Dimensions (UK) Limited

# Dimensions Brambletye New Mill Road

## Inspection report

Brambletye
New Mill Road, Finchampstead
Wokingham
Berkshire
RG40 4QT

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16 August 2017

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26 September 2017

## 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

This was an unannounced inspection which took place on 16 August 2017.

Dimensions- Brambletye is a residential care home which is registered to provide a service for up to five people with learning disabilities. Some people had other associated difficulties such as physical limitations or behaviours that may cause distress to themselves and/or others. The service was home to four people on the day of the visit. All accommodation is provided on one floor in a domestic sized dwelling.

At the last inspection, in, August 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

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 service continued to be kept as safely as possible. Everyone's safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff fully understood how to protect people and who to contact if they had any concerns. General risks and risks to individuals were identified and appropriate action was taken to minimise them, as much as possible.

High staffing ratios ensured there were enough staff on duty at all times to meet people's diverse and individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff continued to be well-trained and supported to make sure they could meet people's varied well-being and highly complex health needs. They responded very effectively to people's current and quickly changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's distinctive needs.

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 practise.

People continued to be supported by a kind and caring staff team who were responsive to their needs. The staff team were attentive and were able to communicate with people by using individual communication systems. Support planning was highly individualised which ensured people's equality and diversity was

respected. People were provided with activities to enable them to lead as fulfilling a lifestyle as possible.

The registered manager was highly thought of and respected. She was described as approachable, effective and supportive. The quality of care the service provided continued to be assessed, reviewed and improved, as necessary.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | **Good** |
| **Is the service effective?**<br>The service continues to be effective | **Good** |
| **Is the service caring?**<br>The service remains caring. | **Good** |
| **Is the service responsive?**<br>The service continues to be responsive. | **Good** |
| **Is the service well-led?**<br>The service continues to be well-led. | **Good** |

# Dimensions Brambletye New Mill 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 inspection was unannounced and took place on 16 August 2017. It was completed by one inspector.

Before the inspection the provider sent us 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 looked at all the information we have collected about the service. This included the previous inspection report and 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 paperwork for the four people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with the people who live in the home. People had very limited verbal communication but were able to show their feelings by facial expression and body language. They were not able to express their specific views to us. We spoke with five staff members, one of who was the assistant locality manager for the service who assisted with the inspection. We spoke with some relatives on the day of the inspection and received written comments from others. We requested information from other professionals and received three positive

responses.

Good

# Is the service safe?

## Our findings

People continued to be kept as safe as possible from any form of abuse or poor practise. Staff received training in safeguarding adults and were able to explain what they would do if they identified any concerns. The one safeguarding issue which had occurred since the last inspection had been appropriately dealt with. People's finances were administered by a variety of safe methods and included a financial care plan. This described people's expenditure (called budget lines), how their finances were managed and how they accessed their money.

People were relaxed and comfortable in the presence of staff which indicated they felt safe in the service. Relatives told us their family members were safe and well treated. One said, "Yes indeed everything is hunky-dory." Professionals told us they had no concerns about the safety of people who live in the service.

The service remained alert to the safety of people, staff and visitors to the service and continued to ensure everyone was as safe from harm as possible. Health and safety and maintenance checks were completed at the required intervals. These checks were recorded in the daily handover sheets but not always on the specific recording tool provided. The assistant locality manager agreed to review the use of the recording tools. Staff were trained in and followed the relevant safety procedures.

People and staff's safety was further protected by generic health and safety and individual risk assessments such as use of display equipment and choking. People had an individual risk analysis, assessments and management plans which were incorporated into care plans. These provided staff with the information to enable them to provide care in the safest way possible. Individual emergency and evacuation plans were tailored to people's particular needs and behaviours. The service had a 'grab folder' which included the service emergency plan.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. However, there were some discrepancies and omissions with regard to records. For example the information in the specific health care file did not always correspond with the information in the support file.

