Dimensions (UK) Limited

# Dimensions 149 Ash Street

## Inspection report

149 Ash Street
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Date of inspection visit:
31 July 2019

Date of publication:
09 September 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

About the service
Dimensions 149 Ash Street is a residential care home providing personal care and accommodation for up to five adults living with a learning disability and/or autism.
The service has been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.
The service is a large home in a suburban street, similar to other large residential properties in the area. Five people were using the service, all of them had lived there for between five and twenty-five years.
The outcomes for people using the service reflected the principles and values of RRS by promoting their choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to do activities both in the home and in the community. This included following hobbies and interests, social activities and activities associated with daily living including personal care and housework.
There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.
As part of thematic review, we carried out a survey with the deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.
The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found
The five people at Dimensions 149 Ash Street had all lived there for over five years and were clearly happy and comfortable in the service. Families said their relatives were well cared for. Relatives said they were very happy they were involved by staff whenever necessary and were free to visit when they wanted. Relatives said they were always welcomed by staff, most of whom they knew well. They also said they had never had to complain but would feel able to talk to the registered manager or senior staff if they had a

concern. Comments from relatives included "The staff at 149 are brilliant…. we could not ask for more" and "They support her very well and are very caring… would hate [person] to move, they know [person] so well and manage [long-term condition] well."
People were supported by caring and compassionate staff, who knew them well and supported each person to do things they wanted in the home and in the local community. Care plans contained up-to-date assessments of people's risks, needs and preferences. They guided staff on how the person's care should be delivered and how they should be supported. Care records contained detailed information about how each person communicated and how to communicate with them, using both verbal and non-verbal methods. People's care plans were being followed in practice. A relative commented "[Person] can't talk and is a bit of a loner, but they help [person] do what [person] wants."

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines. A senior member of staff took immediate action to remedy a problem with the thermometer in the medicines refrigerator when this was identified during the inspection.
There was an established management team, who worked alongside care staff each day. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
They were also supported by senior managers from the provider organisation. Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the service provided.
Systems to safeguard people from abuse were in place. The service responded to concerns or complaints about people's wellbeing and learned from incidents to prevent a reoccurrence. People's rights to privacy and dignity were respected. Decisions had been made and recorded in people's best interests where they were not able to make these decisions themselves. The service respected and supported people's equality and diversity.
There were enough staff to meet people's needs. Staff received training and the support needed to carry out their role. Staff were encouraged to share ideas about how the service could be improved for people. The recruitment process helped ensure potential staff were safe to work with people who may be vulnerable.
Rating at last inspection
The last rating for this service was Good (published 10 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led.

Details are in our well-Led findings below.

# Dimensions 149 Ash Street

**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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Dimensions 149 Ash Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We met all five people who used the service and talked with two of them about their experience of the care provided. As some people did not have verbal communication skills, we spent time observing the care people received. We spoke with five members of staff including the deputy manager, a senior manager who was visiting the service and three care workers.
After the inspection, we had follow-up telephone calls with the deputy manager and received additional

information including details of family and professional contacts.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff records in relation to recruitment, training and staff supervision. We also looked at records relating to the management of the service, including staff rotas, audits and checks of the service and care provided as well as provider newsletters.

After the inspection
We contacted relatives of three people as well as health and social care professionals who support people at the service. This included a GP surgery, the community learning disability team staff, specialist health workers and an advocate. We received feedback from three relatives and one professional.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People appeared relaxed and happy. From responses to staff, people showed they clearly felt comfortable and safe with them. One person said they felt safe with staff.
- People were kept safe by staff who had been trained and knew how to safeguard people from abuse. Staff followed guidance to support a person who sometimes dressed inappropriately.
- Records showed there were robust systems to ensure people were not at risk of financial abuse.

Assessing risk, safety monitoring and management
- There were systems in place to assess the risks for each person. Care records contained information about individual risks. For example, one care record described how a person was at risk of ingesting inappropriate non-food items. Staff described what to do to reduce these risks.
- Risk assessments and care plans described how to encourage positive risk taking, enabling people to live life as they chose.
- Where people had behaviours that could challenge others, there were detailed guidelines for staff to help manage the behaviour. For example, supporting the person by offering activities which might distract them and relax them.
- The service was safe for people to spend time in on their own or with staff. Checks were carried out regularly to assess the environment.

