

Dimensions (UK) Limited

Dimensions 55 Malvern road

Inspection report

55 Malvern Road

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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

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was unannounced, which meant the provider and staff did not know we were coming. 55

Malvern Road is a care home that provides personal care and support for up to four people. Care and support is provided to people with learning disabilities. At the time of our inspection three people lived at the home.

There is a registered manager in post. We saw that they provided good leadership and was very much part of the staff team. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We spent time with all the people who lived at the home and observed how staff met their needs during the day with support that reduced the risks to people's health and wellbeing. Two relatives that we spoke with told us that their family members were safe as staff knew how to provide the support that they needed to meet their needs. We saw that this was the case as people received their medicines from staff that had the knowledge to do this and medicines were reviewed in line with any changes to people's needs.

We found that people were treated as individuals and supported to be involved in all aspects of their life as much as possible. We observed that staff treated people with respect and communicated in a way that included people's involvement in their care and support. This was evident at meal times and what people wanted to do in their daily lives as staff encouraged people to make their choices. This meant people were not discriminated against due to their needs and people's independence was supported as much as possible.

Throughout the day we saw staff supported people with words of encouragement where needed when completing tasks. We saw that staff had a good rapport with people and it became evident that the staff knew people's likes and dislikes. This enabled staff to offer effective care and support to people. This included links with health and social care professionals so that people's needs were met in the right way, by the right person and at the right time.

Staff knew how to identify harm and abuse and knew how to act to reduce the risk of harm to which included unsafe staff practices. There were also a number of arrangements in place to promote people's safety and support people in the right way at the right time. For example, there were sufficient staff on duty and staff recruitment checks were carried out before staff came to work at the service.

Staff showed an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that consideration was given to the Mental Capacity Act as some people did not have the ability to consent to their care and treatment. Therefore best interest decisions had been made with people who knew the person and were involved in their care and support. We also found that the management team and the staff were aware when levels of intervention or supervision may represent a deprivation of a person's liberty.

Staff had training to enable people to be protected from the risk of infections and the premises were checked so that any repairs and or adaptations were made where needed. During our inspection we saw that the premises were homely, clean and well maintained.

We found that the care and support people received was well led. The registered manager ensured positive outcomes for people were continually developed, reviewed and improved upon when needed.

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 supported by staff who understood different types of abuse and knew how to act if people were at risk of harm.

People received personalised care and support with risks reduced to their safety and wellbeing because staffing levels planned for were met. People had their medicines as prescribed at the right time and in the right way to meet their health needs.

Staff had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority under DoLS to ensure people's needs were met in the least restrictive way.

The premises were clean and hygienic so that people were not at risk from cross infections or outbreaks of infections.

Good



Is the service effective?

The service is effective.

Staff were supported in their caring roles and the skills they had learnt through training and developed in practice enabled staff to provide good quality care.

People were actively supported to remain healthy and well. Staff worked well with other health care professionals to meet the nutritional needs of people they supported.

The premises met people's needs in order to promote their independence.

Good



Is the service caring?

The service is caring.

People were supported by staff who were caring and treated people as individuals.

People were enabled to maintain relationships that were important to them.

Staff respected people's dignity and privacy when meeting their needs.

Good



Is the service responsive?

The service is responsive.

People had their individual needs regularly assessed and consistently met.

People were supported to take part in social and leisure based activities which reduced the risk of social isolation.

People were encouraged to develop links with the community and meet new people.

Staff knew people's likes and dislikes and listened to people if they had any concerns. There were arrangements in place so that complaints made were listened to and acted upon.

Good



Summary of findings

Is the service well-led?

This service is well led.

People's experiences of the service they received were sought and listened to so that improvements could be made.

Staff were supported by the management team and had a good understanding of their roles and responsibilities.

The management team offered regular opportunities to reflect on their practice with all the staff so that best practices were adopted when providing care and support.

The registered manager had an effective quality assurance system in place and identified actions which led to improvements in the service that people received.

Good



Dimensions 55 Malvern road

Detailed findings

Background to this inspection

We carried out an inspection on 6 August 2014. This inspection was carried out by an inspector.

