

Dimensions (UK) Limited

Dimensions 4a Ash Street

Inspection report

4a Ash Street
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Date of inspection visit: 4,5,10 November and 19
December 2014
Date of publication: 05/05/2015

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

Dimensions 4a Ash Street is registered to provide accommodation and support for five people diagnosed with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people living in the home.

The inspection was unannounced and took place on the 4,5,10 November and 19 December 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe within the home and because of the care that staff provided them with. They told us that the staff were caring and respectful and met their needs. Our observations confirmed this and we found that there were effective systems in place to protect people from the risk of harm.

Summary of findings

The provider had a robust recruitment process in place. Records we looked at, confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff told us that they had not been offered employment until these checks had been confirmed.

Systems were in place to ensure that medicines were stored, administered and handled safely. Staffing arrangements meant there were enough staff to manage medicines appropriately and to meet people's needs safely.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions, we found staff demonstrated that they understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they were working to support people who may lack capacity to make their own decisions. The registered manager had a good knowledge of the Deprivation of Liberty Safeguards (DoLS) and advised us that they had made applications in respect of the people living at the service.

Staff understood the needs of people and we saw that care was provided with kindness, compassion and assured their dignity and privacy. People and their relatives all spoke very positively about the home and the care that people received.

Staff told us they received on-going training and we found that they were appropriately trained and understood

their roles and responsibilities, as well as the values of the home. They said that they had completed on going training to ensure that the care provided to people was safe and effective to meet their needs. Staff also told us they had robust support, induction and supervision that was relevant to the needs of the people who lived at Dimensions 4a Ash Street.

People received effective support around their personal needs and we found that staff supported people to maintain their mobility and nutritional needs.

People had access to healthcare professionals when they became unwell or required help with an existing medical condition. We found that people's ability to remain independent was encouraged and people were supported to access activities that they enjoyed within the home and in the wider community.

Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home which helped them to be aware of any changes. People told us they found the staff and management approachable and knew how to raise complaints and concerns.

We found that the service was well-led and that staff were well supported and consequently motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

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.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns to ensure that people were protected.

Staff were knowledgeable about people's needs, knew what to do to keep people safe and prevent any risks from harm. There were sufficient staff to meet people's needs as staffing levels were mainly one to one.

There were systems in place to ensure that medicines were managed safely and stored securely at the home.

Good



Is the service effective?

The service was effective

People received care from staff who were well trained to meet their individual and on going needs. People were provided with their choice of sufficient food and drink.

People's consent was obtained. Staff demonstrated a good knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty safeguards.

People had access to healthcare advice when they needed it to help maintain their health and well-being.

Good



Is the service caring?

The service was caring.

We observed that staff were kind and compassionate and respected people's privacy and dignity.

People were supported in a caring manner by staff who were aware of and used people's preferred names. We observed that the registered manager and the staff team supported and developed a positive and caring culture at the service. The culture of the service built positive relationships with the people who used lived there.

People were involved in making decisions about their care and their independence was encouraged by staff who supported them.

Good



Is the service responsive?

The service was responsive.

People and their representatives were encouraged to make their views known about their care, treatment and support. Relatives were involved in reviewing people's care when they could not do so themselves.

People's individual needs and preferences had been assessed and were met in a timely manner.

Good



Summary of findings

People felt able to raise concerns with the management and the staff if they had any.
People were fully supported to take part in their various activities.

Is the service well-led?

The service was well led.

The registered manager was approachable and people, relatives and staff thought they were effective in their role.

Staff were happy at the service and told us they were listened to and could challenge the way care and support was being provided should they be required to.

The quality of the service was monitored regularly through audit checks and receiving people's feedback. Relatives spoke highly of the quality of care their family members received.

Good



Dimensions 4a Ash Street

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 on 4, 5, and 10 November and 19 December 2014 and was unannounced.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with the local authority and health and social professionals to gain their feedback of the care that people received.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with the four people who used the service and two relatives. We also spoke with the registered manager, deputy manager and six members of staff on duty about how care was offered to people. We observed people's interactions with management and staff to understand the experience of people who could not talk with us.

