

Dimensions (UK) Limited

# Dimensions 11 Kilford Court

## Inspection report

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Date of inspection visit:

05 January 2016

06 January 2016

Date of publication:

09 February 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 5 and 6 January 2016. The inspection was unannounced.

Dimensions are a specialist provider of a wide range of services for people with learning disabilities and people who experience autism. This service provided care and support for up to six people with a learning disability. At the time of our inspection there were five people using the service some of whom were also living with physical disabilities and with dementia. Their home is arranged over two floors. The ground floor consists of four bedrooms, a dining and kitchen area, a laundry room and a communal lounge which also had a sensory area. There is also an adapted bathroom and a level access shower room on this floor. This floor is fully accessible to wheelchair users. Two further bedrooms and the office and staff sleep in room were located on the first floor which were accessed by stairs only. The home has a large accessible garden to the rear and parking to the front.

The service 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. The registered manager also managed another two Dimensions services and was supported in these roles by an assistant locality manager.

Some areas required improvement.

Risks to people's health and wellbeing were not always adequately assessed and planned for. Risk assessments had not been reviewed or updated when people's needs changed.

New staff had not nationally recognised qualifications which demonstrate their competence to perform their role and responsibilities to a specific standard. Staff were not receiving regular supervision. Some staff had not received an appraisal. These are important tools which help to provide reassurances to the management team that staff are suitably skilled and have the right knowledge.

Improvements were needed to ensure that the registered manager had sufficient time to perform their duties effectively and provide support to the staff team.

The way in which the service was implementing the Mental Capacity Act (MCA) 2005 required improvement. This was because mental capacity assessments had not always been undertaken to establish if a person was able to make decisions about, and agree to, their support plan.

Improvements were needed to ensure that all areas of the home were suitable and enhanced people's quality of life. However we noted that some areas required some cleaning and maintenance. For example, areas of the level access shower room were mouldy and the outer layer of parts of the wooden surround for the toilet had come away revealing the chip board below. This would make this area difficult to effectively

clean. The carpet in the communal entrance area and corridors was stained and would benefit from being replaced.

Other areas were good.

Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team.

Appropriate arrangements were in place to manage people's medicines. Medicines were only administered by staff who had been trained to do this.

There were sufficient staff to meet people's needs and safe recruitment practices were followed. Appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations had been applied for.

People were supported to have enough to eat and drink. They were involved in decisions about what they ate and were assisted to remain as independent as possible with eating and drinking.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

Staff showed people kindness, patience and respect and we observed positive interactions between people and their support workers.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks to people's health and wellbeing were not always adequately assessed and planned for. Risk assessments had not been reviewed or updated when people's needs changed.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were clear about what they must do if they suspected abuse was taking place.

Staffing levels were adequate and enabled the delivery of care and support in line with people's assessed needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

New staff had not completed an induction in line with nationally recognised standards. Staff were not receiving regular supervision. There was a risk that staff would not be equipped with the right knowledge to perform their role effectively.

Mental capacity assessments had not always been undertaken in line with the requirements of the Mental Capacity Act (MCA) 2005.

Improvements were needed to ensure that all areas of the home were suitable and enhanced people's quality of life.

People were supported to have enough to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

Staff interacted with people in a manner which demonstrated that they knew them well and had developed positive relationships with them.

People were treated with dignity and respect and were

encouraged to live as independently as possible

### Is the service responsive?

Good ●

The service was responsive.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care.

People were supported to take part in a range of activities in line with their personal preferences.

Complaints policies and procedures were in place and were available in easy read formats.

### Is the service well-led?

Requires Improvement ●

Some aspects of how the service was managed required improvement.

Increased management resources were needed to ensure that staff were provided with adequate support and so to ensure that they received effective induction, supervision and appraisals.

The registered manager actively sought the engagement and involvement of people and staff in developing the service and driving improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

# Dimensions 11 Kilford Court

## **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.

The inspection took place on the 5 and 6 January 2016 and was unannounced. One inspector conducted the inspection.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service.