As part of our inspection process 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 also checked the information we held about the service and the provider. This included notification's received from the provider about, accidents, safeguarding alerts and deaths. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We checked the information we held about the service and the provider. This included notification's received from the provider about, accidents, safeguarding alerts and deaths. A notification is information about important events which the provider is required to send us by law. We did not have any concerns prior to the inspection.

We spoke with the inspector who had carried out the previous inspection and asked the local authority's commissioning team for their views about this home. No concerns were raised with us about the care and support people received.

At this inspection we spent time with the three people who lived at the home and observed the support that individual people received to meet their different needs over the course of the day. We also spoke with two relatives about their experiences of the home.

We spent some time with the registered manager, assistant manager and two care staff who told us about people's support needs and what the service offered people.

We also looked at a selection of support plans for two people who used the service and management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

Is the service safe?

Our findings

People who lived at the home were unable to verbally communicate their experiences and views about the care they received. Therefore we spent time at the home watching to see how staff supported people. We also spoke with two relatives who told us that they felt their family members were safe at the home and had no concerns about how staff treated them. One relative told us that their family member, “Seems happy and staff keep them safe.” Another relative said that their family member, “Is looked after well and to me that means that [family member] is very safe in their [staff] hands.”

The management team and staff that we spoke with told us that they felt that people were safe living at the home. One staff member told us that they felt people were safe and would trust staff to look after their own family members. Another staff member said that staff, “Really care about people and their safety.” During the day we saw people were supported to lead their lives by staff who knew how to manage individual risks to people so that these were reduced. For example, staff were able to describe the support some people needed to make drinks and or go out to the shops. We saw that these risks had been assessed and planned for to promote people’s safety and matched what staff told us.

We spoke with two staff who knew how to report any allegations of abuse to the appropriate organisations to ensure that people were safeguarded from harm. Staff were clear that they would report any abuse or poor practice. We saw that the registered manager and the provider had taken action to ensure that people were safeguarded. This included staff training in adult protection.

All staff had received training in the Mental Capacity Act 2005 (MCA). We saw examples of where best interest decisions were completed with other professionals involved in a person’s care, such as, doctors. It was positive that the abilities of people to make different decisions were assessed to make sure it was clear where decisions in people’s best interests needed to be made.

We found that the management team and staff had knowledge about the Deprivation of Liberty Safeguards (DoLS). They were clear about their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made where

it was felt necessary to restrict a person's liberty to keep the person safe. We saw that applications for people where their liberty may have been restricted had been made to the local authority. This showed that the provider had a system in place to prevent people from being unnecessarily deprived of their liberty.

All the staff and relatives we spoke with felt that there were sufficient staff to keep people safe and meet their needs. The registered manager told us that staffing levels were constantly evaluated and arranged according to the people’s individual needs. For example, if people’s needs changed or they needed to attend health care appointments, additional staff cover was arranged. Staff told us there were always enough staff on duty and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. During our inspection there were sufficient staff on duty to provide people with the support they needed without any delays. We saw staff supporting people with their personal care, making drinks and meals and following their social interests at times that people needed assistance. This meant that staffing levels had been sufficient to accommodate people’s needs and promote people’s safety.

We found prescribed medicines were administered appropriately. Medicine records contained appropriate recordings to confirm medicines had been administered. We saw evidence that confirmed staff had asked for medicine assessments when they were concerned about people. For example, one person’s medicines had been reviewed as staff had noticed that the person had some difficulties with their mobility.

There was guidance for staff about medicines that were to be given to people when they required these. In one person’s plan it stated that they may become withdrawn or distressed as a sign they were in some pain and may need their medicine. We saw that this had been given to the person in accordance with the written guidelines. This meant that staff knew when, why and how much medicine to give people.

There were regular checks being completed to ensure that the premises were safe. We saw that health and safety checks had been completed and fire risk assessments were in place. We found that checks were completed to ensure the fire prevention systems were in good order and worked.

Is the service safe?

We also saw that everybody had a plan in place, taking account of any mobility, sensory impairments and health issues so that people could be safely evacuated in case of a fire.