Staffing and recruitment
- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.
- There were three yearly checks on staff working in the service to ensure they were still suitable.
- People were supported by enough staff to ensure they were able to do activities of their choice. There was a stable staff team and people and relatives said they knew staff well. A relative commented, "The majority of staff have been with Dimensions for some years and as such have got to know the residents fairly well."
- The rota was flexible enough to enable staff to take people out, while other staff supported people in the service. If agency staff were employed to cover shifts, they tended to be regular staff familiar with people in the service.

Using medicines safely
- Medicines were managed safely. There were effective systems to ensure medicines were ordered, stored,

administered and monitored safely. Care staff were trained in the administration of medicines. People received their correct medicines on time.

● Although there was a refrigerator for medicines, no-one living at the service currently required medicines which had to be kept in it. However, records of the temperature in the refrigerator showed it was above the maximum level. The deputy manager arranged for a replacement to be installed.

Preventing and controlling infection

● The service was clean and maintained with systems which helped prevent the risks of infection.

● Staff understood their responsibilities in relation to infection control and hygiene. New staff completed training in health and safety, food hygiene and COSHH (Control of substances hazardous to health) during their induction. Training was updated regularly.

● Food was prepared and stored safely. Staff were clear about how to reduce the risks from consumption of food incorrectly served.

Learning lessons when things go wrong

● Accidents and incidents were recorded, investigated and action taken to reduce the risk of a reoccurrence. For example, where a person started suffering from falls, staff contacted the person's GP and arranged for a change to the person's medicines.

● The registered manager and senior managers in the provider organisation reviewed all accidents and incidents and analysed for trends and patterns. This supported learning and helped to improve the service.

● Staff were supported to learn from incidents and accidents. For example, learning was discussed at staff meetings.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs and preferences were assessed regularly and when a change in how they presented occurred. Care plans described how staff should support people to meet them. A relative commented "Risk assessments are carried out to highlight the obvious areas of risk, to remove all possibility of risk of injury is impossible, but we are confident the staff are very alert."
- Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The provider had a positive behaviour support (PBS) specialist who supported staff with advice and guidance on how to work with each person. PBS is an evidence-based, person-centred approach to people with a learning disability and/ or autistic people, who display or at risk of displaying behaviours which challenge.
- The service applied the principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

Staff support: induction, training, skills and experience

- There were long-standing staff who were very experienced and knowledgeable about each person and how to support them.
- New members of staff completed an induction programme when they joined the service. Training was refreshed on a regular basis. A relative commented, "Staff appear to be well trained."
- Staff had supervision and appraisals where they could reflect on their role with their line manager. Staff said they could also ask for advice and support at any time. They said they felt the registered manager was "always available for advice and support."

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

- People were encouraged to eat and drink during the day. People were encouraged to eat a healthy balanced diet.
- Staff cooked the meals. People were encouraged to get involved as much as possible with food preparation. People chose where they ate. For example, one person chose to eat alone.
- People were involved in meal choices. Where people were unable to communicate verbally, they were shown different food items to choose from.

● Risks to people when eating had been assessed. People's weight was monitored to ensure they maintained a healthy weight. Where concerns were identified, staff took action to address them.

Adapting service, design, decoration to meet people's needs
● The service had adaptions to support each person's needs and preferences. For example, a wet room had been installed as some people in the home had found it difficult to have a bath.
● Bedrooms were personalised, painted in a colour of the person's choice with furniture arranged to suit them.
● The service had several large communal areas where people could choose to sit quietly or watch TV. There was a large well-kept garden, which people used in good weather. This meant that when people did not want to spend time with others living in the house, they were able to do so in comfort.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support
● People had annual health checks with their GP and were also supported to attend appointments with dentists, opticians and other healthcare services.
● Staff worked with specialist services to ensure people remained healthy. For example, records showed people had attended community and hospital appointments. A relative said "We are always kept informed of any appointments with medical professionals when required."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The service was working within the requirements of the MCA. Applications for DoLS had been made for the five people living at the service.
● Staff had been trained and understood their responsibilities in respect of the MCA.
● Care records contained details of best interests' meetings and best interests' decisions when there was a restriction on person. These had involved family members, staff and professionals. Staff worked to ensure that they supported each person with as few restrictions as possible.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
Supporting people to express their views and be involved in making decisions about their care

