

Dimensions (UK) Limited

# Dimensions 2 Farnham Road

## Inspection report

2 Farnham Road  
Fleet  
Hampshire  
GU51 3JD

Tel: 01252623248  
Website: [www.dimensions-uk.org](http://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

2, Farnham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal care to a maximum of five people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge others. At the time of inspection five people were living at the home. The home had been developed and adapted in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

This comprehensive inspection took place on 4 and 5 October 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. People were involved in managing their risks which were person-centred, proportionate and reviewed regularly. Restrictions were minimised so that people felt safe but also had the most freedom possible.

Medicines were administered safely, as prescribed by staff who had been assessed to be competent to do so.

Prospective staff underwent relevant pre-employment checks to ensure they were suitable to work with the people who lived with autism or a learning disability. There were always sufficient suitable staff with the right experience and skills mix, to provide care and support to meet people's needs.

Staff effectively managed the control and prevention of infection within the service and adopted recognised safe preparation of food guidance.

The registered manager encouraged staff to raise concerns about incidents and near misses, so action could

be taken to avoid further recurrence.

Staff were enabled to develop and maintain the necessary skills to meet people's needs. People were supported to eat a healthy, balanced diet and had access to the food and drink of their choice, when they wanted it. People's needs were assessed regularly, reviewed and updated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Best interest decisions were consistently made in accordance with legislation to ensure people's human and legal rights were respected.

People experienced consistency of care from regular staff who were kind and compassionate. There was a caring and positive atmosphere within the home, where people were relaxed and reassured by the presence of staff, whom they knew well.

Staff consistently treated people as individuals, with dignity and respect. Staff spoke with passion and pride about people's achievements and their special qualities, which demonstrated how they valued them as individuals.

People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with their families and those that mattered to them, and to develop new friendships, which protected them from the risk of social isolation.

People's care plans were person centred and detailed how their assessed needs were to be supported by staff. People experienced care that was flexible and responsive to their individual needs, which enriched the quality of their lives and improved their physical and mental wellbeing.

Feedback consistently showed staff had an excellent understanding of individual's social and cultural diversity, their values and beliefs, and how they wanted to receive their care and support. The service had received no complaints. However, people and their families were confident that if they did complain, they will be taken seriously, and their concern will be explored thoroughly and responded to effectively.

The service was well led by the registered manager, who consistently inspired staff to deliver high quality care. The provider's values were clearly understood by all staff, which they demonstrated when supporting people. The quality of the support people received was effectively monitored and identified shortfalls were acted on to drive continuous improvement of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Dimensions 2 Farnham Road

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of 2, Farnham Road took place on 4 and 5 October 2018. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. Therefore, this inspection was carried out by one adult social care inspector.

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, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with four people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the registered manager and five staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at six staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering September and October 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with five relatives of four people, three health and social care professionals and two professionals from the community. These professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

We last inspected the home in January 2016, when the service was rated good.

# Is the service safe?

## Our findings

People continued to experience care that met their needs and made them feel safe. Staff had developed meaningful and trusting relationships with people that helped to keep them safe. One person told us, "Yes they [staff] take care of me." A relative told us, "The carers are wonderful and will do anything for [loved one]. They know [family member] better than anyone else and always do what is best for them."

People were consistently protected from avoidable harm, neglect, abuse and discrimination. Staff had completed the training which enabled them to safeguard people from abuse. When concerns had been raised, the registered manager carried out thorough investigations in partnership with local safeguarding bodies.

Staff supported people to have a full and meaningful life, whilst supporting people to stay safe by consistently identifying and managing the risks to them.

People were protected from harm by staff who understood and effectively implemented the provider's safety systems, policies and procedures. The registered manager ensured there were enough staff deployed, with the right mix of skills to deliver care and support to people safely and to respond to any unforeseen events. For example, the registered manager had completed a risk assessment and management plan to deal with situations when care staff were not able to work at short notice.

Staff underwent relevant pre-employment checks to ensure their suitability to support people living with a learning disability. People were actively involved in decisions about the staff who provided their care and support.

Staff performance relating to unsafe care was recognised and responded to quickly. Lessons learned were shared and applied in practice.

Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom. We observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.

We observed staff administer people's medicines safely, as prescribed and in line with guidance issued by the National Institute for Health and Care Excellence. People, their families and relevant medical professionals were involved in regular reviews and risk assessments to ensure the medicines prescribed were still appropriate and required to meet their needs. The registered manager effectively implemented the provider's policy to stop the over medication of people living with a learning disability, for example; one person's prescription had been significantly reduced, due to successful staff interventions to reassure them and reduce their anxieties.

Accidents and incidents were recorded and investigated, to ensure causes were identified and action taken to minimise the risk of reoccurrence.

The service involved people in identifying and managing risks relating to infection and hygiene, and promoted their awareness and independence in the process.