We saw that the home environment looked clean and well maintained throughout. Relatives that we spoke with also told us that the home environment always looked clean. One relative said, “They [the staff] always clean [person’s room] daily and it is homely there.” The staff that we spoke with also confirmed that the home environment was cleaned daily and one staff member had the role of infection control and prevention at the home. They demonstrated that there were arrangements in place so that the risks of the spread and outbreaks of infections for the people who lived at the home were reduced. For example, the hand rail in the shower cubicle needed some

work as the paint was flaking which meant that this would be hard to clean. The member of staff told us that a new hand rail was being sourced so that the any potential infection risks to people were reduced.

A number of practical steps were in place to address the daily risks of cross infection. For example, there were cleaning schedules and checks in place to ensure all staff knew who, how, when and where to clean. We also observed all staff washed their hands appropriately between tasks and had disposable gloves and aprons to support people with their personal care tasks. Staff had undertaken infection control and food hygiene training. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection which they demonstrated during the day of our inspection as they carried out practical tasks.

Is the service effective?

Our findings

We saw that people received effective care and support from staff who knew how to meet their health needs. The responses about staff support were positive from all the relatives we spoke with who were confident staff knew people and had the skills to provide care and support. One relative told us that they felt staff knew how to provide care and support to their [my relative]. They said, “Staff are friendly and helpful” and “They know how to support [my relative] when they have been unwell.”

Staff and the management team that we spoke with were positive about the support and training provided to enable them to effectively undertake their roles and responsibilities. All of the staff we spoke with felt that they had sufficient training to enable them to understand and meet people’s individual needs effectively. This included specialist training in health conditions such as epilepsy and how to support people who had swallowing difficulties so that people’s individual health care needs were met in a safe and more personalised way.

All the staff we spoke with knew the varied needs of the people who lived at the home. We saw staff assisted and supported people with their individual health needs. Staff were able to tell us about people’s individual health needs which included the action they had taken to ensure people’s health needs were met by the right people at the right time. For example, staff described to us how they managed one person’s complex health needs. What staff told us reflected the support we saw people received during our inspection to meet their needs in the most effective way. This showed that staff had the knowledge and skills to meet people’s needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs. There was a relaxed approach to meal times where people received support from staff that enabled people to make their own food and drink choices. For example, people pointed or picked up an item, such as, a particular type of drink. One person’s relative told us that there was a great choice of food. Staff spoken with had a good understanding of people’s dietary needs and any support needed at meal times. What staff told us matched the support people received to eat their meals which was done in a warm and

friendly manner. Staff also recognised and took action when people were losing weight and or had difficulties in eating their meals. We saw that specialist advice had been sourced from speech and language therapists, and there were written guidelines in place to promote people’s eating and drinking. These practices enabled people’s nutritional needs to be consistently met.

People were supported to stay healthy and well. Everyone living at the home had a health plan in place. These plans reflected people’s on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. We found that relevant health professionals were involved where needed and outcomes clearly recorded and incorporated into care plans. It was positive that one person had been supported to become more comfortable in going to the doctors so that they had the treatment they required whilst their anxieties were reduced. The management team and the staff we spoke with felt that this was a great achievement. This was also a good outcome for the person as it meant that they did not need any further medical intervention. Records showed that people had annual health checks, and consultations as needed for health changes to ensure that their health changes were closely monitored.

We found many examples which showed that the design and the layout of the premises met the individual needs of people who lived at the home. For example one room had all the facilities the person needed to meet their individual needs. This included a small garden area with swing seat. The staff had really given some thought to how the persons needs could be effectively met in the best way for them and their room was very much part of this. One relative told us their views about their family member’s room, “It has been done for [family member] just as [family member] would love it, it is very well laid.”

We saw that there was a bath and shower so that people could choose whether they wanted to take a bath or shower. The kitchen was clean and the layout meant that people were able to be supported in their choices of meals and help as much as possible in some simple everyday tasks such as making toast. This meant that people’s independence was promoted as much as possible due to the suitability of the premises that met their needs.

Is the service caring?

Our findings

Relatives who we spoke with told us that staff cared about their family members and their family members were happy living at the home. One relative told us, I know that [my relative] is being looked after by staff that are proper dedicated." Another relative said, "[my relative] seems very happy there and the staff do care about [my relative].

We saw that staff responded to people's requests in a kind and caring way. When staff spoke about people who lived at the home they did so in a respectful way by listening to what people wanted to do. There were no set routines in the home and people were supported to have the freedom to live their life as they wanted to. People's daily life was structured to meet their preferences and choices. People were supported to develop their social networks and participate in wider community activities as part of these choices which were respected by staff. For example, some people chose to go to the local shops and other people went to the hydro pool.