Due to nature of the needs of people using the service, we were not able to seek their views about the care and support they received. We were however, able to speak with two relatives and also spent time observing interactions between people and the staff supporting them. We also spoke with the registered manager, assistant locality manager and four support workers. We reviewed the care records of two people in detail. Other records relating the management of the service such as audits and policies and procedures were also viewed.

Following the inspection we sought feedback from three health and social professionals about the quality of care people received.

The last inspection of this service was in May 2013 during which no concerns were found in the areas inspected.

# Is the service safe?

## Our findings

People were not able to tell us whether they felt safe living at Kilford Court, but our observations indicated that people felt secure in their surroundings and were comfortable with the care and support provided to them by the staff team. Feedback from relatives said that they were confident their relative was supported to stay healthy and safe and this was echoed by the relatives with whom we spoke. However we did find that some improvements were needed to ensure that all aspects of people's care was managed as safely as possible.

Improvements were needed to how risks to people's health and wellbeing were managed. Each person had a risk analysis which identified the areas where specific risk assessments were required. Individual risk assessments were then prepared by the staff supporting the person. Areas covered included moving and handling, epilepsy, nutrition, risk of abuse or isolation and the risk of falls. Some of these were very comprehensive, for example the moving and handling risk assessments contained photographs showing how staff should use equipment to support one person. However, others were less detailed and it was not always clear that all of the risks to people's health were adequately assessed and planned for or that risk assessments had been reviewed or updated when people's needs changed. For example, staff told us that one person had recently experienced a number of falls. They also told us that they were concerned about this person's safety using the stairs; however risk assessments did not adequately address these concerns or had not been updated to reflect the increased risks. We saw that another person was known to be at risk of skin damage and had previously been treated for this. This person had no risk assessment in relation to this. We highlighted this to the registered manager who took action to ensure this was put in place. They have since the inspection sent us copies of these. We noted that two people's records indicated that they had lost a significant amount of weight in a short period of time. No action had been taken in response to this. We raised this with the registered manager who told us that this was unlikely to have been real weight loss and was likely to have been due to difficulties obtaining an accurate weight recording. Following the inspection, the people were weighed again and this confirmed that their weight had in fact remained stable, however we were concerned that no action had been taken to ensure that this was the cause. Since the inspection, the registered manager advised that the service had purchased sit on scales which should help ensure that people's weight is more accurately monitored.

Some people using the service had been diagnosed with oral dysphagia and required a modified diet. (Dysphagia is the medical term for swallowing difficulties). The risk assessment for one person did highlight this risk and made reference to following the 'attached guidance'. However, there was no attached guidance. We did find a copy of a report from the speech and language therapist later in the support plan, but this was not alongside guidance about eating and drinking or mealtimes and it had not been made readily available in areas where staff were preparing food. A second person had recently experienced an episode of choking whilst at the day centre. This had resulted in their admission to hospital. Whilst this incident was not directly attributed to choking on food, the person's assessments and their mealtimes support plan had not been updated in light of the incident. Agency staff were not clear about which people required modified diets due to dysphagia. This increased the risk of people being given inappropriate foods. There was no guidance readily available with documented how staff should provide emergency first aid in

the event of a person choking. Staff all confirmed that they had received training in emergency first aid, but some were not able to confidently explain what actions they would take should they need to respond to an incident of choking. We were concerned that one person known to be at increased risk of choking was left to eat independently whilst staff attended to other tasks. We were concerned that some people were being given foods that were not fully in keeping with their prescribed modified diet. We spoke with the registered manager about our concerns; they took prompt action to ensure relevant guidance was made readily available within the service and told us that they would arrange for a review of the person's dietary needs.

Risks to people's health and wellbeing were not always adequately assessed and planned for. Risk assessments had not been reviewed or updated when people's needs changed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

The service had systems in place to report, investigate and learn from incidents and accidents. There was evidence that following an incident, the potential cause was investigated and appropriate actions taken in response. We did note that one incident of unexplained bruising had not been shared with the local authority safeguarding team in line with local protocols. We discussed this with the registered manager who agreed that the incident should have been reported and took action to address this.

