Dimensions (UK) Limited

Dimensions 2 Dunstans Drive

Inspection report

2 Dunstans Drive
Winnersh
Wokingham
Berkshire
RG41 5EB

Tel: 01189795362
Website: www.dimensions-uk.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 10 October 2017.

Dimensions – 2 Dunstan's Drive is a residential care home which is registered to provide a service for up to four people with learning disabilities. Some people have other associated difficulties including physical and sensory needs. There were four people living in the home on the day of the visit. The service offered ground floor accommodation in four bedrooms.

At the last inspection, on 7 October 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:
There is a registered manager running the service. 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.

Staff continued to ensure people were kept as safe as possible from abuse, harm or poor practice. Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Additionally they were trained in health and safety policies and procedures which provided them with the knowledge and understanding of how to keep people, visitors and themselves safe. High staffing ratios ensured people were supported safely and staff were able to meet people's individual needs. The recruitment procedures remained effective in making sure appointees were suitable and safe to work with people. People were given their medicines safely.

People's current and changing needs continued to be responded to effectively and in a timely way. People's health and well-being needs were met by staff who worked with health and other professionals to ensure they received any necessary medical or specialist care.

People continued to be supported to have maximum choice and control of their lives. Staff offered them care in the least restrictive way possible, the policies and systems in the service supported this practice.

People continued to benefit from receiving care form a kind and caring staff team. Highly individualised care planning ensured staff used a person centred approach and respected people's equality and diverse needs.

The service remained well - led which ensured it was able to provide good quality care. The registered manager was on extended leave but the service was managed by an interim team, in their absence. The management team were described as accessible, approachable and supportive. The quality of care the service provided was assessed, reviewed, improved and developed as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Dimensions 2 Dunstans Drive

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 was unannounced and took place on 10 October 2017. It was completed by one inspector.

Before the inspection the provider sent us their provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us and the previous inspection report completed in October 2015. A notification is information about important events which the service is required to tell us about by law.

We looked at the four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at some records related to the running of the service. These included a sample of health and safety, quality assurance and meetings records.

We interacted with the four people who live in the home, they were unable to clearly verbalise their views. However, we observed how staff provided care throughout the inspection visit. We spoke with three staff members and the operations director. We received written comments from some relatives of people who live in the service, after the inspection visit. We requested information from five other professionals and received one response.

Good

Is the service safe?

Our findings

People continued to be protected from any form of abuse or poor practice. People were unable to tell us if they felt safe but they were comfortable around the staff and did not hesitate to indicate if they wanted or needed anything. The staff team received training in safeguarding adults and were able to describe how they would deal with any concerns. Staff (including agency staff) were very aware of the provider's whistle blowing policy, should it be necessary. Flow charts, a quick reference guide to reporting abuse and other Information about safeguarding and whistleblowing was available in the staff and communal areas of the home.

Staff told us they were very confident the management team would act on any concerns or issues that arose, to ensure people's safety. One safeguarding concern had been identified during the past 12 months. This had concerned allegations about an incident of physical abuse by a staff member. The incident had been effectively and robustly dealt with to ensure people's safety. The local authority told us they had no current safeguarding alerts for the service.

People who lived, worked in or visited the service were kept as safe from harm as possible. Staff were trained in and followed the service's health and safety policies and procedures. They had service emergency plans to follow in the event of foreseeable emergencies. General health and safety risk assessments and risk management plans such as driving, stress at work and staff of child bearing age were in place. Health and safety and maintenance checks were completed at the required intervals.

The service continued to complete individual risk analysis, assessments and management plans for people. These included areas of care such as scalding, isolation and choking. The risk assessments were incorporated into care plans and provided staff with the information needed to enable them to provide care in the safest way possible. The service learned from accidents and incidents which were recorded, investigated, analysed and acted upon, as necessary.

People's finances were appropriately protected according to their needs. For example some people's money was looked after by family members whilst others were supported with their finances by the Court of Protection.

Medicines were ordered, stored and disposed of safely and people were supported to take their medicines in the correct doses and at the right times. Staff continued to be appropriately trained and regularly competency tested to ensure they were able to administer medicines safely. People had guidelines for the use of 'to be taken as necessary' medicines. However, these may benefit from more detail, particularly those medicines used to support people with controlling their distress or anxiety. There was a complex system of checking medicines which was repetitive and cumbersome. However, there had been one medicine administration error in the preceding year which had been appropriately dealt with.