We looked at all four people's care records, three staff files and further records relating to the management of the service including quality audits.

The last inspection of the service was on 14 March 2013 where no concerns were identified.

Is the service safe?

Our findings

One relative of a person who lived at the service said, "I feel there is enough staff on duty and they have the correct skills to care" for my family member. Another relative told us that their family member, "Definitely feels safe here because of the caring staff and the environment being secure."

Staff told us they had received safeguarding training and would raise any concerns to management or with external agencies including the local authority. Staff showed an understanding of the different types of abuse and told us they felt confident any concerns they raised would be dealt with effectively. There were clear written instructions for staff that detailed how a concern must be reported. Staff told us that this information supported their understanding of keeping people safe. Staff told us they had been working at the home for a long time and any issues they had were discussed openly with the manager, and that they were comfortable with using the whistleblowing procedures. The manager told us they had undertaken the local authority's safeguarding course and were able to discuss safeguarding referrals and the management of these with us. One safeguarding referral had been made appropriately in the last year.

Staff told us that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks to individuals. Staff told us that it was important to ensure risk assessments did not impinge on people's human rights. Staff said that risk assessments were a live reflection of people's current care needs which guided them to offer the care people needed to keep them safe. We found that people had been involved in the completion of their individual risk assessments which had been updated on a regular basis. Examples included risks such as using a lap belt to keep people safe while in their wheelchairs, bed bumpers when bed rails were in use, mini bus wheelchair clamp and special seat belts which were personalised to each person. Each assessment had guidance which the staff followed consistently to ensure that people remained safe.

Two people we spoke with said that they felt there was always enough staff on duty and that staff had the correct skills to care for them. Relatives also told us, "There is always enough staff on duty when I visit." One member of staff said, "Yes I do think there is enough staff." The registered manager told us that there was a consistent level of staff on a daily basis, which had been determined according to dependency levels and people's needs. "Even though we are one resident short I have not reduced the staffing levels." Staff said there were enough staff to meet people's needs and to keep them safe. We observed that people were cared for on a one to one basis during our visit to the home and saw there were sufficient numbers of staff on duty to meet the needs of people.

The registered manager said, "We always make sure that recruitment is done well. We need the right staff and we have to make sure they are safe to work with the people living here." Relevant checks had been completed before staff worked unsupervised at the home; these included full employment history, satisfactory references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

We observed that people received their medicines on time and that staff administered additional medicines, including pain killers when people needed them. We saw each person had their medicine at a different time, according to the instructions from their GP. Medicines were managed in a safe manner. Most medicines were administered through a monitored dosage systems and staff kept a record of the stock of people's prescribed medicines which were stored in a safe way. Staff had systems in place to check the stock of people's prescribed medicines and could show through accurate records that people had received their medicines.

Medicines were stored securely in a locked medicine cabinet within a locked room when not in use. The medicines fridge was kept at an appropriate temperature and records confirmed that regular checks were maintained. All medicines were checked by two members of staff to ensure medicines had been administered as required. Staff who administered medicines were trained and their competency was checked by senior staff.

Is the service effective?

Our findings

One person said “The food is good.” One relative told us, “My family member receives excellent care. I could not fault the care”. Another relative said, “The staff cope extremely well. I have no complaints”. They told us that the staff knew people’s needs and carried out their jobs instinctively. One said, “They just know what to do for the residents.”

Staff told us they had received a wealth of training and felt they had benefitted from the amount of training offered to them. We observed that through their actions they had understood the training they had received; for example, in respect of communication. For example, staff replaced the negatives in a sentence by saying, “Leave the window open”. Staff explained that they had a range of training to support people and keep them safe including safeguarding, moving and handling, fire safety and how to support people whose behaviour challenges. Staff told us they had a period of induction when they first started and then had regular supervision which related to the care people needed. Staff said this was useful in helping them to meet people’s needs. We observed staff sharing knowledge with each other about people at handover.

