Dimensions (UK) Limited

Dimensions Loddon Court 289 Wokingham Road

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 was an unannounced inspection which took place on 29 April 2015.

Dimensions- Loddon Court 289 Wokingham Road is registered to provide care for up to eight people, at any one time. The home provides a respite service for people with learning and associated behavioural and physical disabilities. People generally stay in the service for an average of two nights, although this is flexible depending on the circumstances and their needs. There were seven people (called house guests) staying in the service on the

Summary of findings

day of the visit. The service was split into two areas with four bedrooms in each. All accommodation was on one floor. People had access to hand wash basins in their rooms but there were no other en-suite facilities.

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.

People, staff and visitors to the home were kept as safe as possible by using a variety of methods. Staff were trained in and understood how to protect people in their care from harm or abuse. Relatives of people who use the service told us the registered manager was open and approachable. Specific risks to individuals were identified and managed to reduce the likelihood of harm. General risk assessments were in place to make sure the health and safety of anyone staying in or visiting the home was protected, as far as possible. The home had a robust recruitment process to try to ensure the staff they employed were suitable and safe to work there. The staff team were well supported by the registered manager to ensure they were able to offer good care to people.

Peoples' rights were recognised and maintained. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. DoLS applications were made when the service believed that they may be depriving people of their liberty.

Peoples' healthcare needs were met when they were staying in the home. Advice was sought from specialists to ensure staff knew how to deal with particular health needs such as diabetes and epilepsy. People were provided with specialist equipment to keep them safe and comfortable. Some areas of the building were not well maintained and a relative described areas of the environment as, ''shabby''. People who had behaviours that could cause distress or harm were supported by appropriately trained and experienced staff.

Staff were described as, ''very trustworthy, kind and caring'' by relatives and visiting professionals. The service had developed good working relationships with people and their families. Staff maintained people's privacy and dignity and respected their diversity and cultural choices.

People were offered much individualised care. They were fully assessed and the service worked with all other interested parties to ensure the care they provided met their specific needs. People's families knew how to make a complaint and were confident they would be listened to and action would be taken.

People told us the manager was good. Staff and relatives of people told us the home was very well managed and that the registered manager was very open and approachable. The manager was registered in October 2014, staff and relatives said there had been many improvements since she had been in post. The home had a variety of ways of making sure they maintained and improved the standard of care they offered people.

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 is safe.

People were protected from any type of abuse by properly trained and knowledgeable staff.

Any risk to people who stayed in the service, staff or other visitors to the home were identified and action was taken to reduce the possibility of people coming to any harm.

People were protected from being supported by unsuitable staff by a good recruitment process. Prospective staff were checked to make sure they were safe to work with people.

Good

Is the service effective?
The service is effective.

People made as many choices and decisions for themselves as they could. Staff understood consent and mental capacity. The service took the appropriate action to make sure people's rights were maintained.

Staff were trained to meet people's health and care needs in the best way possible.

People were provided with specialist equipment so that they could be helped to be moved around safely and as comfortably as possible.

Some areas of the building were a bit 'shabby' and not very homely.

Good

Is the service caring?
The service is caring.

Staff always treated people with respect and dignity and were kind and patient.

People's individual methods of communication were understood and used by staff to explain what was happening, why and when.

Staff had developed positive relationships with people and their families.

Good

Is the service responsive?
The service is responsive.

Staff responded to people's needs quickly.

People were offered care that suited them and met their individual needs.

The service worked closely with other professionals, asked them for advice and listened to them.

Any complaints were dealt with properly and the registered manager made any necessary changes.

Good

Is the service well-led?
The service is well-led.

People, their families, staff and other professionals told us they had a good, approachable and open manager.

Good

Summary of findings

The service had a number of ways to check they were giving good care and that they maintained and improved the quality of care whenever possible.

The service had made improvements to make sure people were given the best and safest possible care. Things were continuing to get better.

Dimensions Loddon Court 289 Wokingham 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 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 unannounced inspection took place on 29 April 2015. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at quality assurance audit reports, health and safety documentation and a sample of staff records. A sample of full recruitment records were sent to us after the inspection.

