Dimensions (UK) Limited

Dimensions 59 Lion Road

Inspection report

59 Lion 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

This was an unannounced inspection and took place on 8 April 2015.

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Twickenham area.

The home had a registered manager. 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 and associated Regulations about how the service is run.

In May 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People said that they were very happy living at the home and with the service it provided. There were activities to choose from, they felt safe and the staff team and organisation cared for them very well. During our visit

Summary of findings

there was a light, friendly atmosphere and people were enjoying doing activities and interacting with staff and each other. The activities provided were varied and took place at home and in the community.

The records were kept up to date and covered all aspects of the care and support people received, their choices and activities. People's care plans contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, if they were required. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said they were happy with the choice and quality of meals provided.

The staff knew the people they supported well, the way they liked to be supported and worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. The staff were well trained, professional and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work at the home. They had access to good training, support and there were opportunities for career advancement.

People said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 was safe.

People said that they felt safe and were not mistreated. There were effective safeguarding procedures that staff used, understood and the home was risk assessed.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's support needs were assessed and agreed with them and their relatives. Staff were well trained.

Food and fluid intake and balanced diets were monitored within their care plans and people had access to community based health services.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Good

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

Good

Summary of findings

The home had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the home.

Staff said they were well supported by the manager and organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 checked 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 was an unannounced inspection and took place on 8 April 2015.

The inspection was carried out by an inspector.

During the visit, we spoke with five people, four care staff, the registered manager and a visiting health professional. There were seven people living at the home.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. These included three staff files that contained training, supervision and appraisal information. We also looked at the personal care and support plans for three people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and that they had never been bullied or felt harassed as the staff were so nice. One person said "people look after me and are kind." Another person said, "Everyone is nice to me here."

There were policies, procedures and training that staff said enabled them to protect people from abuse and harm in a safe way. This included treating people with equal respect, giving them the same level of attention and as much time as they required to have their needs met. They had a thorough understanding of what constituted abuse and the action they would take if they encountered it. Their response followed the provider's policies and procedures.

There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff were aware of how to raise a safeguard alert and the circumstances under which this should happen. They had received appropriate training.

The staff recruitment process was thorough and records demonstrated was followed. It included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained before starting in post. There was a staff handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs and activity preferences to be met safely.

The philosophy of the organisation was that people were empowered to make their own decisions and choose their own activities and life style. It was not risk averse and provided an environment of acceptable risk that minimised control by staff and the home, promoting freedom of choice. The system of support was called 'just enough' and aimed to provide support that met needs and enabled people to do chosen activities with minimal interference, giving them control.

The risk assessments enabled people to take acceptable risks and enjoy their lives safely. There were risk assessments for all activities and aspects of people's daily living. These included communication difficulties, sensory impairment, sense of danger and handling money. There were also health related risk assessments for areas such as falls and choking. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people were able to access facilities in the community such as shops, the library and pubs. Staff said they had also received training in assessing risks to people. The risks assessments were reviewed annually or as required, adjusted when needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible.

The staff said they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. They told us they knew people living at the home very well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

There were building risk assessments including fire risks that the home had completed. Equipment was regularly serviced and maintained.

We checked the medicine records for all people using the service and found that all the records were fully completed and up to date. Medicine was regularly audited, safely stored and disposed of as required. Staff were trained to administer medicine and this training was regularly updated. People were assessed to see if they could self-medicate. There were no people currently self-medicating.

Good

Is the service effective?

Our findings

People said they made their own decisions about their care and support. The type of care and support provided by staff was what they needed and was delivered in a friendly, enabling and appropriate way that they liked. One person said, "I've been out shopping." Another person who worked said, "I keep my own payslips so I know how much money I have."

Staff received comprehensive induction and annual mandatory training. The induction was on line and required tasks to be completed. New staff also spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The training matrix identified when mandatory training was due. Training included infection control, challenging behaviour, medication, food hygiene, equality and diversity and the 'just enough' support system used by the organisation. The 'just enough' system was designed for people to take control of their lives by keeping staff intervention to a minimum so that people were encouraged to live as independently as possible. There was also access to specialist service specific training such as epilepsy and mental health awareness. Monthly staff meetings included scenarios that identified further training needs and also focussed on communication. Experiences were also shared with other homes within the organisation. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place. Staff communicated with people in a patient way, making sure they were understood and understood what people were telling them.

The home carried out a pre-admission assessment, with the person and their relatives that formed the initial basis for care plans. The care plans included health, nutrition and diet sections. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed and during weekly house meetings. There was a good variety of choice available and the meals were hot and of good quality. One person said, "The food is lovely." Another person said, "I choose what I want to eat." Meals were timed to coincide with people's preferences and activities they were attending. Meals were monitored to ensure they were provided at the correct temperature and preferred portion sizes were included in the care plans.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. They were arranged as required and renewed annually. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Mental capacity was discussed during staff meetings to enhance knowledge.