The management team and all the staff that we spoke with provided many examples that showed they were compassionate about the people who lived at the home. For example, one person had something they cherished from their childhood which did not work effectively. Staff

recognised the importance of the object to the person and searched until they found an identical replacement. This showed that staff cared about people and went the extra mile.

We saw that people and staff treated each other with mutual respect. One relative told us, "Staff treat and see [my relative] as a person." People's privacy was respected. We saw people using their own rooms to spend time as they wanted to and staff asked permission before they entered people's rooms. People's dignity was supported. All the people we saw were clean and dressed in clothing that reflected their own personalities which included preferred hairstyles. These were some of the many examples that we observed where people were clearly treated as individuals and this was their home.

One staff member described to us that they had visited one relative to talk about the end of life care needs and wishes for one person who lived at the home. The staff member spoke respectfully about the person and showed they were sensitive to the relative's feelings when discussing end of life care. As the staff member spoke about their experience it was clear that they adopted a personalised approach so that the person had their end of life care in a way they preferred and wished at this important time in their lives.

Is the service responsive?

Our findings

The relatives who we spoke with told us staff provided care that was right for their family members and they felt part of this and listened to. One relative told us, “They know [my relatives] little ways” and “They [staff] know when there is a problem and do something about it which means I know that [my relative] is having all the care they need from excellent staff.” Another relative said, “I have no complaints as staff know what they are doing and ring me if there is a problem.”

The atmosphere in the home was warm and relaxed. There was lots of laughter and chatter throughout the day between people who lived there and staff. We saw that people were supported to maintain their interests and lead a full a life as possible. People’s support plans and daily records showed that everyone was involved in a wide and varied programme that reflected their hobbies and interests. Staff told us some of the activities people take part in which included, going to the hydro pool, a disco, cookery, arts and crafts, going out for meals and individual holidays away from the home.

Staff told us that people had the choice of what interests and hobbies they wanted to do and we saw that people took part in what they were interested in doing. For example, during our inspection one person wanted to go to the local shops and another person wanted to go for a walk. We found that staff were available to respond and enable people to follow their own individual interests as needed. Staff also told us that people were involved in shopping for their meals which supported their cultural needs.

It was positive that staff told us about how they had considered people’s individual interests and demonstrated that they knew if a person did not like an activity or interest they were following. For example, one person had enjoyed playing an instrument and the staff member told us this was being sourced to respond to this person’s interests.

There were a number of arrangements in place that supported staff to provide and respond to the care and support each person needed that was personal to them. For example, the selection of care plans that had pictures to describe people’s needs, were detailed and covered many different areas of each person’s life, needs and desires. The care plans were broken down into a personal

daily plan for each individual; this included their routines, preferences, social interests and people important to them. We also saw information was available about people’s communication methods, such as the use of facial gestures, body language and physical gestures. We found these plans supported staff in providing a degree of continuity and consistency for the individual. For example, staff showed that they understood people’s preferred styles of communication as we saw that staff appropriately responded to people’s requests.

We saw that staff provided care to people and responded to people’s changing needs throughout the day which reflected the support plans we looked at. Staff did this with compassion and had time to spend with each individual person. For example, we saw that one person liked to go for walks and used objects of reference to communicate some of their needs. During the day we saw this happened and staff went at the person’s own pace. This showed that people’s plans were personal to them and that staff provided consistent care in line with the plans. This was important as some people with learning disabilities liked their routines followed as it provided reassurance.

We found that improvement plans to be creative when responding to people’s different needs. For example, to place written information to include support plans in audio formats for one person to meet their needs. Another person had mobility needs and training to assist staff in meeting this persons physical needs had been booked. This demonstrates that the management team and staff gave some thought to the best way to respond to specific needs so that these were planned for and met.

