Dimensions (UK) Limited

Dimensions 66 Rectory Road

Inspection report

66 Rectory Road
Redditch B97 4LL
Tel: 01527 403813
Website: 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

Overall summary

The inspection took place over two days 25 and 26 November 2015 the inspection was unannounced.

The provider of 66 Rectory Road is registered for accommodation and personal care for up to four people. At the time of the inspection there were three people living in the home.

There was a registered manager in post. 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.

We saw people liked and were well supported by the registered manager and staff. Staff supported people to do activities they enjoyed and maintain relationships with their families. Staff knew people they supported well and tried to maintain their independence.

People's health needs were understood by staff. They helped them access health professionals as required.

People received care and support from staff that understood their individual needs and were responsive when they changed. Staff knew people's preferences and their routines. Staff knew what activities people liked to do.

Summary of findings

Staff received regular supervisions and training enabling them to support the needs of the people they cared for.

People's consent was sought by staff before commencing with support. Staff worked with other organisations to ensure people's freedom and rights were protected.

People were given choices of what and when to eat. Staff encouraged people to eat a healthy diet to stay healthy.

People were treated with dignity and respect by staff working in the home. Staff respected people's privacy. Staff tried to maintain people's independence by supporting them to make choices. Staff felt supported by the management of the home.

The manager actively wanted the views of people and their relatives to contribute to their reviews to make sure the care was right for them.

Quality Audits were undertaken by the manager and provider to ensure the quality of care in the home was maintained.

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?
This service was safe.

People were cared for by staff that had the knowledge and skills to protect them from harm. Staff administered medicines in a safe way.

Good

Is the service effective?
This service is effective.

People were supported by staff who knew their individual risks and care needs. People were involved in making choices about their care and diet. People had access to medical professionals when they required it.

Good

Is the service caring?
This service was caring.

People were cared for by staff they liked and positively engaged with. People were treated with kindness, dignity and respect

Good

Is the service responsive?
This service was responsive.

People were involved in decisions about their care and how it was delivered.

People were supported to participate in activities of their choice, within the home and the wider community.

Good

Is the service well-led?
This service was well-led.

People's care was regularly reviewed and changes responded to. The quality of care was monitored, so it could continually be improved. People and their relatives were asked their opinions to assist the development of the service.

Good

Dimensions 66 Rectory 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 took place over two days 25 and 26 November 2015 and was unannounced.

The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications are important events and occurrences that the provider has to report to us by law. Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what it does well and what developments they intend to make.

We looked at how people are cared and supported who lived in the home. Some people were unable to verbally communicate with us, so we used different ways to communicate with people. We used a Short Observational Framework for Inspection, (SOFI), a way of observing care and support people living in the home received.

During the inspection we spoke with three people who lived in the home and three of their relatives. We spoke with the registered manager, assistant locality manager, three support staff and one external health professional. We spoke with Worcestershire County Council contract team and Healthwatch to find out their opinions on the quality of care provided by the service.

We looked at three records about people's care and medicine administration records. We also looked at the daily records, minutes of staff meetings, complaints and compliments, quality audits and survey responses sent out by the provider.

Good

Is the service safe?

Our findings

Two relatives of people living at the service told us they considered their relative to be very safe living there.

People were cared for by staff who understood how to keep people safe. Staff told us, they had received training in safeguarding people. Staff were able to describe how they kept people safe from potential abuse. They were able to describe the different types and signs of abuse. Staff told us who they could report their concerns to.

We asked relatives about the staffing levels in the home, they told us there were usually two members of staff on duty at any time. Staff told us that at times the provider had used agency staff to cover shifts. When we discussed this with the manager they were actively trying to recruit new staff, so was hoping that the use of agency staff would stop soon. Staff leaving the service, were interviewed as to why they were ceasing their employment, so any trends could be identified.

We saw when people wanted support from staff; there was always a member of staff around to support them. For example one person wanted some help with an activity, they took it to the member of staff and they immediately offered support. The registered manager told us that staffing levels were assessed based on people's individual needs and adjusted accordingly to how many people lived at the home.

Three staff we spoke with told us about the checks that were undertaken before they were able to work at the home. We saw from their recruitment files that they had suitable employment histories, references and Disclosure and Barring Service (DBS) disclosure in order not to put the people they supported at risk.

People's health needs were understood by staff and who knew how to keep people them safe. For example some people living at the home suffered from anxiety and became distressed. Staff knew and understood how this could be avoided, detailed guidelines were available in people's plans. Some people living at the home suffered with epilepsy, which required constant monitoring. Staff were able to describe the signs of seizures and the emergency care required, as written in their care plan and respond accordingly.