People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home. The provider also had a 'Disaster Plan' which set how the needs of people would be met in the event of the building becoming uninhabitable or an emergency such as a fire or flood. This helped to ensure that risks associated with the environment were assessed and planned for.

People's medicines were managed safely. Staff who administered medication had completed training and competency assessments were carried out to ensure they remained safe to administer people's medicines. Appropriate arrangements were in place to order and store people's medicines which were kept safely in locked cabinets in people's rooms. We reviewed three people's medicines administration record (MAR). These were mostly fully completed and contained sufficient information to ensure the safe administration of medicines, for example, there were protocols in place for the use of 'as required' or PRN medicines. These included information about the strength of the drug and the maximum dose to be given in 24 hours. Some areas could improve. When people received a PRN medicine or did not receive their medicines as prescribed, staff were required to write on the back of the MAR the reason for this. This had not always happened. Staff had also not always recorded the date that topical creams were opened. This is important as some medicines can be less effective once they have been opened for longer than 28 days.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures in relation to keep people safe. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. There were robust measures in place to protect and manage people's finances safely. Each day people's personal money was checked by two staff to ensure this was fully accounted for and receipts were kept for all expenditure. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff were confident that registered manager would take action if they brought concerns to their attention.

The service had a dedicated whistle-blowing line and information about this was displayed within the staff sleep in room. Staff told us they were aware of the whistle-blowing line and would use this to report concerns about poor practice. They were also aware of other organisations with which they could share concerns about abuse. People were supported to stay safe. The service had easy-read information available



for people on issues such as hate crime or bullying and how they could seek help or advice about this.

Staffing levels were adequate. During the day the minimum staffing levels were three support workers. At night there were two staff, one sleeping and one awake. The registered manager told us the staff rotas were determined by people's assessed needs and the amount of funding provided by the local authority. Staffing levels were adjusted as required to ensure people had the support they needed to undertake specific activities both within the home and in the community. All of the staff we spoke with told us the staffing levels were adequate to meet people's needs safely. One staff member said, "We are really well staffed at the moment". Another said, "Staffing levels are usually no problem, it's a great team". We reviewed the staff rotas for the week of the inspection and the previous 3 weeks and saw that these demonstrated that the home was staffed to at least the levels described above.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. Interviews were competency based and required prospective staff to demonstrate their understanding of key issues such as dignity in care and protecting people from harm. Job candidates visited the house to meet the people they would be supporting and to demonstrate that they were able to effectively communicate and engage with each person. These measures helped to ensure that only suitable staff were employed to support people in their homes.

## Is the service effective?

### Our findings

People were not able to tell us how effective their care and support was, however we saw that in recent feedback provided to the service a relative had commented, "Dimensions has been peace of mind for me. I think they are very professional and it always seems to be a good mix of people". Another relative had said the care and support was "Excellent". They had commented that all the staff seemed switched on at the service and that were "Truly satisfied".

We found, however, that some improvements were required. When staff started at the service, they were provided with a service specific induction which included an opportunity to complete some essential training, read the organisations policies and procedures and the care plans of the people they would be supporting. They also had a period of shadowing more experienced staff. However, it is also expected that care providers should ensure that new staff complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that new care workers are expected to demonstrate and would normally be completed within the first 12 weeks of employment. We found that four staff who has been employed at the service for some time, including one who had been employed over a year, had only just been enrolled on the Care Certificate.

Staff told us they were not receiving regular supervision. The provider's policy stated that staff should receive supervision every two months. Supervision and appraisals are important tools which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff expressed mixed opinions about how well supported they felt. Most told us that they would value more opportunities to discuss their role and responsibilities within the service. One support worker said, "The job can get emotional, it's nice to talk things through". The registered manager recognised that providing regular supervision, an annual appraisal and ensuring that staff completed the Care Certificate were areas which required improvement. Whilst the registered manager was committed to providing a high level of care and support to people, they explained that this was a challenge due to the competing demands of their role which included managing two other locations.