The relatives that we spoke with had no concerns and or complaints to make but if they did they would feel comfortable to approach the registered manager or staff and felt sure that they would be listened to and action taken to resolve any issues. One relative told us, “I have no complaints about Malvern Road, they [staff] are always helpful and I have been more than delighted with the care (my relative) receives there.” Another relative said, “No complaints about the care and if I did they [staff] would without question listen to me and put it right.” The provider had not received any complaints in the last year. All complaints made in the past had been investigated in line with the procedures and action taken to resolve the issues raised. This meant people’s complaints were fully investigated and resolved where possible to their

Is the service responsive?

satisfaction. People were given support by the provider to make a comment or complaint where they needed assistance. For example, people had a chosen member of staff who was their key worker. Staff told us that in this role they would also act as an advocate for that person as they

became more familiar with people's preferred routines and their families. Staff also understood that they could get the support of an external advocacy service if they needed it. This meant that people's rights were fully promoted.

Is the service well-led?

Our findings

All the relatives that we spoke with told us that they were happy with the care their family members received whilst living at the home. One relative described how the registered manager was always available and understood the needs of their family member. Another relative told us that they were invited to the home for events and could have informal chats at any time with the management team and the staff.

Our observations of how the registered manager and assistant manager spoke with people who lived at the home showed us that they knew the people well. The registered manager and assistant manager were supportive of staff during the day, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the management team made themselves available if they needed any guidance or support. Staff that we spoke with told us they felt valued and listened to by the managers and they supported them in their roles. For example, staff said that they were encouraged to share their new ideas and these were always welcomed and usually acted upon. One member of staff told us, "I am really happy here. They [people who lived at the home] are really cared for."

The registered manager was committed to gaining the views of people who lived at the home and relatives so that they could use these to improve the quality of services people received. This was done in different ways to suit the needs of the people who lived at the home because of their different communication styles. For example, each person had a member of staff who acted as their keyworker who looked after and promoted people's choices and their independence during review meetings about their support. The registered manager had plans to make improvements to further promote people's views and experiences by contacting the advocacy service to obtain advocates to join review meetings especially where people had no family involvement.

Policies and procedures were reviewed and updated. For example, there was a whistle-blowing procedure available and staff told us that they would use it if they needed to. There was also an out of hours on call procedures in place

and staff were able to confirm what these were. This meant that the registered manager and provider had effective arrangements in place to ensure information was current and up to date to support staff in their roles.

We saw that audits had been undertaken to assess and monitor the quality of the service provided. These included audits for medicines, care plans and accidents. The management team told us and we saw that improvements had been made in response to the audits. For example, we saw and staff told us that improvements had been made to care plans and the environment as a result of checks and audits that had taken place.

The provider's quality assurance system checked the standard of service people received and to ensure the home was well led for the benefit of the people who lived there. The results from a recent compliance audit reflected a high scoring of 85% to 94% in most areas of the service that was checked which included care plans, health and safety and medicines. This showed that the registered manager was taking action when required to continually make improvements so that people received a good standard of care in a home that was well led.

The registered manager reports important events that affected people's welfare, health and safety to the Care Quality Commission [CQC] and other appropriate bodies so that, where needed, action can be taken. This practice ensured people are not harmed as a result of unsafe care and support.

The registered manager was able to describe their improvement plans. For example, that wanted to explore the use of assistive technology to look at communication aids for people to further promote people's choices and their independence. The registered manager also told us about the plans they had to further include people from the other provider's houses that were close by so that people had the opportunities of meeting new people and making new relationships. This included having social events at the home and also inviting family members. Staff told us about a recent barbecue at the home had gone well and we saw the photographs of people enjoying themselves. This showed that the registered manager knew where improvements were needed to respond to people's needs effectively and ensure the home was well led for the people who lived there.

Is the service well-led?

We saw that a number of things contributed to people receiving consistent support. These included having handover sessions at the beginning and end of each shift, where each person's general wellbeing was discussed. Staff told us that staff meetings and individual supervision took place on a regular basis. It was positive that staff meetings took part and staff talked about what worked well for people who lived at the home, what did not work so well and any suggestions to improve life for people who lived at the home were regular features of staff meetings. One

member of staff told us about staff meetings and how they were all about the people who lived at the home and gave staff the opportunities of sharing ideas. The staff meetings were also used to enable staff to have consistent information about any changes and were used as a training tool for staff. This demonstrated that the registered manager was aware of the need to share information with staff about the needs and wants of people who lived at the home, and how this could be improved.