People were supported by staff who continued to be safely recruited. Prospective staff were fully checked so that the management team could be as sure as possible that they were suitable and safe.

Staffing ratios continued to ensure there were adequate numbers of staff on duty to keep people safe. There were a minimum of three staff on duty between the hours of 7.30 am and 10 pm with one waking night staff and one staff member sleeping-in the service.

Good

Is the service effective?

Our findings

People continued to be provided with effective care. Plans of care ensured staff were provided with enough information to enable them to meet people's individual, diverse and specific needs. Plans included a one page profile with noted people's vital information. People's health and well-being needs continued to be met effectively. A separate medical file included detailed health action plans and records of all referrals, appointments and follow up treatment.

People were supported to eat food appropriate to their needs. Any specific nutritional needs were included in care plans along with advice from the speech and language therapy team with regard to safe eating, drinking and swallowing. Food was prepared and served according to the individual's specific guidelines. The guidelines provided by specialists with regard to safe eating, drinking and swallowing were supplied as laminated cards and available in the dining area, for quick reference and a reminder to staff. Records of food and fluid intake were kept, as required. Menus were completed after meals had been provided. The operations director agreed to check this was the most appropriate practise for the people who live in the service.

The service effectively met the needs of people who may have behaviour that caused distress to themselves or others. Positive plans were in place and followed to minimise any such behaviours. However, one agency staff member did not follow individual's behaviour plans or interact effectively with them. The permanent staff member rectified this situation immediately they became aware of it. The staff team did not use any form of physical restraint.

The service continued to respect people's rights and freedoms. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Appropriate DoLS up-date applications to the local authority were made and best interests meetings were held, as necessary. Staff received training in MCA and DoLS and were able to describe their understanding of the principles. They supported people to make as many decisions and choices as they could. Individual support plans included a specific one that described which decisions people could make and how staff should help them to make them.

People received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff remained well trained and continued to be encouraged to develop the skills and knowledge they needed to meet people's needs. The service used a nationally recognised induction tool.

The service tried to use the same agency staff whenever possible to aid consistency of care. Some agency staff had been working at the service for over two years. They told us they received an induction and training day if they had not worked in the service before.

Care staff were supported by the management team and received regular one to one supervision and an annual appraisal. Staff told us they were well supported by the registered manager (when not on extended leave) and management team who were always available for support or advice.

Good

Is the service caring?

Our findings

The staff team treated people with kindness, patience and respect. Staff interacted positively with people throughout the day of the visit. Plans of care included positive information about the person and included areas such as, "My skills" and "What people like and admire about me". Additionally, individual support plans included information such as "How I start the day well." For example for one person a plan noted, "I have male staff or staff who know me well."

People's privacy and dignity continued to be promoted. Staff were able to describe how they afforded people their privacy and dignity in their daily work and routines. People had excellent detailed communication plans to ensure staff understood them and, as far as possible, they understood staff. The plans clearly described how people made their feelings known and how they displayed choices and preferences. For example plans noted how staff would know when people were displaying particular emotions and needs and how they should respond. One plan said, "I am very expressive with my face and body. I smile and will reach out to you so you can take me where I want to go." Another said, "If someone wants to tell me something come to my eye level, call my name and explain in short simple sentences. Use patience and reassurance throughout".

People were provided with information in a way that ensured they had the best chance of understanding it and are complying 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. Additionally staff explained everything to people.

Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included explanations of the key worker system, different people's responsibilities and people's support agreements.

People were supported by staff who built strong relationships with them. People and staff knew each other well and staff were able to describe, in detail, people's needs and what was in their support plans. Their practice (observed on the day of the visit) demonstrated how well they knew people and how comfortable people were in their presence.

People's needs with regard to their equality and diversity needs were understood and met by the staff team. Staff ensured each person's diverse physical, emotional and spiritual needs were identified and met in the way that suited them best. For example, people attended church when they chose to and everyone was helped to celebrate special occasions.