The provider had not ensured that staff received appropriate support, supervision and appraisal which made sure that they were suitably skilled and competent to carry out their roles. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Staff completed a range of essential training. Most of the training programme was delivered by e- learning and was repeated either annually or every three years. Training provided included manual handling, basic first aid, basic food hygiene, health and safety, fire training, MCA 2005, nutrition and healthy eating and safeguarding people. Staff also had additional training relevant to the needs of people using the service. For example, staff had completed training in epilepsy. Training on caring for people living with dementia had been planned for January 2016 and was being provided by an external healthcare professional. Staff were generally positive about the training available and told us it helped them to perform their role effectively and was relevant to the needs of people using the service. We were concerned that staff did not demonstrate a comprehensive knowledge of some aspects of emergency first aid. This course was currently

refreshed every three years.

We recommend that the provider review the training programme delivered is refreshed at appropriate intervals to ensure it assists staff to maintain all of the skills and knowledge they require to meet the needs of the people they care for and support.

We checked whether the provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA). 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.

Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Our observations indicated that staff sought people's consent about some aspects of their daily lives. We saw people being asked about what they would like to eat, or what they would like to do. Staff used a range of methods to achieve this. For example at lunchtime, a support worker showed one person all of the options available for their meal. They allowed the person plenty of time to indicate their choice.

However some areas of how the MCA 2005 was being implemented required improvement. Whilst staff had received training in the Mental Capacity Act (MCA) 2005. Most were unable to demonstrate an understanding of the key principles of the Act. Whilst staff had been involved in best interest's consultations regarding issues such as medical treatment for people using the service, where a person's ability to consent to the support delivered by Dimensions was in doubt, an assessment of their capacity to make that decision had not routinely been undertaken as part of the care planning process. For example, we saw that whilst two people had a document in their support plans called, 'Your support plan agreement', these had not been completed. Assessing a person's ability to consent to the actions covered in their care plan and confirming what actions are agreed to be in the person's best interest's helps staff to ensure that they are acting in accordance with the principles of the MCA 2005. The registered manager explained that they and the assistant locality manager were booked to attend further training on the MCA 2005 in January. They were confident that this would ensure that the legal framework, for acting and making decisions on behalf of people who lacked the mental capacity to make decisions for themselves, was fully embedded within the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant applications for a DoLS had been submitted by the home but again staff did not demonstrate an understanding of what this might mean for the people in their care and this is an area which could improve.

We looked around the premises and examined records to do with maintenance of the building. We found that in general the premises were of a suitable design and layout to meet the needs of people using the service. However we noted that some areas required some cleaning and maintenance. For example, areas of the level access shower room were mouldy and the outer layer of parts of the wooden surround for the toilet had come away revealing the chip board below. This would make this area difficult to effectively clean. This could present an infection control risk. The carpet in the communal entrance area and corridors was stained and would benefit from being replaced. The registered manager told us that the provider did not own the premises and repairs and improvements to the property were the responsibility of their landlord who owned

the property. They explained that replacing the carpets in the halls had not to date been possible as this would require the people using the service to temporarily move out which would be very disruptive to them. However the current arrangements were not adequate to ensure that all areas of the home were suitable and enhanced people's quality of life.

People were supported to have enough to eat and drink. People were involved in decisions about what they ate and were encouraged to be involved in shopping for their food, preparing their meals, where able, and in clearing away after. Some staff ate their meals with people which helped to provide a pleasant atmosphere to the mealtime experience. On the day of our inspection, people were enjoying sandwiches or tinned macaroni cheese for lunch and had chicken in a mushroom sauce and pasta for their evening meal. One of the people had lunch out at a local pub. The permanent staff were aware that some people required their food to be cut up into small pieces or pureed, however we were concerned that some of the foods being offered to people might not be fully in keeping with their dietary needs. We discussed this with the registered manager who told us they would arrange for a review of the person's dietary needs. Records were maintained of what each person ate and these showed that people were being supported to maintain a varied diet. We saw that people had access to adapted cutlery which enabled them to remain as independent as possible with eating and drinking.