People and staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff were skilled at involving people in identifying and managing risks relating to infection and hygiene, which promoted their awareness and independence. Staff had completed relevant training in relation to infection control and food hygiene.



# Is the service effective?

## Our findings

People continued to experience a good quality of life. Relatives consistently praised the skill of the staff in meeting people's complex and emotional needs, and their determination to provide opportunities for people to grow and experience the best quality of life.

Staff consistently referred people to external healthcare services which helped to maintain their health. Records showed that people had regular access to professionals such as GPs, dieticians, opticians and dentists. Professionals consistently reported that staff effectively followed their guidance, which had resulted in positive outcomes for people. For example, staff had worked closely with a dietician to support one person, identified to be at risk of malnutrition, to maintain their weight, and another not to gain weight, which could be detrimental to their health.

Staff completed a comprehensive induction and were not allowed to work unsupervised until they had been assessed as competent to do so by the registered manager. They undertook well organised training and supervision to develop and maintain the necessary skills and knowledge, to support people effectively and meet their needs, in line with best practice guidelines.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. Mealtimes were arranged to suit individual needs, preferences and routines. Staff understood the different strategies to encourage and support people to eat a healthy diet. People and staff had developed effective support plans which combined a healthy diet with physical exercise to create a healthy lifestyle.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. The provider had supported people to ensure specialised adaptive equipment was made available to enable staff to deliver better care and support to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff supported people and their relatives where appropriate, to make as many choices as possible, in line with best interests decision-making. For example, people had been supported with decisions relating to surgical and dental procedures. Staff understood the impact of health appointments on people's anxieties, and worked effectively with relevant health professionals to provide reassurance to minimise their worry and distress.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). Procedures for this in care homes are

called the Deprivation of Liberty Safeguards. We found that the registered manager had made appropriate applications, meeting legal requirements and that people's human rights had been recognised and protected. One person's appointed advocate commended staff for providing caring support which upheld the person's dignity, whilst ensuring their right to choice was respected.

## Is the service caring?

### Our findings

People continued to experience caring relationships with staff who treated them with kindness, respect and compassion. The staff team were well established at the home, which meant people experienced good continuity and consistency of care. Staff knew people well and could tell us about their life histories, their families, their interests, their hopes and aspirations, and what was important to them.

Relatives consistently told us that their loved ones had developed close bonds with staff, who had supported them for many years. One relative told us, "Some of the staff have been there as long as [family member] and they are her family now. You can see it in the way they care for her."

People, relatives and staff spoke fondly about the family atmosphere they experienced living and working at 2, Farnham Road. One relative told us, "The home is special because everyone gets on so well. All the residents care for one another." Staff were highly motivated and demonstrated a real passion to support people living in the home. For example, one staff member said, "I love working here, you don't feel like you're going to work. You just look forward to seeing the guys and doing the best you can to make them happy."

Relatives told us that staff consistently cared for their loved ones in a way that exceeded their expectations, especially in relation to their protected characteristics. One relative told us, "They [staff] know her so well and how to reassure her when she becomes anxious." Relatives consistently reported that staff interaction with their loved ones had had a positive impact on their well-being and happiness. Another relative wrote about 'two very special landmarks in their loved one's life', which had been achieved through the 'amazing help, support and understanding of [named staff]'. This relative recognised that 'it was only through the gentle help and sensitive counselling of [staff]' that their loved one was finally able to receive urgently required dental treatment.

Staff demonstrated a real empathy for the people they cared for and one another. Relatives told us staff often changed their personal commitments to ensure they were able to support their loved one when they required additional reassurance, for example; when attending hospital and other medical appointments. People, relatives and staff told us the registered manager was always available and came in, whenever people required her support.

We observed staff interact with people in a calm and sensitive manner, using appropriate sign language, body language and gestures where appropriate, in accordance with their communication plans.

Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas, training, and supervision. For example, people had preferred members of staff to reassure them at times of high anxiety.

Staff consistently showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. For example, staff consistently reassured people displaying behaviours, which indicated

they were anxious, in accordance with their support plans. Relatives consistently told us that the consistent and calm interactions of caring staff had reduced their loved one's levels of anxiety. This had led to them feel able to explore new opportunities and experiences to enrich their lives.

We observed staff consistently treated people with respect and were mindful of their privacy and dignity. Staff promoted people's choices and independence, for example; by supporting them to do things themselves, rather than doing things for them.

People and where appropriate their relatives were involved in their care planning, which considered their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered.

Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the home's culture and values. People's care records included an assessment of their needs in relation to equality and diversity. Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

## Is the service responsive?

### Our findings

Relatives consistently told us their loved ones benefitted from excellent continuity of care from a stable core staff team who knew them well. This ensured they experienced good quality care that was flexible and responsive to their individual needs and preferences. Care plans which were person centred to fully reflect people's physical, emotional and social needs, clearly identified how these were to be met.