People were supported to take their medicines. Staff explained the medicines to people before offering it to them and ensured it was taken safely. We saw that medicine audits were undertaken to ensure that people received the right medicine at the right time. There were "as required medicine" protocols in place to give instructions to staff as to when they should be given. Staff knew to report this, so it could be monitored within the home and by health professionals.

Good

Is the service effective?

Our findings

Two relatives told us they thought their family member was cared for by staff that understood how to care for them. One relative told us "I feel they meet [name] needs."

We spoke to the three staff about their induction to the home. All three said that before they started working on shift, they had undertaken an induction programme which included e-learning and classroom based practical training. Staff told us they felt this had been very effective and prepared them for the role. For example they told us they had undertaken specialist positive behavioural management training, which prepared them to support people with anxiety difficulties. They were trained in distraction techniques to help reassure people, in situations they found difficult. Another member of staff told us how they had received training from the speech and language therapist to help support people with verbal communication difficulties. We saw that this training had been utilised in people's care plans, showing staff for example how to ask someone if they would like a bath they used pictures to help the person understand and given a choice. A staff member told us they thought it was important they found ways for people to express their views other than verbally.

We spoke to the registered manager who showed us they took an active part in the staff team training. They showed us how they spent time with members of staff to coach and mentor them through the Care Certificate qualification. We saw from the training records that staff had accessed training that reflected the needs of the people living at the home. For example several people had complex health needs and had epilepsy, so staff had been trained in epilepsy and how to give rescue medication. All the staff we spoke to told us they had regular supervisions and had regular staff meetings.

We saw that staff asked people's consent before supporting them. For example we saw that staff asked people if they'd like to go on an activity such as hydrotherapy. On their return a staff member told us that one person had decided they didn't want to go into the pool this decision was respected by the staff.

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.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had been assessed as not having mental capacity, best interest meetings had been held. We saw from the support plan they were due to be reviewed yearly. The meeting was held to discuss a person's health requirement and treatment to make sure that their rights would be respected. DoL applications to the local authority had been made for people, because the provider thought it may be necessary to restrict people's movements to leave the house without staff support in order to keep them safe.

We saw that people were supported to eat things they enjoyed and help keep them healthy. One person preferences were that they enjoyed their cereal, so staff showed him two . A member of staff told us they thought it was important to let people be as independent as possible.

In the kitchen was a full drink dispenser so that people could help themselves throughout the day.

Meals were cooked from fresh; people living in the home were encouraged to join in. We saw that people were supported to go to cookery classes and given choices of what they would like to make.

We spoke to people about how they were supported to maintain good health. We saw from care records that people had accessed a variety of health professionals if required. Relatives confirmed they were invited to attend appointments if required of given feedback if they preferred. Staff knew when people's appointments were scheduled and knew how to report any concerns, so people enjoyed good health care. A health professional we spoke with said that staff were well informed and helpful. We saw that staff noted changes in people's condition for example epilepsy seizures were recorded so they could be discussed with the healthcare professional at appointments.

Good

Is the service caring?

Our findings

All the relatives we spoke with told us that they thought staff were caring. One relative told us "the staff are all caring and attentive." One relative told us they thought their family member liked the staff and had a lovely time living at the home, just better than their previous placement".

We saw that people had a good rapport with staff, they were happy to approach them and request support through gestures. Staff responded smiling and happy to oblige their requests. Staff were able to tell us about individual preferences and support needs. For example one member of staff explained how important it was to follow one person's routine in the morning because failure to do so would upset them. We heard them speaking in a kind, calm manner to them when they helped with their personal care. People were given time to do things at their own pace and not rushed. Staff took time to communicate with people in a way that they could understand, explaining what the daily activities were to reassure them and constantly reassuring them what time they would be leaving the house.

People were involved and encouraged to make decisions in their daily care. People made their own choices for example of what they wanted to wear, what they wanted for breakfast and this was respected by staff. One person decided before they could leave the house they needed something and staff supported them to get what they needed. Staff said they felt it was important for people to feel in control of their daily lives as much as possible and important to make people feel valued.

When we spoke with staff they demonstrated that they knew the people they supported well, they knew in detail the contents of the person's care plan and their support needs. One member of staff felt they knew someone so well, they felt they understood changes in people's behaviour. When they started pacing it may be due to the fact they were likely to have an epileptic seizure, so took preventative measures. They sat with the person calmly talking to them and offering reassurance.

