

Dimensions Somerset Sev Limited

# Dimensions Somerset The Old Police House

## Inspection report

The Old Police House  
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Frome  
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Tel: 01373863068

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Dimensions Somerset The Old Police House is a residential care home providing personal care to five people at the time of the inspection. The service can support up to eight people.

### People's experience of using this service and what we found

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

Staff supported people with their medicines. Some improvements were needed to the way medicines were checked in, and when staff needed to make handwritten amendments to people's medicines administration charts. This had already been identified by the registered manager.

Staff supported people to have the maximum possible choice, control and independence and to be in control over their own lives; the policies and systems in the service supported this practice.

People were supported to be involved in decisions about their care and support. Staff were observed communicating with people in ways that met their needs and supporting people to make choices.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Staff supported people to be occupied at home and pursue interests in their local area if they enjoyed this. People were starting to return to activities that had been paused during the pandemic.

The service gave people care and support in a safe, clean and well-equipped environment that met their sensory and physical needs.

People benefitted from an interactive and stimulating environment. An immersive room had recently been added to the home which provided a multi-sensory experience for people.

People had a choice about their living environment and people's rooms were observed to be personalised to them.

Staff worked with health professionals to achieve good health outcomes and to avoid people taking unnecessary medicines.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.

#### Right Care

People's care plans and risk assessments reflected their range of needs and this promoted their wellbeing and enjoyment of life. Some risk assessments were found not to have been reviewed. This had already been identified by the registered manager.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Throughout the inspection we observed kind, relaxed, compassionate and caring interactions between people and staff.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People who had individual ways of communicating, using body language, sounds and pictures interacted comfortably with staff and others involved in their care. This was because staff had the necessary skills to understand them.

#### Right culture

People received good quality care and support because trained staff could meet their needs and wishes. At the last inspection people with specific health needs were not always being supported by staff who had received up to date training from professionals on specialist techniques. Despite communication with various other professionals to source the training, the service has not yet been able to obtain this.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff told us that they "Make [people] the centre of everything they do".

Staff valued and acted upon people's views and understood how these were expressed through observations, body language and how people presented themselves.

People and those important to them were involved in planning their care.

The staff, registered manager and peripatetic assistant locality manager were open and transparent

throughout our inspection. The registered manager and peripatetic assistant locality manager acted efficiently on queries and feedback throughout the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection was Good. (Published August 2018)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection, that rated those key questions, to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset The Old Police House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

**Requires Improvement** 

### Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

**Good** 

# Dimensions Somerset The Old Police House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection: An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dimensions Somerset The Old Police House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We looked at all the information we had received about and from the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

#### During the inspection

Two Inspectors and a member of the CQC medicines team visited Dimensions Somerset The Old Police House on 10 May 2022. We spoke/ communicated with five people who used the service. The people we met were not able to verbally communicate with us. Their opinions were captured through reactions to observations and interactions they had with staff.

We spoke with five members of staff including the registered manager, peripatetic assistant locality manager and operations director.

We checked four people's medicines records and looked at arrangements for administering, storing and managing medicines.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

An Expert by Experience spoke with four relatives about their family member's experience of the care provided.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, meeting minutes and rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. The rating for this key question remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People had detailed risk assessments and associated care plans in place. These included information about risks associated with eating and drinking, medical conditions, finances, mobility and the current pandemic. We were not assured that they reflected people's current needs as some of these risk assessments were found not to have been reviewed. This meant that there was a risk that staff, including any new staff, were following risk assessments that did not contain correct information. The registered manager was aware of this. We recognise that there has been no impact as a result of this, and the risks were minimised as permanent and regular agency staff clearly knew people well.
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. Some checks were found to not be up to date. Reassurances were provided that this would be rectified.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. The team had worked in partnership with other professionals to support a person with medical procedures in the least restrictive way.
- Relatives spoken with raised no concerns regarding the safety of the service, with one family member stating "They are very safe and secure, they do understand [Name of person]."
- Since the last inspection, improvements have been made with how frequently health professionals reviewed people's health conditions to reduce the risks of their health declining. A weekly health clinic has been set up with the GP surgery.

### Using medicines safely

- Medicines were stored in locked cupboards in each person's room, meaning they could have them administered in private if they chose. However, the keys were kept on a hook next to the cupboard which meant they could be accessed by non-authorized staff or visitors. During the inspection the keys were removed and held by staff. The registered manager told us they were arranging for a key safe to be fitted in each room to keep these keys secure.
- Some improvements were needed to the way medicines were checked in, and when staff needed to make handwritten amendments to people's medicines administration charts. This had already been identified by the registered manager. They told us improved systems, with two members of staff checking all receipts of medicines against the charts and signing for changes to people's medicines, were being introduced.
- Staff had guidance available for how to make up the correct level of thickener for people who had been assessed as needing it. We saw thickening powders were kept in an unlockable cupboard in the kitchen. Following the inspection a risk assessment was received that showed this had been assessed as safe for



people.