We spoke with three people who stayed in the service, visiting health care professionals and three relatives. We received written comments from three family members and two health and social care professionals. Additionally we spoke with four staff members and the registered manager. We looked at all the information held about three people who were staying in the service and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

Some people were unable to tell us clearly if they felt safe in the service. However, three people were able to tell us they, ''always felt safe'' when they were staying at Loddon Court. Staff members told us people were kept as safe as possible and relatives told us they were confident that their family members were safe. One relative said, ''I have never seen anything that causes me the slightest concern''. Another said, ''I am very happy that when I leave [name] they are safe and I can relax''.

People were protected from all forms of abuse and were kept safe by staff who were well trained and fully understood their responsibilities in regard to safeguarding. Safeguarding training had been completed by 39 of the 41staff. The remaining two staff were undergoing their induction. Staff told us they had completed this training which was up-dated every year to ensure it was current. The local authority's latest safeguarding procedures were displayed in the office and in shared areas, in various formats, so that people, their families and staff had access to them. Staff were able to describe how they might identify abuse and how they would deal with a safeguarding issue. They understood the unique responsibilities a respite service had with regard to protecting people who usually lived in the community. Staff members and relatives told us they were confident the registered manager would take any necessary action to ensure people were safe. The service had a robust whistleblowing policy which staff were familiar with. They explained under what circumstances and why they would 'whistle blow' and told us they would not hesitate to do so should they think it necessary.

People who use the service, staff and visitors were kept as safe as possible. Generic health and safety risk assessments such as lone working, challenging behaviour and food hygiene were in place. Health and safety procedures had been reviewed and up-dated in April 2014. There was an up-to-date fire risk assessment and regular fire drills were held. The last fire drill was completed in March 2015. The service completed a risk assessment for each room and this was cross referenced to individual risk assessments of people staying in the rooms. Regular health and safety and maintenance checks were completed for areas such as emergency lighting, fire alarms slings and hoists and safe water temperatures. Bath and shower temperatures were checked and recorded prior to people being assisted into/under the water. An emergency bag containing the emergency plan was sited by the front door. It contained all the information staff would need to organise a safe evacuation.

People's care plans included risk analysis and risk assessments, where necessary. These gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk depended on the individual and included areas such as epilepsy, behaviour and communication. Specific risk assessments were developed for any special activities such as cooking and infection control. People had a personal emergency evacuation plan.

The service recorded all accidents and incidents were recorded in detail and added to the provider's computer system every week. There had been 20 incidents and/or accidents since April 2014. These had been recorded in detail and it was clear what action was taken by whom to minimise the risk of recurrence.

People were given their medicines safely by two staff in the team who had been especially trained to complete this task competently. Staff's competence in medicines administration was tested and the assessment results were recorded annually, by a senior staff member. The nature of the service meant that people brought their usual medicines with them, staff did not accept medicines unless they were in their original, labelled bottles and boxes. The procedure for accepting and administering medicine was detailed and included an agreement form for the method of providing people's medicines when they visited for respite care. The medicine recording system was completed by staff but was complex and repetitive and did not include a photograph of the individual. Staff told us that this was a new way of recording medicines that the provider had implemented and they were not as confident with its use. They told us they felt it was safer to have a photograph of the individual and medicine administration sheets presented as they were prior to the new system. The new system had been introduced across the organisation for all types of service provided. The registered manager told us she was in discussion with the provider with regard to whether the new system was as effective and safe when used in a respite care setting. The number of people using the service meant that the new

Good

Is the service safe?

system was complex and cumbersome and recording errors could be made more easily. Errors could impact on the safe administration of people's medicine. Staff had worked hard to ensure no mistakes had been made.

Individual medicine files and care plans contained specific guidelines for people who had medicines prescribed to be taken as and when required (PRN). Staff were trained in the use of PRN medicines to be used in emergency situations, such as epilepsy. They received training from health care professionals who tested their competency to administer a particular medicine before they were able to give it.