- People were relaxed and happy in the service. They were clearly delighted to show off their home and garden, which was spacious and comfortable. People were being supported to do what they wanted, including going out or doing activities of their choice at the service. A social care professional commented "Staff interact and engage with my clients in a relaxed and appropriate manner."
- Staff showed genuine affection for people, chatting with them about how they felt. For example, when one person returned from an activity, a member of staff spent time talking to them about how the morning had been and what they wanted to do next.
- People and their relatives said they felt the care was good and staff were kind. Comments included, "The staff at 149 are brilliant in our opinion", "Our prime concerns are that our [relative] is happy, healthy and well cared for and [person] is" and "We could not ask for anymore from the staff." A letter from a hospital consultant described how one person had been supported to attend an outpatient medical procedure by "lovely carers".
- The provider's policies described their expectations about anti-discriminatory practice. Information was available in the service to demonstrate this to people and any visitors Care plans included information about people's personal, cultural and religious beliefs.
- The provider also recognised the importance of equality and diversity of staff. For example, a briefing paper sent to each service described how to support staff applicants who had impaired hearing. The briefing papers described how British Sign Language interpretation was available during the recruitment process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Personal care was delivered in private and people were encouraged to go to their bedroom before getting changed. A social care professional commented when they visited the service they observed people "being treated with kindness, compassion and respect and their dignity and privacy is respected."
- Staff had looked at ways to ensure one person retained their dignity when wearing night clothes during the day. This included buying tops the person liked and sewing buttons on the top, so it did not gape.
- People were encouraged to be as independent as possible. For example, one person's care plan said they could dress themselves with some support.

● Staff spoke respectfully to people asking them before providing any care. Staff were respectful of one person's wish for privacy so did not enter their room unless they gave permission.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care and support in a way that was responsive to their needs. Care plans described preferences and how people liked their care and support to be provided. A relative commented "[Person] is supported in the community such as shopping trips, going to the cinema etc. We are happy that our [relative] is encouraged to be as active as possible."
- Support plans were regularly updated with up-to-date information about the person and any changes that had been noted by staff.
- Families were encouraged to visit people in the service. Staff made sure relatives were kept up to date with what their loved one was doing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of their responsibility to meet the Accessible Information Standard. Staff knew how to communicate with people and interpret their needs in a way the person was able to understand. For example, where one person had limited verbal skills, there were detailed communication plans including photos about how they person communicated.

Improving care quality in response to complaints or concerns

- Policies were available to support people and visitors to raise any concerns or complaints.
- A relative commented "We have not had any reason to raise a complaint. I am sure if this were to arise we would deal with it. We have contact with the compliance officer annually to ensure we are happy about [person]'s care. Another relative also said they had never had to complain but would talk to the registered manager or their deputy if they had a concern.

End of life care and support

- None of the people at the home were nearing the end of their expected life. There was information in people's care records about their end of life arrangements. Families had been involved in these plans.

● A senior member of staff said they would do everything possible to ensure any of the people at the service were supported to die there. They said each person had lived at the service for so long, it was "their home" and they would involve the GP and community nurses to ensure the person had good end of life care.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was led by a registered manager, who had been in post for several years. There was a clear staff structure and staff understood and were committed to delivering high quality care to people.
- There was a person-centred culture which put people at the heart of the service. Relatives said they were encouraged to make suggestions. One commented they knew the registered manager well and always felt able to talk to them when needed.
- A senior member of staff was at the house each day and worked alongside staff, supporting people as well as carrying out management tasks. People knew senior staff well and were clearly comfortable with them. Relatives were very positive about senior staff. One commented, "We know the manager quite well, but we tend to see the deputy, [staff name] more … We have a terrific relationship. We could not ask for better."
- There were links with the local community. This included links with local shops, cafes and pubs. People were also supported to attend social clubs and other activities outside the service.

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

- Senior staff visited the service regularly and were well known to staff and people. A senior manager, who visited during the inspection, knew people and staff well. They spent time chatting to everyone ensuring that people were happy.
- Staff were encouraged to put forward ideas for how the service could be improved. Staff meetings were held every other month. In between, staff had frequent informal catch up meetings as well as daily handovers. This helped staff remain aware of changes and developments.
- The provider also arranged opportunities for managers and staff to meet and share ideas. These included workshops, regional manager meetings and a quarterly staff forum. A monthly briefing note was sent by the provider to the service giving staff updates about news and events that might affect them. These were available to read in the office.
- The provider understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, where an incident had occurred, there

was evidence that this had been reported to the appropriate authorities including Care Quality Commission. The registered manager and staff worked with these authorities to reduce the risks of a reoccurrence. Families were also kept informed fully.

● Audits were carried out to check on the buildings, external areas, care records and medicines. Where errors were identified, actions were taken to reduce the risks of a reoccurrence.