- Staff assessed the level of support each person needed with their medicines, considering their mental capacity assessments and making sure their best interests were taken into account.
- Staff administered people's medicines in the way prescribed for them. If medicines were prescribed 'when required' then staff would access person-centred guidance to help them decide when a dose might be needed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff received training in the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff received training in safe medicines management and had been checked to make sure they gave medicines safely. Further training had been booked for all staff following a medicines incident in the home.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew people well and understood how to protect them from abuse.
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had training on how to recognise and report abuse. Staff we spoke with understood how to identify and report safeguarding concerns.
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep the person safe.

Staffing and recruitment

- At the last inspection, we found that people with specific health needs were not always being supported by staff who had received up to date training from professionals on specialist techniques. During this inspection we saw evidence of the provider trying to access this training, but they have not been able to obtain it. Risks relating to this task had been reduced through a risk assessment which was regularly reviewed.
- Staff recruitment processes were safe. The provider had a recruitment policy in place. The registered manager explained that recruitment checks were undertaken by the provider.
- Although the home was facing significant staffing challenges, there were enough staff deployed to be able to provide people with the support they had been assessed as needing. This included use of consistent agency staff that are regularly working within the service. Staff spoken with confirmed this.
- The recruitment and induction process for agency staff promoted safety. An approved agency was used, and the service was currently in the process of obtaining agency profile sheets about the staff member. Agency staff were supplied training specific for the service for example dysphagia training.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Accidents and incidents were recorded and investigated. The information from the investigation was then shared at a team meeting.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff spoken with understood the process to do this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the services they managed. They had been registered at the home since 26 April 2022.
- The registered manager was also registered at another home owned by the same provider. To support the home a peripatetic assistant locality manager was in place whilst an assistant locality manager was recruited.
- Both the registered manager and the peripatetic assistant locality manager supported the inspection. Both were open and transparent throughout our inspection; demonstrating their commitment to provide person-centred and high-quality care. The registered manager and peripatetic assistant locality manager acted efficiently on queries and feedback throughout the inspection.
- Governance processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These included regular audits that included medication, cleaning practices and health and safety. This helped to ensure any shortfalls were quickly identified and lessons were learnt to improve people's quality of life. The processes had identified some actions which were detailed within the service's continuous development plan. This reflected our areas of improvement identified within the safe section of this report.
- The provider's operations director and quality and compliance team also completed visits, with actions identified detailed within the service's continuous development plan.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Staff spoken with during the inspection also shared this vision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The team showed their commitment to providing person centred, high-quality care. People were observed to receive individualised support in line with their support plan from staff who were kind, caring and patient.
- The registered manager was visible within the service, approachable and took a genuine interest in what people, staff and people's families had to say.
- The registered manager was alert to the culture within the service and had spent time improving this by discussing behaviours and values with staff.

- Staff felt respected, supported and valued which supported a positive and improvement-driven culture. Staff told us "[The registered manager] and [the peripatetic assistant locality manager] are so supportive and always available if I need anything" and "Here is good for teamwork".
- The registered manager worked directly with people and was observed to lead by example.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us "I have raised concerns with [the registered manager] who supported me to look at ways to resolve the issue" and "I feel like I can talk to anyone, don't feel stupid if ask anything".
- The management team and staff put people's needs and wishes at the heart of everything they did. This was observed throughout the inspection.
- Relatives comments included, "The Old Police House is absolutely wonderful, staff are wonderful especially in these difficult times, we are very happy" and "We feel so fortunate, they have given me confidence in the service, which has made such a difference to my wellbeing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- Relatives felt they were kept fully informed about everything. They spoke positively about the service, with one relative saying, "We have had a review or two, less so under covid, but they have kept [my relative] well and kept us informed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People contributed to the internal quality assurance systems with support from staff who knew them well and supported them to communicate effectively. This included observing people's body language and facial expressions. Staff also reflected on people's preferences when considering the support they provided. This meant people's views were considered when planning for the service.
- Relatives told us they were kept up to date with their loved one's lives and felt listened to. They spoke positively about the service with one relative stating, "We have been involved in everything, reviews etc."

Working in partnership with others

- The service worked well in partnership with other professionals and organisations to make sure they received the support they needed.
- People's care records detailed the involvement of appropriate professionals to ensure the best outcomes for people. This included health and social care professionals and their input was reflected in care plans.
- The service also worked in partnership with other healthcare professionals to reduce the medication people received. This was in accordance with the STOMP agenda (stop over medication of people with learning disabilities, autism or both with psychotropic medicines.)