People were supported by staff who had been recruited as safely as possible. Staff files showed that there was a robust recruitment system to ensure that prospective employees were safe and suitable to work with the people who visited the home. The service kept records of interview questions and answers. An external organisation completed the necessary safety checks on prospective applicants. They received references, asked for a criminal records check and kept fully completed application forms. The registered manager had access to all staff recruitment records and viewed them prior to making an appointment. A staff member told us they were completing an induction course which was, ''very thorough''.

People were supported by adequate numbers of appropriately trained staff. The numbers of staff was calculated on a shift by shift basis according to the assessed needs of the people who were visiting the service. The minimum staff when the service was fully occupied was six day and two night staff. Staffing numbers was varied and flexible so the service could meet the specific needs of the group of people being supported that evening/ morning. The registered manager or senior staff were able to provide additional staffing for special events or any specific needs such as behaviour that may cause distress or harm to people.

To enable the flexibility required to provide a respite service staff often also worked in the 'outreach' programme which was managed from the respite service. The rotas did not reflect clearly how many staff were working in the respite service as a joint rota was used. The senior staff member was able to show me which staff were working in the home but it was a complex record. This meant that it would be difficult to identify who had been on duty in the home if there were any concerns raised about people's care or welfare. People who used the 'outreach' service also visited the home to access staff members this meant that it was not clear if there were enough staff to deal with the people staying in the home and those visiting for a short while from the 'outreach' service.

Good

Is the service effective?

Our findings

Relatives and other professionals told us people's health was well looked after when they stayed in the service. One relative told us the service had, ''a lot of medical stuff to take on and have done so quite well''. Another told us the service had got to know their family members needs very quickly and meet them all.

People's care plans contained a specific communication plan developed for individuals. These included descriptions of people's body language and noted ways people expressed themselves. People were encouraged, by staff, to be involved in all the activities that were happening. Staff were interacting with them and helping them to express themselves at all times.

People were supported to make their own decisions and choices, as far as possible. The plans of care included decision making profiles and agreements and noted how people must be involved. Best interest's decisions and who had been involved in making the decisions were clearly recorded.

The registered manager and other staff fully understood issues of consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications to the local authority because of locked doors and windows and people who needed one to one or two to one supervision at all times. However these had not been accepted as DoLS by the local authority. Training records showed that 36 of the 41(permanent and bank staff) staff had received Mental capacity Act 2005 and DoLS training.

People, generally, chose their own food. The service encouraged healthy eating but as people stayed in the home for a few days they continued to eat the foods they ate at home. Menus were well balanced and included fresh food but people did not always choose to eat was offered. The service met the dietary requirements of people with specific medical or cultural needs. Staff sought advice from specialists, such as diabetic nurses, as necessary.

The service did not deal with people's long term health needs but consulted health care professionals, as necessary. Specialists such as diabetic nurses and epilepsy specialists supported the home to meet people's medical needs. People's own GPs and emergency services were used during people's stay if healthcare was required. People's relatives told us they were always informed if people became unwell or required medical interventions.

People were provided with any specialist equipment they needed to keep them safe and comfortable. The building was all ground floor with wide corridors and doorways to accommodate wheelchairs. Ceiling hoists were provided in some bedrooms and other moving and handling equipment was provided in some bedrooms and bathrooms. Some bedrooms were designed for individuals with very specific behavioural needs. One of these was bare and did not offer a comfortable environment. The registered manager told us this environment had been designed by the local authority for an individual and they did not appear to mind staying in the room.

Areas of the home were cluttered and described by a relative as, ''shabby''. The 'outreach' service shared the premises and this added additional storage and space problems for the home. 'Outreach' staff and people who used the 'outreach' service were often in the home which meant that it was sometimes crowded. The registered manager told us she was in negotiation with the landlords with regard to 'speeding up' the refurbishment programme. She was also reviewing whether the available space was sufficient to provide comfortable respite accommodation and as a resource for the 'outreach' services.