Some records in the health care file were not always completed. It was clear that staff used the support file as a day to day care tool and the information in that file was up-to-date and accurate. A number of medicine checks and audits were scheduled but not always completed as per procedure. The assistant locality manager undertook to review the medicine recording process with the registered manager. No medication administration errors had been reported in the previous 12 months. The senior staff member confirmed that none had occurred.

The service maintained high staffing ratios and continued to provide enough staff to meet people's needs and keep them safe. There were a minimum of three staff during the day and two waking night staff. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours, bank staff and agency staff, as necessary.

Issues with recruitment and retention of staff were on-going but currently improving. The service continued to check the safety and suitability of staff prior to their employment.

Good

# Is the service effective?

## Our findings

People received care that continued to be delivered effectively by staff who remained appropriately trained and supported to develop the skills, knowledge and understanding needed to carry out their roles. Of the nine staff, three had attained a health or social care qualification. A core set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. Newer staff felt the induction equipped them to care for people safely.

People were offered care by staff who continued to receive regular one to one supervision and an annual appraisal. They felt they were very well supported by the registered manager and management team.

Staff knew how to meet people's individual identified needs because the support plans provided the necessary information which was up-to-date and relevant. The support plans included a one page profile to enable staff to see 'at a glance' any vital information. Five separate files included all the information about the individual. However, they were large and complex and some did not fully cross reference with others. The assistant locality manager told us that the provider had recognised the complexity of the care planning process. A new 'real time' computerised care planning and recording system called 'activate' was being introduced, imminently.

The health care plan noted all aspects of people's health needs including a medical profile and health action plan. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made four DoLS referrals. Two had been authorised by the local authority (the supervisory body) and two were awaiting authorisation. Best interests meetings were held, as necessary, for decisions such as medical treatment and detailed records were kept of the decision making process. Staff continued to encourage people to make as many decisions and choices as they could.

People were supported with behaviours which may cause distress or harm to themselves or others. The service continued to work closely with behavioural specialists and other relevant professionals. Detailed behaviour plans were developed to inform staff how to support people with this area of their care.

People were involved in making food choices and developing appropriate menus. Any specific needs or risks related to nutrition or eating and drinking were included in support plans. The service sought the advice of dietitians or speech and language therapists, as necessary. Staff offered food in the way they were advised

was safe and appropriate for the individual. Liquidised food was presented as attractively as possible and ensured individual elements of the meal could be identified.

People's physical and well-being needs with regard to necessary equipment were met. Equipment provided included a special bath, hoists and specialised wheelchairs. Additionally, sensory equipment was provided, as appropriate. The house was clean, homely and comfortable. It was well decorated and communal and private areas were carefully designed to meet the needs and tastes of the people who lived there.

Good

# Is the service caring?

## Our findings

People continued to be supported by kind and caring staff. On the day of the visit people were observed to be content and happy. They made 'contented' and 'happy' sounds and were confident to interact and approach staff at all times. People were treated with respect throughout the inspection visits. Relatives told us their family members were always treated with respect and their privacy was promoted. Two relatives told us, "The care is brilliant", "The staff are 'tip top', especially [name of staff member]" and, "We feel privileged that [name] is able to live here."

People's privacy and dignity continued to be promoted by staff who had received training to support them with this area of care. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Support plans included positive information about the person and daily notes were written in a respectful and discreet way.

The staff team remained committed to building strong relationships with people and were very knowledgeable about people's individual needs and personalities. New staff were assisted by the more experienced core staff team and felt they could build relationships quickly as it was a small service.

Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included explanations of the key worker system, different people's responsibilities and people's support agreement.

People had highly detailed communication plans to support staff and people to understand each other, as much as possible. The plans described how people made their feelings known and how they displayed choices, pain and how they felt. People's identified methods of communication were used so that staff could attempt to interpret how people felt about the care they were receiving and the service, in general.