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met. This included GP's, learning disability nurses, physiotherapists, occupational therapists and community nurses. We saw that people had attended dental and optician appointments. People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments. Following reviews by healthcare professionals, staff usually completed a practitioner's report which documented any changes to the person's treatment pathway or support plan. This helped to ensure that key information about people's health and wellbeing was effectively shared.

## Is the service caring?

### Our findings

People living at 11 Kilford Court were not able to tell how caring the service was and so we spent time with people sitting in the communal lounge area and dining room, observing their care and support. Our observations indicated that staff did show people kindness, patience and respect and had a genuine concern for them and their wellbeing. One staff member said, "Working with the people, you learn a lot about their ways, you develop a special bond with them, you can't help it". People's relatives were positive about the care and support their loved one received. One person said, "[the person] is very happy there". They agreed that the staff always seemed welcoming and very kind and caring.

We saw interactions between staff and people which were relaxed and jovial. Even when people were not able to engage with staff or respond to them, staff interacted with them in a cheerful and meaningful way. Staff demonstrated a good knowledge and understanding of the people they were supporting. They were informed about people's likes and dislikes, their favourite foods and what activities they enjoyed as well as their preferred daily routines. People had a 'How I communicate support plan' which gave guidance for staff on how to understand what the person might be communicating to them. For example, one person's support plan explained that shouting meant that they wanted to go out. Staff were well informed about this information and used it effectively to intervene and support people in a caring and sensitive manner.

Staff understood how to work effectively alongside each person to try and ensure that they made the most of each day. For example, people were supported to take part in activities that they enjoyed, this might be walking to the local pub for one person who enjoyed lunch out, or trips to the local pet shops for another person who loved animals. People were also supported to try new things. For example, one person had expressed an interest to go ice-skating. Staff had taken them the day before our inspection and even though the person had not particularly enjoyed the experience, it meant that they had been supported to take part in something they wanted to do. Staff knew from people's body language whether they were aware of how people's mood and body language demonstrated whether they wanted to take part in an activity or wanted to spend time quietly in their rooms. Each person's room was decorated according to their own style and looked really homely and comfortable. One person had a fish tank in their room which staff helped them to care for. Another had a sensory area which they enjoyed using in the evenings. Staff supported people to keep in touch with family members and other people important to them. On the day of our inspection staff had taken one person to spend the morning with a relative, which they were known to value. Staff told us how they supported people in a way that maintained their independence. One staff member told us how one person liked to put their own clothes in the washing machine each day and so they encouraged them to do this. At lunchtime we observed a staff member working alongside a person to prepare their lunch, they both seemed to be enjoying themselves.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care provided to each person. Staff told us they were careful to ensure people's doors were closed when providing personal care and knocked on people's doors before entering their rooms. The home had a dignity champion and they and the registered manager attended the local authorities Dignity Forum. The dignity champion's role was to model dignity in care and to support this, they

completed dignity audits which aimed to highlight where practice could be improved.

The service had a range of accessible communications available to ensure people were enabled to be involved in decisions about their care and the policies and procedures of the organisation. For example there were easy read versions of 'What Dimensions does about abuse' and the complaints process.

## Is the service responsive?

### Our findings

People's care and support plans were person centred and contained detailed information about their likes and dislikes, their preferred daily routines and the things that made them happy. For example, people's care plans included a 'one page profile' that described, 'How to support me well' and what a good and bad day might look like for the person. The profile also included information about the person's dreams for the future. We saw that one person's profile recorded their dream of going ice skating, we saw that this had happened. The profiles also listed the person's gifts and skills and the relationships that were important to them. It was clear that staff had worked alongside relatives to learn about the person and gather information about their life before they came to live at the service. For example, we saw that staff had compiled a 'memory book' for one person who was living with dementia. Staff used this as a reminiscence tool which we were told the person appeared to enjoy. Staff told us they could refer to people's care plans in order to understand their needs and it was evident that the care plans had been read by staff. This helped to ensure staff understood the needs of the people they supported and enabled them to care for them in a person centred manner.