Some people who stayed in the home had behaviours that could cause distress or harm. The service did not use physical restraint but staff were trained in strategies for crisis intervention and prevention (SCIP). This was a system which showed staff how to intervene in behaviours before they reached crisis point. Detailed behaviour support plans were developed by psychologists, the provider's behaviour management team and the home's staff to ensure they were supporting people to enjoy their life as much as possible.

People were supported by staff who were trained in areas relevant to their individual needs. Training was delivered by a variety of methods which included computer based (on line) learning and specialists working with the staff team. Examples included nurses training and advising staff in the care of people with diabetes and specialist training for dealing with people with epilepsy. Staff told us they were provided with good opportunities for training. Staff received regular supervision from the registered manager

Good

Is the service effective?

or assistant manager. They told us they could ask for support or advice whenever they need it. Staff received an appraisal every year and a development plan was produced after the appraisal. Staff told us that they felt very well supported by the management team.

Good

Is the service caring?

Our findings

People told us the staff were, ‘‘good ‘’ and agreed they were looked after well. One relative told us the staff were, ‘‘very trustworthy, kind and caring’’. Another said, ‘‘they give very good care’’. A visiting professional described staff as, ‘‘kind and caring’’ and said staff had a, ‘‘good manner of talking to and interacting with people’’. Throughout the visit staff were patient, kind and respectful in their dealings with people. People were included in all conversations, introductions and explanations of what was happening.

People stayed in the service for short periods of time but usually lived in their own homes with families or carers. The service had developed and maintained close working relationships with people’s families and carers. Relatives described their relationships with staff as, ‘‘very positive’’ and said, ‘‘they are very supportive’’. One relative told us the staff quickly built, ‘‘good relationships with people who stayed in the service’’.

People and their families or carers attended their annual review meetings and were involved in their care planning. Information which was relevant to people was produced in differing formats. These included pictures, photographs and symbols. The organisation provided people with a detailed handbook describing the care they could expect to receive, their rights and responsibilities. Information was then explained to individuals in a way which gave them the best opportunity to understand it. Staff followed people’s individual communication plans at all times.

Staff understood how to maintain people’s privacy and dignity. They clearly described and gave examples of how they would support people with their privacy and dignity. These included advising people in regard to appropriate dress, calling people the name of their choice and generally not giving cross gender personal care.

People’s diversity was respected as part of the strong culture of person centred care. People were provided with entertainment, food and outings that respected their culture and background. Examples included ‘Bollywood’ films and using various religious and cultural festivals as an opportunity for the individual and other visitors to enjoy celebrations. Additionally the service worked with families to enable them to book respite care so that they could celebrate and enjoy important events.

Good

Is the service responsive?

Our findings

Staff were alert to people's needs and responded quickly to requests for support, whether they were verbal or non-verbal. Relatives told us the service was responsive to them and their family member's needs. A relative said, ''the staff are impressive and got to know [name's] needs very quickly''. Another told us, ''they 100% listen to parents and respond appropriately''. One person's relatives wrote, ''There are only occasionally difficulties but the team liaise with us over these points''. A visiting professional told us that staff, ''listen and learn from other professionals''.

People had a full assessment of their needs prior to the service providing respite care. They and their families, social workers and other services were involved in the assessment process. The assessment process was completed by the local authority or a senior staff member from the service. A care plan including the frequency of visits was written and agreed with individuals, their families and the local authority, if appropriate. Care plans were reviewed by the key worker when necessary and a formal review was held at least once a year.

People's individualised care plans included sections called, ''my personal information'', ''a good day'', ''a bad day'' and ''support wanted and needed''. They clearly described the person, their tastes, preferences and how they wanted to be supported. The roles and responsibilities of the person and the staff members were recorded on care plans. Additionally the skills and training staff needed to offer the required support was noted.

People were offered very individualised care. Staff were trained in personalised care and were able to demonstrate their understanding of what this meant. They told us that it meant, ''putting the person in the centre of everything and providing care around their individual needs and choices''. One family commented that to meet their relative's specific needs, ''consistent processes are followed, which have been agreed with us at reviews''.