People's diverse physical, emotional and spiritual needs were met by staff who knew, understood and responded to each individual. Support plans included the special (if any) needs people had to support their culture, religion or other lifestyle choices.

People's records were kept securely and the staff team understood the importance of confidentiality which was included in the provider's code of conduct and the induction.

Good

# Is the service responsive?

## Our findings

The service continued to be responsive to people's current and changing needs. The staff team recognised and responded immediately to people's body language and behaviour when they needed assistance. Staff knew people so well that on occasion they prevented the person from becoming distressed or anxious by anticipating their next request or need.

The service continued to assess people's needs regularly, a minimum of annually but as often as necessary. People who live in the home have complex needs which change quickly. These changes were responded to very quickly. Relatives gave examples of the service responding to their family members very complex health needs. Support plans showed how quickly staff responded to people's changing emotional and well-being needs.

The service had examples of some excellent responsive work they had completed and some which was on going. These included, supporting a person to reduce distressing behaviours. The person who was having two distressing incidents a day (ten years ago) had reduced them to one in a 12 month period. The impact of this included the person being able to make choices and have more control over their daily life. They were able to communicate more effectively to enable staff to interpret their needs and wishes. This meant they were happier, more relaxed, and enjoyed their life much more. Staff told us they do not now, "miss an opportunity to have a day well lived every day." Another was working with an individual with extremely complex health needs. Staff sought the appropriate training and knowledge to enable them to respond immediately to any changes in those needs.

People's care remained exceptionally person centred and support plans were very detailed and highly personalised. Support plans ensured that staff were given information to enable them to meet people's specific and individualised needs. Plans included sections such as good day/ bad day, what needs to happen for me to have more good days and my perfect week.

The service continued to provide people with a flexible activities programme which was developed according to their health, choices and well-being. People had flexible activities which could be organised at short notice and/or amended on a daily basis. Appropriate risk assessments were in place to support the activity programme.

One relative told us they did not feel their family member was supported to be involved in enough community activities. The assistant locality manager told us there had been some issues with recruiting staff who were able to drive the service's minibus but this was being resolved. Another relative told us the service was getting better at taking their family member out and activities were improving all the time. We noted there were sensory objects in the sitting room and people were enjoying using some IT equipment.

The service retained their robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that people would need support to express a complaint or concern, which staff were aware of. A relative told us, "Staff always listen and we liaise really well with

them and the manager." There had been approximately six compliments and no complaints about the service since 2015. Compliments included, "Staff supported service users to make the most of the service and have a good time" and, "It is now a much nicer environment."

Good

# Is the service well-led?

## Our findings

People continued to receive a good quality care from a well-led staff team. The registered manager was appointed in October 2016. She managed two registered and three unregistered services, supported by an assistant locality manager and team leaders. Whilst the management team was complex staff and relatives were confident they knew who to approach for support or discussion of issues. They said the registered manager was always available or would get back to them quickly.

One relative felt it was not possible for a manager to effectively manage so many services but the evidence did not support this view. Two other relatives described the registered manager as, "Brilliant". They said she, "Listens and acts on things very quickly. She really gets things done and has improved things since she's been here." One staff member said, "The manager is very, very good and supportive". Another commented, "It's a great place to work. A brilliant manager has turned this place around and created a cohesive, strong staff team."

People benefitted from a good quality service which was monitored and assessed by the registered manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Quality audits were completed by the provider's compliance team which included a person who uses another of the provider's services. Annual service action plans were developed from listening to people and staff and from the formal auditing processes.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their reviews, at monthly key worker meetings and at resident meetings. Staff meetings were held regularly and minutes were kept.

Actions taken as a result of listening to people, their families and staff included developing the activities programmes, re-decorating the environment and providing sensory equipment to enhance people's lifestyle. Other improvements staff noted included, more diversity in the staff team, improvement in team spirit and morale and better relationships with families.

The service continued to ensure people's records were detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were adequate. The management team understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.