Staff told us they had all had recent training in end of life care to enable them to care for one resident who wished to spend their last days at home and had done so with staff care and support. They were able to discuss how this training made them aware of the psychological effects on the staff as well as the other people in the home and how they were able to support each other. We saw evidence from relatives describing the ‘wonderful care’ both they and their family member received

We observed staff gained consent from people before supporting them with aspects of daily life. For example, one person required support with personal care. The member of staff who was supporting them asked, “Are you ready, and is it ok to start now?” Another member of staff told us how important it was to gain people’s consent before doing anything with them. They said, “I wouldn’t like it if someone did something to me without asking, so why should we expect people to accept that sort of behaviour from us.” Relatives we spoke with said that staff always asked their relative before providing care and support. One relative said, “I like how they are asked, it is very reassuring.”

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) 2005. There were systems in place to access professional assistance should an assessment of capacity be required. Staff told us they were aware that any decisions made for people who lacked capacity had to be in their best interests. There were clear records for staff to refer to about how to ensure restrictions were the least possible restrictive and only used when needed. The registered manager knew how to make an application if they needed to deprive a person of their liberty in their best interest under the Deprivation of Liberty Safeguards (DoLS). The service was therefore meeting the requirements of (DoLS).

Mid-day meals were not always eaten at the home by all the people who lived at the home. For example, if people were out on an activity they ate away from the home and some people opted to go out for lunch. We also noticed that the staff and people who stayed at home ate together the same time. We saw that people were asked what they wanted for lunch and this was freshly prepared and presented well. Staff were attentive to people and gave them support to eat where required. The mealtime was calm, relaxed and staff encouraged people to be sociable by involving them in the general chit chat during the meal. When we asked people about the food they received, One person said, “They never rush my meals and I get plenty to drink.”

People had special dietary needs and preferences which were recorded appropriately. Staff had the information they needed to support people with their nutritional requirements and to ensure that a balanced diet was provided. The home had a weekly menu plan, but if people didn’t want items on the menu alternative choices were offered.

We saw that people were encouraged and enabled to eat and drink adequate amounts of food and fluid to meet their needs. Staff told us people had the food they liked. Two of the people we spoke with were at risk of gaining weight. We saw that systems were in place to monitor and manage the associated risks and that people saw nutritional professionals as required. Records showed people’s weight was checked and the staff monitored people at risk of weight gain. We found that staff ensured

Is the service effective?

people at risk of dehydration had enough to drink. Staff were aware of how much fluid people needed on each day and this amount was clearly recorded on each person's chart.

Staff told us that they contacted GP's, dieticians and speech and language therapists if they had concerns about people's healthcare needs. One person had been referred to speech and language therapists for guidance and this

guidance was being followed; another had been referred to the local hospital for follow up. One relative told us, "The staff would know immediately if my family member needed a doctor and they would make an appointment, it's incredibly good here". Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs.

Is the service caring?

Our findings

People and their relatives spoke very positively about the home and the care people received from staff. One person said "I'm happy and staff are kind to me." The people we spoke with told us that staff knew how to look after them and to meet their needs as they should be met. One relative said, "They just know what to do for my family member, it is incredible. They are so good." Another relative told us, "I have no worries; they know what they are doing. I see them reading the care notes and they understand what needs to be done."

People told us that the staff were very caring and that their dignity and privacy were always respected. One relative said, "They are absolute angels, they are passionate, very caring and attentive and they also protect residents dignity." We observed staff treated people with dignity and respect. For example, people received personal care within the privacy of their bedrooms or in the bathroom with the doors closed. One person told us, "Staff treat me with respect and observe my dignity." We were also told by relatives, "I think the care my family member receives is good, to very good. I have a lot of faith in the staff."

