

Dimensions (UK) Limited

# Dimensions Fountain House Innox Lane

## Inspection report

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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 

## Overall summary

This inspection took place on the 18 December 2015 and was unannounced. When the service was last inspected in September 2013 there were no breaches of the legal requirements identified.

Dimensions Fountain House is registered to provide accommodation for up to eight people who require

personal care. At the time of our inspection there were seven people living at the service. The people who live at the service have learning disabilities and profound physical needs.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

People’s rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people’s support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people’s needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for. Specific cultural requirements were respected and enabled by the service, such as dietary requirements.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service.

# 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?

The service was safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Good



### Is the service effective?

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



### Is the service caring?

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's different behaviours and specific needs.

Good



### Is the service responsive?

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Good



### Is the service well-led?

The service was well-led.

Staff felt well supported by their manager.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Good



# Dimensions Fountain House Innox Lane

## 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 18 December 2015 and was unannounced. The last inspection of this service was in September 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with four members of staff, the assistant locality manager and the registered manager.

The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

# Is the service safe?

## Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. We observed that there were sufficient staff to help people when needed, such as meal times and when medication was required. In the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. One member of staff told us; "I wouldn't have any fears going to the manager." All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. The safeguarding policies and contact numbers were available in the group management file which was accessible to all staff members in the communal area.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told that staff files were held in head office and they contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements

in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they received by people safely. People received their medicines in line with their prescriptions. Staff had received training in medicines and were regularly assessed. Staff administering the medicines were knowledgeable about the medicines they gave and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

To ensure staff followed correct procedures the management of medicines was audited on a weekly basis. The audits reviewed the current stock and medication administration sheets. They also reviewed all medication administration and handling procedures. The audits would identify any potential concerns which required action.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as eating and drinking, undertaking general weekly activities, moving and handling requirements and religious and dietary needs. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe when accessing the van to go out for their activities. Potential hazards were identified and control measure instructions were provided such as the provision of clear guidance of securing the person's wheelchair and using the correct straps.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the

## Is the service safe?

registered manager. They reviewed the incidents and accidents and identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

People were cared for in a safe, clean and hygienic environment. Staff were allocated daily cleaning duties and

the tasks were recorded on a staff handover sheet. The rooms throughout the service were well-maintained. Regular equipment and maintenance checks were undertaken. Where actions were required they were taken forward within a reasonable time limit.

# Is the service effective?

## Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. New staff attended an initial one day induction that included learning about the provider and the expectations whilst in employment with the provider. The remaining induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff. One member of staff told us; "I feel well-supported with the training programme. I have had on-line training and the Care Certificate training. I've shadowed more experienced staff."

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in important topics matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, basic life support and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness had been undertaken by staff.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as training and development, the people that staff support, contribution to the team and organisation, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were implemented.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans

about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

We found that people had the support of Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "I give everyone a choice. If they refuse I try something different. People are capable of letting their opinions known through body language or different tones of voice."

We made observations of people being offered choices during the inspection, for example food choices were offered. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff used a number of techniques such as interpreting their body language and the pitch and tone of the sounds made by the person. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. Where appropriate we were told that the latter were invited to attend such meetings but did not necessarily attend all the meetings. Where requested we

## Is the service effective?

found that the service would communicate with the family about incidents or decisions that affected their relative. Some people who lived at the service had no contact with their family.

People's nutrition and hydration needs were met. The food was nutritious and served at the correct consistency, according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food the person should consume. Following advice from the Speech and Language Therapist each person had their own eating and drinking guideline plan. It included details such

as the equipment needed, food consistency, positioning and assistance required. We observed that staff provided the appropriate support in accordance with these guidelines. Staff we spoke with demonstrated a detailed knowledge of each person's nutrition and hydration needs and would escalate any concerns to their manager. Where there were concerns regarding a person's intake staff recorded the person's food and fluid intake (including refusal of food) for the dietician to review and consider appropriate strategies to assist their needs.