Staff maintained daily records which noted how the person had been, what they had eaten and what activities they had been involved in. The daily notes were mostly task based, concentrating on people's personal care and support needs, but helped to ensure that staff were able to monitor aspects of the care and support people received. Staffs in-depth knowledge of people, their normal routines and demeanour meant they were able to pick up any changes in a person's well-being and respond appropriately. . For example, a relative told us, "A few weeks ago they noticed that [the person] was having trouble with their teeth, they took them to the dentist quick quick and now its getting better". Another relative commented "The staff are always so responsive". There was evidence that staff used handovers and a communication book to ensure that key information was shared effectively between shifts.

The relatives we spoke with all felt they were fully involved in their family members care. One relative said, "They [the staff] absolutely keep me informed, the slightest thing they tell me about". Person centred reviews' took place and people, their family if involved, and advocates were asked to give their views and feedback about the care and support they received. People's views and aspirations were used to agree new goals and objectives and actions plans were produced which detailed which staff member would be responsible for supporting the person to achieve the goal. We reviewed the action plan resulting from one person's review and found that most of the actions had been completed or were in the process of being completed. For example, action had been taken to ensure the person's new assisted bath had been fully installed and was now being used on a regular basis. Each month people were meant to have a review with their support team to consider what had worked well that month and what had not to inform and develop their support plans. The aim of the meetings was to ensure that people's daily support remained relevant and purposeful. These meetings were not taking place. We spoke with the registered manager about this. They explained that staff would be reminded of the importance of undertaking these reviews on a regular basis.

People regularly took part in a range of activities based on their own interests. Within the home, people were

involved in activities such as massage, sensory time and completing household chores with staff such as cooking and shopping. People were supported to follow their particular interests. For example, one person enjoyed puzzles. We saw staff supporting the person to undertake this activity. One person also enjoyed painting and we saw a number of their paintings displayed around the home. Outside of the home people attended activities such as trips out to see their family, ice skating, bowling, coffee mornings at the local church and visits to local pubs or garden centres. Some people also attended day services. On special occasions, people linked up with those living in the providers other nearby homes for Christmas parties. Birthdays were also always celebrated. We saw lots of pictures around the house which demonstrated that people were involved in a range of activities that they appeared to enjoying. The registered manager told us that in the summer people and staff had spent time growing vegetables including beans and strawberries and that the outdoor areas were used for holding barbeques. They told us that they were very proud of the activities offered within the service and explained that one person who had previously declined to go out of the house for over a year was now regularly enjoying trips or drives out into the local area. All of the staff we spoke with felt that people were provided with adequate opportunities to be involved in activities of their choice. One support worker said, "Yes they do enough, we have time to sit down with people, or they come with you when you are putting the washing away. They like going to local café also". Another support worker said, "We go out with them as much as we can, or we do skittles in the lounge or enjoy the sensory areas. A relative told us, "Yes [the person] goes out a lot, but they also just let them chill on their bed listening to music as they like that too".

Complaints policies and procedures were in place and were available in easy read formats. There had not been any complaints since our last inspection. If concerns or complaints were raised, these were logged electronically so that actions taken to address them could be monitored and reviewed by the registered manager and the organisations quality team. This helped to ensure that appropriate actions had been implemented to address concerns raised, in accordance with the provider's complaints policy.



## Is the service well-led?

### Our findings

It was not possible to obtain people's views about how well led the service was, but when we spoke with the manager it was evident they knew people well and understood their individual needs. Relatives spoke positively about the leadership of the service. They told us that registered manager "Always returned their calls" and was "Very responsive".