During the day people, generally, attended their usual activities. However, during the evenings and at weekends people were supported to participate in activities in the local community according to their interests. These included visits to cinemas, meals out and special events as well as activities within the service. The service worked with families to make sure people could attend social events and social clubs on a regular basis, sometimes providing transport, if appropriate.

The service worked with young people transitioning from children's' to adult services. Assessments and reviews were held between all interested parties and carefully planned introductions to the service were organised. Staff from both the children's and the adult respite services were involved in the transition. People were not given overnight care until they were comfortable with the change in their respite care

Individual care plans included information about how to raise a concern or make a complaint. The information was provided for individuals in a way that they may be able to understand. There was a robust complaints procedure displayed in the office and an easy read version displayed in communal areas. Additionally a ''how to resolve conflicts'' leaflet was available to staff, families and people who use the service. Complaints and concerns formed part of the service's and provider's quality auditing processes. The home had recorded three complaints since July 2014. There were no records of complaints prior to this date. The complaints had been dealt with appropriately and complainants were happy with the outcome. Four compliments had been received in the same time frame. Relatives told us they were comfortable to make complaints or express concerns if necessary. One family said, ''we have always been able to talk to management and staff about our son's issues and we cooperate in trying to resolve his problems''. A relative told us that the staff and management of the home were, ''very, very open and honest about any issues raised''.

Good

Is the service well-led?

Our findings

People who stay in the service told us the manager was, ‘‘good’’. They said, ‘‘she’s very nice’’.

Staff and relatives of people described the registered manager as, ‘‘very open and approachable’’. Staff told us the registered manager had made improvements since she was appointed and makes sure, ‘‘things get done as they should’’. One staff member said of the registered manager, ‘‘she is always available and responds to the needs of staff and house guests very quickly. Everyone is comfortable to approach her.’’ Relatives told us that the registered manager had made improvements since she had been in post. One relative said, ‘‘the new manager has really changed it around and has made real improvements’’. Another wrote, ‘‘Since the arrival of the new manager there has been a marked improvement in staff attitudes, cleanliness and atmosphere. The home now seems to be run in the best interests of everyone’’.

The manager was registered in October 2014. She manages the respite care service and 500 hours of care for the outreach service which shares the resources of the respite care home. The registered manager manages the respite care service with the help of an assistant manager and other senior staff.

People who stay in the service have the opportunity to attend regular ‘house guest forums’ which were held approximately three monthly. At the forums people were asked their views on the service, all aspects of the care and what could be improved. Staff members attended monthly staff meetings where they discussed issues such as care for particular individuals, the respite service and new processes and procedures. The provider’s quality and compliance audit team sent through bulletins and information about new developments in the care field such as the new Health and Social Care Act regulations.

People who lived in the service were consistently offered good quality care. Staff and relatives described the quality of care offered as, ‘‘very good’’. Satisfaction surveys were sent to people and their families twice a year. The last survey sent in January 2015 received 25 responses which were overall positive about the service and noted improvements made. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The provider’s representative completed a quality assurance inspection every three months. This covered all areas of the functioning of the service. After each inspection a service improvement plan was written by the registered manager and the operations manager. It noted what and why actions were to be taken, by who and when. The registered manager was in discussion with the provider and the landlord in regard to issues which the staff team and people's families had identified as potentially affecting the quality of care provided.

Improvements were made as a result of the various quality assurance systems and listening to people who use the service, staff and their families. These included development of a one page profile of people, more regular contact with parents and an improvement of risk assessments and guidelines for individuals.

The registered manager told us she was given the authority to make decisions to ensure the safety and comfort of the people who stay in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

The service worked closely with health and social care professionals and relatives to achieve the best care for the people they supported. People’s needs were accurately reflected in detailed plans of care and risk assessments. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. Social care professionals were complimentary about the transitional work the home had participated in. A written compliment was received from a transition social worker which included the comments, ‘‘I write to acknowledge and thank you for the tremendous joint work in the transition planning and placement of [initial] at Loddon Court’’ and , ‘‘it is a reflection of such good multi –disciplinary work that [initial] has settled so well’’.