# Is the service caring?

## Our findings

There was a lovely atmosphere in the service and all felt very festive. The house was decorated throughout with Christmas decorations and there was a tree in the dining area. There was a general feel of excitement. The staff were extremely positive and really getting into the festive spirit with the people they cared for. They were helping people buy presents for family. People were wearing festive clothes to attend their day centre. Staff were putting the final preparations together for a Christmas party that was going to be held the next day for friends and family. It was also one person's birthday and they were arranging a cake and a visit to the local arboretum as a birthday treat.

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans. Where a person expressed discomfort staff provided reassurance and assisted the person to lie on their favourite beanbag.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way.

For example, following a health care professional's advice one person's plan advised that to calm a person down staff should be silly or sing their favourite song. We observed a staff member implementing this technique when the person appeared agitated and this proved reassuring to them. Staff were patient and fully engaged with the people they were caring for. One member of staff told us: "[person's name] has real character. They are deaf and blind and routine is really important. We communicate with touch."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was exacting and reflected in the person's care plans. When they spoke about the people they cared for they expressed warmth and dedication towards them.

People were provided with activities, food and a lifestyle that respected their choices and preferences. This included respecting a person's religion and catering for their religious dietary requirements. The staff had also arranged for people to attend a local mosque regularly where they held services especially for them. People kept their own personal belongings where they wished to and have their rooms furnished to their own individual taste. Where appropriate family members feedback was also sought when a person's room was being decorated and samples had been sent to them.

# Is the service responsive?

## Our findings

The service was responsive to a people's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's health, social and leisure activities, personal safety and risks. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary.

Where required we found that the service accessed speech and language therapists, dieticians and physiotherapists. An example of this included where a person was at risk of pressure sores. A best interest meeting was held with interested parties such as staff members, a physiotherapist and the person's relative and strategies were agreed to alleviate the risk. The relative commented; "I need my relative to be happy and content and if that means moving her often to avoid skin breakdown, then I consider it to be in her best interests."

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives (where requested) had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included going swimming. A learning log was implemented to enable the person to go swimming. This included what went well and what needed to be different. This ensured that the appropriate transfer equipment would need to be utilised to enable the person to go the swimming pool.

People's individual needs were recorded and specific personalised information was documented. Each person's

care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaging in different activities such as attending the day service, using the sensory room, staying at home and attending music therapy. During the summer we were told that the hydro-therapy pool at the service was particularly popular. People also engaged in other activities such as going shopping, going out for lunch, bowling, ice-skating and cinema trips. One member of staff told us they like to get people involved with other people outside of the service.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. One relative visited regularly and telephoned on a weekly basis. Staff enabled and encouraged this contact. Family members were also invited to the Christmas party which was due to be held the next day.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. One staff member told us; "if [person's name] is not happy they raise their right hand up and out." The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

# Is the service well-led?

## Our findings

Staff described the registered manager as supportive and approachable. The manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the manager if they had any concerns. Regular staff meetings were held and agenda items included people they support, health and safety, medication and safeguarding. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities or approaching health professionals where new equipment was needed. These actions were actively supported by the registered manager.

Communication books were in place for the staff team as well as one for each of the individuals they supported. We saw that staff detailed the necessary information such as the change of medication and health professional visits. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

'Core Brief' a monthly newsletter is also issued to all staff which included provider information on such issues as policy, organisation progress and regional updates. This meant that staff were informed about the proposed future strategic development of the provider. The provider sought the views of staff through the forum of an annual employee

pulse survey. In the 2015 survey the majority of staff felt that the Dimensions' values of ambition, courage, integrity, partnership and respect were carried out in practice. Staff we spoke with felt listened to. As a result of feedback from staff the provider had introduced a mixture of team and individual arrangements for sickness incentive payments.

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

To ensure continuous improvement the manager undertook regular compliance audits. They reviewed issues such as; planning and delivery of support, observations of support, training, medication and health and safety. The observations identified good practice and areas where improvements were required. Examples of this included where a person's wheelchair needed replacing and maintenance issues needed to be actioned.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.