

Dimensions (UK) Limited

# Dimensions 1 Michigan Way

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Dimensions 1 Michigan Way is a residential care home providing personal care to up to five people. The home is registered to support people who have learning disabilities or autism. The property provides ground floor accommodation and has been adapted to meet the needs of people who may also be living with physical disabilities. At the time of our inspection there were five people using the service.

### People's experience of using this service and what we found

#### Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People received care and support in a clean and well-equipped environment that met their physical needs. Staff understood people and their individual needs well. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs. Staff enabled people to access specialist health and social care support in the community. People and their relatives were able to personalise their bedrooms.

#### Right Care:

Support plans were detailed, and person-centred ensuring people were supported to live full, active lives and encourage them to be as independent as possible. The home had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff employed by the home and agency staff received a robust induction and had specialist training to help them support people.

#### Right Culture:

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. Staff turnover had been high, which meant people were supported by agency staff. Permanent and regular agency staff knew and understood people well and were responsive to their needs. People and those important to them, were involved in planning their care. The registered manager demonstrated joint working with health professionals which provided specialist support to people, involving their families and other professionals as appropriate. Staff demonstrated good understanding around providing people with person centred care and spoke knowledgably about how people preferred their care and support to be given.

## Rating at last inspection

The last rating for this service was good (published 18 November 2017).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, upholding people's rights and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dimensions 1 Michigan Way

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Dimensions 1 Michigan Way is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions 1 Michigan Way is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small home and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 October 2022 and ended on 14 November 2022. We visited the location's service on 28 October 2022 and 3 November 2022.

### What we did before the inspection

We reviewed information we held about the home and contacted the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people and two relatives about their experience of the care provided.

We received feedback from eight members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the home on behalf of the provider. We received written responses from three health and social care professionals.

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.

We reviewed a range of records. This included three people's care and support records and two people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the home were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always identified, assessed and reduced to ensure they were safe from harm.
- Where people used bed rails to keep them safe in bed, risk assessments were not in place to ensure the person could use them safely.
- People were not protected from avoidable harm and skin breakdown as risk assessments were not in place to ensure they were supported to reposition.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people were identified, assessed and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection in response to the findings at this inspection. Risk assessments for individuals were completed during the inspection.

- Risks associated with the property and environment were managed. Corridors were free of clutter and the communal areas tidy and free of hazards.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans, which were available in easy read format.
- Accident and incidents had been recorded using an electronic monitoring system. The registered manager told us that all incidents and accidents were reviewed by the provider's health and safety officer who was responsible for determining actions to prevent reoccurrence. Outcomes and lessons learnt were shared with the team when needed.

Staffing and recruitment

- The home had a recruitment process. However, this had not always been followed, one of three files we looked at did not contain the correct information required. This meant that checks to ensure safe recruitment of staff were not robust. The provider took action to address this shortfall during the inspection.

We recommend the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

- There were enough staff on duty to meet people's needs. We observed people were not left alone in the communal areas and that staff supported them with their chosen activities as outlined in their support plan.
- A relative told us there were regular changes in the staff team. However, they did not feel this had a negative impact on the care people received and stated, "There's lots of new faces all the time, but I will say this, the ones I've met seemed competent, kind and willing."

Systems and processes to safeguard people from the risk of abuse

- Systems to monitor and record safeguarding concerns were not always effective. The provider's local record of safeguarding did not always contain details of referrals made to the local authority. This meant there was a risk concerns and actions could be missed.

We recommend the provider ensures their system to identify, manage and record safeguarding concerns is robust.

- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Several staff told us about the provider's anonymous whistleblowing line available any time of the day or night.
- One relative told us, "[Name's] belongings are safe here we don't worry about things being taken or going missing. They've made it home."

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People had medicines guidance in place for as and when required medication. Staff told us guidance in support plans helped them to support people who were unable to communicate verbally.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book, audited by the registered manager, was completed accurately.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was supporting people to have visits from their relatives, friends and loved ones.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home was not always working within the principles of the MCA as appropriate legal authorisations were not always in place. This meant that people were not safeguarded against being unlawfully deprived of their liberty.
- The home did not always ensure they were aware of conditions on a DoLS authorisation. This meant there was a risk that people's legal rights were not fully respected.
- People did not always have the necessary MCA assessments in place as required. This meant the home could not be certain they were always acting in the persons best interests.

We found no evidence that people had been harmed. However, the provider did not act in accordance with the Mental Capacity Act 2005 to ensure care was delivered lawfully and people's rights were fully respected. This placed people at risk of harm. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded during the inspection. The registered manager made the necessary DoLS applications during the inspection.

- The registered manager had contacted advocacy services to help people if they lacked capacity and they had nobody else to represent their interests about some decisions.
- Staff understood it was important to gain the consent of people when providing their care and support.