People's daily records were up to date and showed care was being delivered to meet people's assessed needs, in accordance with their care plans. Staff understood the care and support required by each person. For example; staff knew which people needed support living with autism and how to meet their unique needs effectively.

Relatives and visiting professionals reported that the staff placed people's needs and wishes at the heart of their service. They told us that staff were focused on providing person-centred care and support which consistently achieved successful outcomes. For example, one person now experienced significantly less episodes where they experienced behaviours which may challenge others.

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. Relatives, advocates, professionals and commissioners of people's care consistently told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

Staff had completed training in relation to equality and diversity and were committed to treating all people equally and without prejudice and discrimination. Care plans reflected how people's individual religious and cultural beliefs and preferences had been considered. People who lived with autism and sensory impairments were being supported by staff to increase their access to the community through strategies to reduce their anxieties, which had a significant positive impact on their spiritual, emotional and general well-being.

Staff challenged others, including healthcare professionals, who did not apply human rights principles when engaging with individuals using the service. For example, staff strongly advocated for people to ensure that they were treated with dignity and had their human rights respected. A healthcare professional had commended the management team for championing the rights of an individual they supported to ensure they received the appropriate treatment.

Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Staff were risk aware and promoted people's safe participation in stimulating and therapeutic activities, for example; one person really enjoyed all water based activities and hydrotherapy.

Staff actively encouraged social contact and companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. For example, staff

supported the development of friendships with other people who attended social clubs and activities. On the first morning of our inspection one person chose to have a lay in, after enjoying a late-night disco dancing with their preferred staff in a local night club.

Relatives consistently told us staff frequently exceeded their expectations supporting their family members to maintain their relationships, for example; One relative wrote a passionate letter praising the imagination and determination of staff to arrange a home visit. An excerpt read, "A joyous day for [named loved one] and myself made possible by [staff], truly the 'extra mile' and some. Our late mother would have been over the moon to know that she had been able to visit me. Please let Farnham Road know how special they are."

People were protected from the risk of social isolation and loneliness, by staff communicating and working effectively in partnership with families and representatives. Relatives consistently praised the energy and enthusiasm of staff who tenaciously supported people to fulfil their dreams and ambitions.

There were regular opportunities for people and staff to feed back any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed regular satisfaction surveys and held forums for people, families and staff. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People and their relatives knew how to complain. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life.

At the time of inspection no-one living in the home required end of life care. However, people were regularly provided with the opportunity to discuss any advanced decisions and their end of life wishes.

## Is the service well-led?

### Our findings

The home continued to be consistently well-managed and well-led by the registered manager who led by example and provided clear and direct leadership. The registered manager had been in post for 16 years and was supported by a locality manager. The management team worked effectively together, were readily available, supportive and led by example. People, relatives, staff and professionals told us the consistency, continuity and stability, which flowed from the ever present registered manager, was a strength of the service. The registered manager, staff and relatives told us the locality manager was extremely approachable and provided imaginative and innovative solutions to make people's dreams become a reality, for example, one person who had never experienced a home visit with their family, was supported to make this happen.

There was an inclusive family atmosphere in the home where people cared for one another, which we observed in practice. The provider had a clear, person-centred vision and values based on honesty, involvement, compassion, dignity, independence, respect, equality and safety. We observed staff demonstrating the provider's core values during their day to day support of people. The registered manager consistently monitored the support provided against these values to ensure they were embedded in staff practice.

The management team encouraged staff to be actively involved in the development of the service and listened to their ideas. When required the managers gave staff constructive feedback which motivated them to provide the best quality care for people. For example, one staff member told us, "The managers are lovely, [the locality manager] is so dedicated, caring and a joy to work with. She even scolds me nicely which makes me want to do even better for the people here and her." Staff felt valued, respected and well supported by the management team.

Relatives and professionals spoke positively about the effective management of the home, particularly how staff were developed to support people's learning disabilities and other complex needs. The registered manager and provider readily recognised good work and staff achievements, for example; staff had been recognised through the provider's annual awards scheme for 'their commitment and determination to support [named person] undergo an eye operation', demonstrating effective understanding, planning and communication'. The locality manager and staff were congratulated for achieving the person's desired outcome when their 'eyes literally lit up' when he could see more clearly again.

The staff had developed good links in the local community and the registered manager had established effective partnerships with professional services that reflected people's needs and preferences. This was confirmed by the managers of activity centres and other venues that people enjoyed visiting within the community.

Where incidents, accidents or near misses occurred the registered manager completed reflective practice sessions which supported people and staff and ensured they received the required support or counselling.

The service had clear systems and processes for referring people to external healthcare services, which were applied consistently, and had a clear strategy to maintain continuity of care and support when people transferred services.

Effective governance systems were in place to monitor and assure the quality of service being delivered. Action plans were developed and monitored to drive the continuous development and improvement of the service. Staff understood their role and responsibilities, were motivated, and had confidence in their leaders.