I couldn't be in a better home…the managers act on any concerns".

The registered manager told us that they were committed to nurturing an open and transparent culture within the service and actively sought the engagement and involvement of people and staff in developing the service and driving improvements. People were encouraged to take part in 'Everybody Counts' groups. These groups met each quarter and discussed and explored any concerns or issues affecting people. This group fed into a regional group and then in turn to the Dimensions Council. One person told us that they felt their views were listed to. Staff echoed this. Staff meetings were held monthly and were an opportunity to discuss issues affecting the people they supported but also staffing issues such as leave, policy updates and health and safety matters. One staff member said, "We are listened to, decisions just aren't made without involving us and the residents; changes are discussed in team meetings and a joint decision reached".

The service undertook customer satisfaction surveys across their locations and used the feedback from these to inform the overall Dimensions delivery plan. We saw that as a result of the 2014 survey, action had been taken to make a difference to the ways in which the organisation worked. People had been provided with a 'You said…we did' update which explained the changes that had been made as a result of the survey. For example, more people now had a personalised rota and action was being taken to reduce the number of agency staff being used. People fed back that they wanted to spend time with people they liked. As a result action was taken to host 'pop up social clubs' to increase local connections. Unfortunately the satisfaction surveys were not analysed at each location level so we were not able to assess the direct impact of people's feedback on the service delivered at Orchard Mews.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. The organisation had a quality and compliance team which undertook regular audits of each location for example of medication and daily records. The service had a specific service improvement plan. This detailed the areas where improvements were required, the steps needed to deliver these and a clear time scale for completion. For example, we saw that the plan recorded that new carpets were needed. We saw that these had now been purchased. The provider issued 'Core Briefs' for staff with updates on strategic developments. For example we saw that the organisation had identified a number of 'Never events' which they wanted all staff to ensure were eradicated within the organisation. Never events are significant, largely preventable safety incidents affecting people who use the service, which should not occur if the available preventative measures have been implemented. Some of the identified 'never events' were that no-one with epilepsy would have a bath unsupervised without a risk assessment being in place in relation to this and incidences of medicine administration errors. The service had systems in place to report, investigate and learn from incidents and accidents. All incident forms were then reviewed by the management team and the services compliance team. Incidents could be reviewed by type to enable trends to be picked up and addressed so as to stop a similar incident happening again. Staff completed a range of health and safety checks to help identify any risks or concerns in relation to the environment and equipment used for delivering people's care. Monthly health and safety walk through were completed as were detailed checks of the fire and water safety within the service. Checks were undertaken of the equipment used for moving and handling and of the first aid boxes. This all helped to ensure that robust systems were in place to monitor and improve quality and safety within the service.

Through discussions during the inspection and the information contained with the PIR, we found the registered manager had a clear vision for the service and told us about improvements and innovations they and the provider intended to make in the future. 'Planning Live' was being implemented within the service in October 2015. 'Planning Live' is an event that brings all the people who were important to a person together, to listen to what was important to them and discuss a range of support options. It culminates in identifying a set of outcomes that the

Good

Is the service well-led?

person wants to fulfil in the coming year and the creation of a template for a 'perfect week' on which to base the planning of the person's on-going support. The registered manager also told us about their aim to ensure the people living at Orchard Mews were given more opportunities to be involved in community life. They explained that they were setting up the 'Grapevine Hub'. A local hall had been hired and plans were in place to arrange activities such as baking, Karaoke, and bingo. It was anticipated that people from the local Dimensions services could attend but also people from the local community.

The manager was committed to providing a strong person centred culture and explained that one of the on-going challenges was keeping the support provided to people. "Live and Fresh". They explained that staff were moving away from a task based culture to one which was person centred. She wanted staff to continue to prioritise getting people out and not feel restricted by house hold chores for example. We saw that staff supported people in a manner that was in keeping with these values. One staff member said, "Our values are personalisation, dignity and respect, everything is so person centred". Another staff member said, "We look after people well, it's like a home from home". The registered manager said she was proud of her staff team, of her deputy and of herself for the improvements that were being made within the service. She said, "It's a happy home with a good atmosphere….these guys choose what they want, that shines through".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff were not following the recorded treatment pathway or escalation protocol for a person who experienced epileptic seizures. There was a risk therefore of this person receiving unsafe or inappropriate care and treatment.