We observed staff respectfully asking consent, offering choices and explaining practical care tasks throughout the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in assessments of their care needs. People were able to visit Dimensions 1 Michigan Way prior to moving in.
- Support plans were updated with the person, their family and any professionals involved in their care.
- Specialist health and social care professionals had been involved in assessments and planning of care. One professional fed back, "Actions from reviews were always completed in a timely way and I was kept informed of the improvements of [name's] care".
- The home followed national and local guidance during the COVID-19 pandemic. One relative told us, "During COVID-19 they took every step, every step, they could to keep people safe, they did our temperatures every time we visited, we wore masks, we showed them our test on the app and they got us to do everything we could when we were supposed to do it."

Staff support: induction, training, skills and experience

- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- There was an induction programme in place which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively about the induction and training provided, they felt supported. One staff member told us, "Training was thorough and can be refreshed as needed, as support from other colleagues as well as management is very good." Another staff member told us, "Following training, [there are] daily discussions about how to support and encourage active participation."
- The registered manager explained that staff are encouraged to complete national diplomas in health and social care, and they were offered experience in senior care roles if willing and competent. Regular agency staff have attended training on site for specialist techniques such as PEG (percutaneous endoscopic gastrostomy) tube feeding and medication administration.

Supporting people to eat and drink enough to maintain a balanced diet

- People's support plans outlined their food and drink preferences and there was a weekly menu plan to guide staff preparing meals. We observed staff and people communicate about what was for dinner where different options were offered.
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had support plans which detailed allergies, pain management and condition specific information such as, epilepsy.
- Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use prescribed equipment safely.
- Staff made referrals to health professionals such as the GP, speech and language therapists and opticians.. For example, where a person's needs had changed, they demonstrated emotional distress or where they had lost weight unexpectedly.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. One person had a picture exercise plan that was completed daily by staff. Their relative told us, "Staff do the physio programme every day. They get all the equipment [name] needs, last week

[name] even had their first bubble bath."

Adapting service, design, decoration to meet people's needs

- The home was clean and well lit. The layout of the home supported people's needs, including access to the garden.
- A number of improvement works had been completed such as new flooring, a tracking hoist and new bath, with further planned for the outside space.
- People and their relatives were able to personalise their rooms. The registered manager told us if a room became available, people were given the option of moving to that room as it may be a preferred shape, size or have a view of the garden.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. Audits were not always established, completed or robust. These systems had not identified the shortfalls found during the inspection. For example, with the management of risks.
- The provider had carried out an audit in January 2022, systems had not picked up non compliance with MCA.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the home improved. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection by planning further training on DoLS requirements and arranging a location visit by the operational director to update the service improvement plan and progress. The provider told us they had planned further improvements to provide live updates.

- The registered manager did not always notify the CQC of incidents where people had been placed at risk of harm and abuse and where people were subject to authorisations under DoLS.

The provider had failed to notify CQC of incidents that affected the health, safety and welfare of people who use the service which is their legal obligation to do so. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider responded during the inspection and completed the statutory notifications retrospectively .

- The registered manager was aware of best practice guidance and followed the principles shared from the provider's management training programme.
- Staff were clear about their role and responsibilities and what they were accountable for.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. Staff interacted with people in a kind and considerate

manner, treating them with dignity and respect. One person told us, "Yes, I like a cup of tea. Look [staff name] helped me. Shaving. Yes." A relative commented, "They listen to [name] which is so important, it takes a minute to understand but they give [name] that, they engage."

- Staff told us that they are proud to work at Dimensions 1 Michigan Way. One staff member said, "The team and managers constantly strive for ideas and input from staff and residents. How to improve things further, opening a world of more experiences." Another commented, "Management and staff say thank you and said I have made a difference since being here." All staff, without exception, stated that the registered manager is caring and makes them feel appreciated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a policy in place to respond to complaints, incidents and when things went wrong. The registered manager understood their understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The registered manager informed us that all people living at Dimensions 1 Michigan Way and their relatives were made aware of the provider's commitment to preventing, 'never events'. A 'never event' was an event that should never happen to a person using the service, it is a preventable event.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were encouraged to participate in activities with other care homes run by the provider. Recent events included a Halloween themed dress up, pumpkin competitions and writing to His Royal Highness the King, to share words of condolence.

- The provider routinely sought feedback from people and relatives, and made changes following receipt of this. An example was, to ensure that peoples families were more involved with health appointments at the home.

- The registered manager told us it was important to them to be a visible presence within the home. One relative commented, "If [registered manager] is here [they] pops in and say hello, staff always give me feedback if [person's name] needs anything, they phone with any concerns and are arranging activities and maybe a holiday."

- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Mental capacity assessments were not always in place.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not always in place or current for people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not operating effectively.