The registered manager at 11 Kilford Court was also the registered manager of two other dimensions services and they were supported in their role by an assistant locality manager. They told us that they usually spent one and half days at the service each week but in between times, staff were free to phone or text her and if necessary she would come and address any issues or concerns. Whilst staff told us that the leadership team was generally supportive, most felt that they would benefit from an increased management presence within the service. Some staff said this would help to ensure that they had a clearer sense of direction and others felt that it would help them to feel more confident and supported in their role. One support worker said, "You don't really see [the registered manager] we could do with more management support". Another said, "There is not really adequate management cover, usually its one day a week, there always used to be a manager here, so we work well as a team and support one another". This was echoed by another support worker who said, "We just work as a team but with no real leader". We spoke with the registered manager about these comments, they explained that until recently there had been a lead support worker at the service, but that this role was currently being recruited to. They felt that when this role was back in place, this would serve as an additional layer of support for staff, but they acknowledged that it was a challenge to provide support to all three of the services they managed. However they displayed a commitment to review how they managed their time so that staff received "The time they deserved". This report has previously highlighted that staff were not receiving regular supervision. The registered manager was also aware that ensuring that there were adequate management resources in place to support, enhance and develop the staff team was an area for improvement and we saw that this was highlighted on the services improvement plan.

The registered manager told us that the organisation was committed to actively seeking the engagement and involvement of people and staff in developing the service and driving improvements. Meetings with people were held on a weekly basis during which staff supported people, where able, to make choices about the things they wanted to do, plan the menu for the week and talk about anything about which they might not be happy. It was not always clear what if anything had been done in response to issues raised by people being supported by the service and we talked about the importance of evidencing how the service was listening and responded to people's views and comments about their care and support. Staff meetings were held monthly and from reviewing the minutes of these we saw that these were an opportunity to discuss issues affecting the people they supported but also staffing issues such as leave, policy updates and health and safety matters. The registered manager told us that they always tried to listen to staffs concerns or ideas and act on these. For example, she said that staff recently commented that some aspects of the décor and furniture within the house were looking tired and so she organised for new furniture to be purchased by staff. Staff had also commented that one person's wheelchair was not suitable. In response they had made a referral to the wheelchair service who had now provided a more suitable wheelchair.

Managers meetings were held. These were an opportunity for the organisations managers to come together and share ideas, best practice and policy updates. For example, we saw that a managers meeting in November 2015 had discussed 'Never events'. Never events are significant, largely preventable safety incidents affecting people who use the service, which should not occur if the available preventative measures have been implemented. In this instance the managers were discussing how to support staff to avoid the risk of medicines errors. We saw that the provider was arranging workshops and learning sets to support managers develop their skills and knowledge on matters such as dealing with stress, personalisation and resilience.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. The organisation undertook regular audits at the service. We reviewed the audit that had taken place in September 2015. This was detailed and reviewed areas such as the planning and delivery of care, observation of support workers, staff recruitment and supervision, finances and medication and the environment. The outcome of this and other audits fed into the service improvement plan. This detailed the areas where improvements were required, the steps needed to deliver these and a clear time scale for completion. For example, we saw that improving the support for all staff was listed as an area for improvement as was reviewing people's risk assessments to ensure that these were factual and up to date.

Staff completed a range of health and safety checks to help identify any risks or concerns in relation to the environment and equipment used for delivering people's care. A weekly health and safety walk through was completed which included checks of the fire alarm, water temperatures, window restrictors, call bells and smoke detectors. A fire risk assessment had been completed and the actions resulting from this had been completed. We were not however able to establish that there was a current assessment covering the potential risk of legionella within the service. We were able to see a water hygiene assessment from December 2012 which contained a number of actions. The registered manager was not able to demonstrate that these had been completed. We have asked for confirmation of this. We will continue to liaise with the registered manager to obtain this.

The registered manager was committed to providing a strong person centred culture and described this as a particular strength of the service. This would be in keeping with our observations during the inspection. This was confirmed by a staff member who told us "All the staff here are kind and caring...the people are the most important thing in this service". The registered manager said she was proud of her staff team who provided person centred care with a smile. She was proud that people were happy and of the positive feedback provided by family members.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and wellbeing were not always adequately assessed and planned for. Risk assessments had not been reviewed or updated when people's needs changed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that staff received appropriate support, supervision and appraisal which made sure that they were suitably skilled and competent to carry out their roles.</p>