Another member of staff described how one person they supported liked to smell all the bath products before they had a bath and preferred to use a bath pillow. Without these routines they may become distressed.

People were treated with dignity and respect. We saw that staff ensured people's privacy by knocking on people's bedroom door before entering. After bathing people staff tried to maintain their dignity by covering them as much as possible with a towel, whilst they supported their personal care. Although people living in the home had complex needs, staff endeavoured to help them keep their independence and maintain their human rights. People were encouraged to make decisions for themselves assisted by staff whenever possible. We saw staff offer people a choice of two activities, by physically showing them and asking "which do you want" the person took time to decide but the staff member waited for them to make their choice.

Good

Is the service responsive?

Our findings

Relatives told us that they thought their family members received care and support from staff to do the things that were important to them. One person loved swimming so staff arranged for this to happen several times a week. We saw that all the people living at the home had a full diary of social activities. One relative told us how the staff had helped their family member settle into their new home and how staff had worked hard to understand their preferences and reassure them. They said they were pleased the way their relative was feeling, they thought they were very happy despite the sudden changes they'd had to make.

People and their relatives were involved in the planning and reviewing of their care. Two relatives felt that their views had been listened and responded to. They had been invited to reviews and were aware of any medical appointments their relative had.

Staff we spoke with made sure they were delivering care in the ways that were right for individual people living at the home as their needs and preferences changed. We saw how staff communicated changes in people's needs and how they reported the change to other health professionals to ensure that person got the right care. We saw how the staff had informed the epilepsy support nurse in their observations and the person's medication adjusted accordingly.

People were supported to maintain links with their families and friends. Families were welcome to visit at any time.

Although two relatives told us they usually phoned before visiting the home to check their relative was actually in. The manager told us that people were encouraged to meet at social events put on by the provider to develop friendships outside of the home. People were invited to the organisation's social events, which was open to other people in the wider community.

One relative commented that their family member now had a good quality of life as they got to do lots of activities they enjoyed and wondered how they fitted them all in. They told us that they had took part in fun activities like gardening clubs, special Olympics, cookery classes and disco's.

We looked at how the provider managed complaints. Two relatives told us they had not made any complaints but were aware of the process. One relative told us they had had cause to make a complaint but was not entirely satisfied how it was dealt with by senior management in the organisation. The manager was open and transparent about this complaint, but it had been passed on to the provider's senior management. The provider had a system where all complaints were recorded and reviewed by senior management to identify that problems were being resolved, monitored for future reference.

We saw that people living in the home had been given complaint information in an "easy read" format to make it easier to understand. Advice was also available for people to access advocacy services should they require it.

Good

Is the service well-led?

Our findings

We saw people living in the home respond warmly to the manager, they approached them smiling and in an affectionate manner. Two relatives spoke positively about the manager and the way they managed the home.

Staff told us they enjoyed working at the home and felt valued. One person told us they felt they had an "excellent working relationship with them".

We saw the minutes of the staff meetings where people's needs were discussed and action taken, to ensure people got the care they needed. Staff told us they felt comfortable to discuss and make suggestions to improve the service. One suggestion was that staff had time, out of the home to be supported with the manager to go through the care certificate. They felt this was beneficial because they were more able to concentrate in a quieter environment with fewer disturbances. The manager told us this gave them time to coach new staff and in still the provider's values at the beginning of their employment. They felt the impact on the people they were going to care for was enhanced, because they understood their needs and behaviours.

The registered manager described the provider's whistleblowing policy and actively encouraged people and staff to raise concerns with them. Staff were aware of the policy and how to report poor practice or incidents so not leaving people at risk.

Regular quality audit checks were undertaken by the manager to ensure the quality of care was maintained. These included checks to ensure medicine checks to make sure people got their medicines as prescribed. Care Plans and risk assessments audited to make sure they were reviewed and any changes made. Accidents and incidents were recorded and monitored to identify any trends, so preventative measures could be taken. The manager had a Service Improvement Plan which had identified the need for redecoration of the property, in response to these findings the kitchen had just started to be repainted.

We saw from our records that the provider had notified us of any incidents and kept a record of any actions taken.

Customer satisfaction questionnaires were sent out annually, so the manager could see how people felt about their care and support. Last year's feedback was positive about the service. They were in the process of sending out this years' survey.

Staff and the health professional we spoke to thought the manager had established good effective relationships with other organisations. They felt that they were committed to getting the best possible care for the people they support and maintain high standards of care. They told us "they go above and beyond for the people they care for."