The registered manager spoke quietly and calmly to people. They used touch in a positive way to re-enforce what was being discussed. We saw that staff used this same method of communication with people. We observed good interactions between people and staff. People looked relaxed and happy, talking openly about things they were interested in. Staff were friendly, polite and respectful when talking with people. Both staff and people addressed each other by their Christian names. We were told this form of address removed barriers and allowed both to feel more at ease with each other. Staff provided assistance to people their permission was sought and staff explained how they would assist them in a caring manner. Staff always knocked on people's bedroom doors and sought permission to enter.

People told us they were treated with kindness and compassion and their dignity was respected. One person said "I have my own key worker who does a lot of things with me, such as explaining things to me slowly and we go out to lunch." Another person said, "We can do our own thing during the days and we can get up and go to bed whenever we want."

Staff were confident that people's dignity was promoted and respected. They were able to show how they promoted people's dignity through what they told us and our observations. An example given by staff was, if people expressed a wish to be assisted with someone of the same gender their wishes were respected. In one of the care plans it was recorded that the person had requested to have personal care provided by someone of the same gender. Staff confirmed that the person's request had been acted on.

One person said they used the service of an advocate and were happy with this arrangement. They told us that they were happy with the support provided by the advocate. We were not able to speak with the advocate, but saw communication from the advocate which also confirmed this. Staff told us that people were enabled to access the services of an advocate to speak on their behalf. Information was displayed about how people could access the services of an advocate.

Records we looked at had been written in a personalised way. The four records all contained information in relation to people's life history, needs, likes, dislikes and preferences. All of the staff that we spoke with were able to tell us about people's individual preferences and the evidence regarding people's support was recorded. This information was used to engage with people and to ensure that they received their care in their preferred way to maintain their wellbeing.

Is the service responsive?

Our findings

We were told by the people who spoke to us that the staff met their needs and our observations confirmed that requests were attended to in a timely manner. For example, one person required support to attend to personal care and this was dealt with swiftly and attentively. Another person was being supported to go out into the community as this was something they enjoyed doing. Staff said, "I am this person's key worker and I always get them ready as I know how much they enjoy their time out." The staff member was discussing with the person how much money they would need for the outing and then arranging this. The staff member told us they understood the importance of engaging people in appropriate activities to help them feel involved within their own care and support.

Relatives told us they were involved in planning the care for their family member. One relative said, "We were asked to sign our relative's care plans some years ago". Another relative said, "We have not been asked to sign anything but, the manager kept us informed and we have discussed and agreed the care for our family member".

We found that the service had sought people's consent prior to providing them with care and support. People were involved in their assessments and planning their own care based on a personalised approach which responded to their individuality. This meant that each of the care plans we reviewed had been developed to meet the needs of the particular person.

Professionals we contacted told us the staff team had a very good understanding of the care needs of the people they cared for. They told us the staff knew when to seek advice and help for people, for example, staff can spot when a person's health needs is changing and will seek appropriate medical help.

Staff told us that pastimes offered within the home were based on people's preferences. The staff told us they had time to talk with people to develop accurate records of what they liked to do. They said that this helped them plan activities to meet everyone's needs and where possible, tried to incorporate people's diversity; for example cultural or religious needs. One person liked to be able to access

the community especially for long walks and we found that this was something that the home had provided through a volunteer. People's religious needs were met by the local vicar who visited the home regularly on a monthly basis.

We observed people were given choice throughout the day and that staff were conscientious about doing this consistently. People were given choice about how they spent their day and could engage in arts and crafts, going to a local coffee shop, playing ball games or going out to eat. People told us they enjoyed this part of the day and got a lot of enjoyment from such sessions.

Staff were involved in reviewing people's care needs and where required, professional support was sought. The care plans had updated to take account of any changes and they reflected people's needs. The manager and staff were responsive to people's needs because their care was regularly reviewed.

One relative told us, "They have a relatives meeting about every six weeks, but I do not always attend. The management are very open about things and matters of interest are discussed with me during my visits which are mostly three to four times weekly." People and their relatives told us they felt listened to by the registered manager and staff and believed their feedback would be taken on board and acted upon to make improvements when required. One family member told us they felt their relative needed a new comfy chair and this was being looked into by the registered manager as it is a particular type of chair that is required.