People's personal written information was protected by staff who understood confidentiality which was included in the provider's code of conduct. People's records were kept in an office which was locked when no staff were present.

Good

Is the service responsive?

Our findings

People's needs continued to be responded to quickly. Staff were able to recognise when people needed or wanted help or support. Staff responded to body language, facial expression and behaviour as noted in people's communication plans.

People, relatives, social workers and other relevant services continued to be involved in an initial assessment of the person prior to them moving into the service. Detailed person centred support plans were developed from the assessment. Support plans were reviewed regularly and included monthly key worker and person centred reviews. The summary of the person centred review was produced in a symbol format which supported the simple text.

People's highly personalised care plans clearly described people's individual needs, preferred routines, any special needs people had and the person themselves. People's diverse and changing needs were met by knowledgeable staff who were kept up-to-date with any changes needed in people's care.

People continued to be supported to develop and maintain relationships with those important to them. People's relatives were kept informed of any significant issues or changes to people's well-being. A family member told us, "I enjoy an excellent relationship with them (the service) and am very grateful for their commitment to [relative] whose needs they constantly attend to."

People's activities programmes remained individualised. Some people attended organised day care facilities and some people had a more flexible programme dependent on their mood and well- being. However, people's care plans noted that people would like to have the opportunity to participate in more community activities. They noted that the variety and frequency of activities, outside of the home was adversely affected by a lack of drivers. Whilst this was being addressed by a number of initiatives in recruitment and staff training we discussed the use of public transport with the operations director. They agreed to discuss the possible over reliance of staff on the service's minibus as the only means of transport. They also agreed to look at people's contributions to the cost of the minibus if they were unable to use it on a regular basis.

The service had an accessible complaints procedure and provided an easy read version which gave people the best chance to understand the process. It was clear that people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause. The service had received two complaints and two compliments during the preceding 12 months. The complaints had been fully investigated, upheld and several actions had been taken as a result of the complaints. Complainants had received a detailed response outlining the actions they had taken to rectify the identified issues. The service had used the complaints as learning and improvement opportunities.

Good

Is the service well-led?

Our findings

People benefitted from good quality care provided by a staff team who continued to be well-led. The registered manager had been in post since June 2016 and was supported by an assistant manager. The registered manager was currently on extended leave but the service was well-led by an interim management team. The management arrangements, accountabilities and responsibilities were complex however staff told us one of the senior staff team was always available. Staff told us the management team was open and approachable.

On the day of the inspection the staff member in charge of the shift was a support worker who had been working in the home and in the care industry for eight months. They were working with two agency staff for the morning period. Whilst people were well cared for there was potential for issues to arise. However, the agency staff knew people well as the same ones were used as often as possible. The operations director agreed to review the appropriate experience and seniority of staff cover for a service of this complexity. The staff member, on duty, was confident they could access senior staff support quickly, if necessary.

The management team listened to the views of people, their families and friends and the staff team. People's views and opinions were recorded in their reviews and staff interpreted their behaviours and other expressions as noted in individual communication plans. Staff meetings were held regularly and minutes were kept. They included the discussion of policies, people and were sometimes used for training activities. People's families, friends or advocates were asked for their views, via questionnaires and collected informally when contact was made with the service.

People continued to benefit from a good service which was continually monitored and assessed. There were a variety of internal (to the service) and external (by the provider) systems for auditing and monitoring in place. Examples included health and safety checks, regular financial audits and medicines checks. Quality audits were completed by the provider's compliance team which included a person who uses another of the provider's services.

Actions taken as a result of the auditing systems and listening to the views of all interested parties included, developing the activities programme and providing a more homely environment for people to live in.

Records accurately reflected people's individual needs and were detailed and up-to-date. They supported staff to offer good quality care. However, personal records were complex and repetitive. The operations director told us the provider was in the process of "rolling out" a computerised care planning system which will simplify records and remove the need for the number of care plan files staff currently work with.

Records relating to other aspects of the running of the home such as audits and staffing records were well kept. However, because some records were only available to senior staff they were not always available. The operations director agreed to review this when looking at the seniority of staff left with the responsibility for running the home. Statutory notifications had been sent to the Care Quality Commission in the correct timescales.