People's consent to treatment was regularly monitored by the home and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home had de-escalation rather than restraint policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans and any behavioural issues were discussed during shift handovers and during weekly staff meetings. The care plans had documented situations were behaviour specific to a person may be triggered and there were separate challenging behaviour care plans for each person that detailed the action to be followed under those circumstances. They also monitored the affect behaviour had on other people using the service.

Good

Is the service effective?

The home worked closely with the local authority and had contact with organisations that provided service specific guidance such as the National Autistic Society.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity, respect and compassion by staff. This mirrored the care practices observed. Rather than just meeting their basic needs, staff listened to what they said and valued their opinions. They also provided support in a friendly and helpful way. One person told us, “The staff are my friends.” Another person said, “We all get on well”. Someone else said, “Staff look after me.”

During our visit staff were skilled, patient and knew the people, their needs and preferences well. People’s needs were well met and they were encouraged to make decisions about their lives. Staff asked what they wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and home meetings.

Staff were warm, encouraging and approachable. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. There were numerous positive interactions between staff and people using the service. Staff spent time engaging with people, talking in a supportive and reassuring way, particularly as one person had recently died. One person said, “The staff are kind and caring and they have time for a chat.”

The home provided care using an individualised approach and staff had received training to assist them promote a person centred approach. People were involved in discussions about their care and care plans were developed with them and had been signed by people or their representatives where practicable. One person had a dementia diagnosis and the staff practice demonstrated that staff had a good understanding of the type of care required for that person.

Staff had received training about respecting people’s rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and fun atmosphere that people enjoyed due to the approach of the staff.

There were advocacy services available and one person was receiving advocacy through Mencap. An advocacy service represents people and speaks on their behalf.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor’s policy which stated that visitors were welcome at any time with the agreement of the person using the service.

A visiting health professional said that the care provided was of a good standard and delivered in a friendly, approachable and compassionate way.

Good

Is the service responsive?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff were aware of people's needs and met them. Their needs were met in a comfortable, relaxed atmosphere that people enjoyed. People said that they were asked for their views formally and informally by the organisation, home's management team and staff. They were invited to meetings and asked to contribute their opinions. During our visit people were asked for their views, opinions and choices. Staff enabled them to decide things for themselves, listened to them and took action as required. Staff were available to people to discuss any wishes or problems they might have. Needs were met and support provided promptly and appropriately. One person told us, "I like aircraft and went on a helicopter ride." Another person told us, "I work at a pizza restaurant and bring pizza home for everyone on Fridays if they want it." Someone else told us, "I'm a little sad at the moment because my friend died. I'm taking flowers to the funeral."

We saw that there was enough staff to meet peoples' needs. They did this in an appropriate and timely way. People were given time to decide the support they wanted and when. The appropriateness of the support was reflected in the positive responses of people. If there was a problem, it was resolved quickly, in an appropriate way. Any concerns or discomfort displayed by people using the service were attended to during our visit.

People and their relatives were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to live at the home. Staff told us the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual. They said it was also important to get the views of people already living at the home. During the course of the visits the manager and staff added to the assessment information.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working, once they had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

The care plans were part pictorial to make them easier for people to use. They were based on the organisation's 'personalisation journey' that focussed on the principle of providing as much freedom of choice, with least staff intervention within a risk assessed environment. They recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

Activities were a combination of individual and group with a balance between home and community based. Each person had their own individual activity plan. One person said, "I like going to football with my brother." The home had a local community map that outlined places of interest, how long it would take to get to them and what type of transport was needed. People chose if they wanted to do them individually or as a group. There were also other activities available further away. Activities included cafes, pubs, garden centre, library and shopping. Other activities included bowling and going to football matches. People were also encouraged to do tasks in the house such as laundry, setting the table and putting the rubbish out.

People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. They were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

Good

Is the service responsive?

People said they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. There was an 'in touch' website where people and their relatives could contribute and access information about what was going on in their lives and within the organisation. Quarterly 'everybody counts' people's councils took place with regional representatives that was video conferenced. The representative visited each home to get people's views. There were six monthly care reviews that people were invited to, weekly house meetings and annual placing authority reviews and surveys of people and their relatives. People were also asked to contribute to annual staff appraisals.

Good

Is the service well-led?

Our findings

People told us that they were made to feel comfortable by the manager, staff and organisation and were happy to approach them if they had any concerns. One person said, “I like the manager.” Another person told us, “The manager is there to help”. During our visit the home’s had an open culture with staff and the manager listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at the home. A staff member said, “We get good support that is very helpful”. Another member of staff told us “We have a very good team.”

There was an ‘aspire’ career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There were regular minuted home and staff meetings that included night staff and enabled everyone to voice their opinion. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the organisation.

The home used a range of methods to identify service quality. These included quarterly compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.