Relatives knew how to make a complaint. One relative said, "I've complained twice and each time the management have responded efficiently and swiftly corrected the problem." Another family member told us, "I've never had to complain, the staff are very good." There was guidance on how to make a complaint which was displayed on a notice board in the dining/lounge area. We found that all past complaints had been dealt with in line with the provider's policy. Relatives told us they were always happy with the outcomes.

Staff and people told us that the registered manager had an "open door" policy and that they could come into the office and discuss any concerns they had about their support. All of the staff we spoke with knew how to respond

Is the service responsive?

to complaints if they arose. Professionals attending the home told us they had never had to make a complaint, because the staff were knowledgeable about the care needs of people.

The premises, which is a bungalow was kept in good decorative order. Each person had their own bedroom with

ceiling tracks for specialist equipment to assist them to move around and adequate space for equipment storage. All bedrooms were clean, light and airy. There is a sensory room for relaxation and quiet time, a separate lounge and a diner/lounge where most of the activities took place.

Is the service well-led?

Our findings

People and their relatives said the registered manager and staff were very approachable and good at their jobs. One person said, "Everything is about us, the people that live here." They said that the home was well-led and acted upon issues that were raised. We found the atmosphere in the home was warm and welcoming. We observed that the culture within the home was open and inclusive.

We observed the registered manager and staff talked to people throughout the day and spent time ensuring they were content and happy with the service they were receiving. Staff told us that they felt able to challenge any areas they did not agree with or felt could be improved. One said, "I am not worried about saying things, I know I will be listened to." The registered manager told us they used staff and people's feedback as a way of developing the service and making improvements. They said, "Staff had not received training in end of life care and we could see we would need this training so I arranged for all staff to be trained to enable us to fulfil one of our resident's last wish".

The registered manager told us they ensured that the home ran smoothly, was staffed sufficiently and provided good quality care for the people. They said, "For example, it is my job to make sure we provide high quality care and have high standards for everything we do. We can learn from the things we do less well and improve things for everybody. For example, we have had a vacancy in the service, but I need to make sure the person we admit will fit into the client group we care for and will feel supported. We care for a very special type of people here."

The registered manager carried out staff, relative and resident meetings and we saw the minutes of these. Relatives were asked for their views on a variety of matters and were encouraged to be involved in decisions and make suggestions for improvement. Following a recent fire in the laundry room, it was agreed that staff would encourage people to also use the side door as a means of entering and leaving the building. This would enable people to get used to having another entry and exit. We were told that during the evacuation of the home, some people were reluctant to use the nearest exit because they were not familiar with using the side door.

Staff told us there was effective communication between all staff within the home. We observed this during the inspection; for example, updates on people's conditions being given to relevant staff at end of shift handover. Staff told us that they had regular handovers which gave them good information to meet people's needs and ensured that consistent care was delivered by a good team. We observed one handover to the evening shift which confirmed this.

All accidents and incidents were investigated and any identified risk factors were noted and actions put into place. The registered manager discussed accidents and incidents with staff and made sure they learnt from them. We found that accidents and incidents were audited and analysed every month by the registered manager to look for lessons learnt. Staff told us that this was useful as they could try and identify patterns and trends which might have occurred and try to prevent them from happening again, so that the care delivered to people was continually improved.

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year. We saw the results of the most recent questionnaire that had been sent out to gain people's opinion on the service provided; and reviewed the action plan that had been developed from this which detailed the areas where improvement could be made. Staff told us they felt they could challenge aspects of care or service delivery that they disagreed with.

Staff told us that audits took place on a regular basis, which included care records and medication. We also found that the provider completed their own internal compliance visits to ensure that the care being provided was of a good standard. The registered manager told us they received good support from the provider to ensure the quality of care was maintained. There were various regular health and safety checks carried out to make sure the care home building, equipment and all areas were maintained to a safe standard for those people using the service, staff and visitors. This meant the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people's individual needs.