

Dimensions (UK) Limited

Dimensions 42 Jubilee Road

Inspection report

42 Jubilee Road
Mytchett
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Surrey
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Website: www.dimensions-uk.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dimensions 42 Jubilee Road 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 at the end of a quiet, private cul-de-sac. It is similar to other homes in the area. Five people lived at the service, all of them had lived there for a number of 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 were supported and encouraged to gain skills and be as independent as possible. They were involved in activities in the home and in the community. This included hobbies and interests, social activities and activities associated with daily living such as their personal care and housework.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate 49 Jubilee Road was a care home. Staff did not wear anything that suggested they were care staff inside or outside the home.

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 registered 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. Where restrictive intervention practices were used, these were documented and supported people to remain safe.

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

People appeared relaxed and content. They said they were happy and liked staff. They were comfortable in the service and were able to move around freely. People were encouraged to get involved in decisions about their care and support. Feedback from health professionals was very positive. For example, one professional said of the service, "Absolutely 100% great. Would pass my mum test."

Care plans described activities people enjoyed doing such as going shopping, to the cinema and out for meals, attending clubs and going to church. People were also supported to do activities they enjoyed in the home, including music sessions, watching quiz programmes. During the inspection, some people chose to stay in while others went out with staff.

People received their medicines according to their prescription, 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.

Staff at the service 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 9 March 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 42 Jubilee Road

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 42 Jubilee Road 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.

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.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- People were supported by enough staff to enable them to do activities in and outside the service. Staff were not rushed and gave people time when they needed and wanted it.
- Many of the staff had worked with people at the service for years. This meant there was a stable team who knew people well.
- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.
- Most people did not have verbal communication skills. However, one person was able to say they felt safe with staff. People were relaxed and happy, communicating with staff who supported them to stay safe. From the way people responded to staff it was clear they felt comfortable and supported well.
- Staff had been trained and were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to senior staff, who would take appropriate action to address concerns.

Assessing risk, safety monitoring and management

- The risks to each person had been assessed. Care records contained information about individual risks.
- People living with long term health conditions had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. Staff understood and were able to describe how to support each person in line with the care plan.
- Risk assessments and care plans described how to encourage positive risk taking, enabling people to live life as they chose. The plans encouraged people to be independent as far as they were able. For example, one person's plan described how they "can walk onto the bus via the side step. Staff ensure the door is open and step pulled out..."
- Where people had behaviours that could challenge others, staff described how to help manage the behaviour. For example, supporting the person by offering alternative activities, such as going out for a walk.
- The environment was safe for people to spend time in on their own or with staff. Checks were carried out regularly to assess the safety of the service and equipment used.

Using medicines safely

- Medicines were managed safely. Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed.
- Staff were trained in the administration of medicines. Checks on their competency were undertaken.

- Systems were in place to audit medicines. Where issues were identified, action was taken to ensure systems were improved.

Preventing and controlling infection

- The service was clean and maintained with systems which helped prevent the risks of infection.
- Staff had been trained and understood their responsibilities in relation to infection control and hygiene. This included using protective equipment such as disposable gloves and aprons to stop the spread of infection.
- Staff understood how to prepare, store and serve food to reduce the risks of infection from contaminated food. This included checking food labelling to ensure food was in date when being used.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team.
- Incidents and accidents were audited to identify any trends and reduce further risk. The registered manager and senior managers in the provider organisation reviewed all accidents and incidents and looked at ways to prevent or reduce the risks of similar incidents and accidents.
- Staff were supported by or had access to senior staff on duty or on call. This meant that staff were always able to get advice including in the event of an emergency.

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.

Staff support: induction, training, skills and experience

- Staff were very experienced and knowledgeable about each person. Staff described how they supported and encouraged each person to lead a happy healthy life.
- New members of staff spent time being inducted when they first joined the service. Staff completed an induction programme which introduced the vision and values of the provider. New staff also completed essential training. They spent time shadowing more experienced staff to help them get to know people. Training was refreshed on a regular basis.
- Staff had regular supervision and appraisals with a senior member of staff. This meant they could reflect on their role and ask for guidance. Staff said they could also ask for advice and support at any time.

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

- Assessments of people's needs were carried out regularly and when there was a change in how a person presented. People's physical, mental and social needs and preferences were considered as part of the assessment. Care plans described how to support people to meet their risks, needs and preferences.
- Care and support was delivered in line with legislation, standards and evidence-based guidance. This included reference to bodies including the National Institute for Health and Care Excellence (NICE) and other expert professional advice, to achieve effective outcomes.
- Staff were supported to ensure they had appropriate advice and guidance on how to work with each person. This included support on positive behaviour techniques (PBS). 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 living at 42 Jubilee Road were supported to have a life where they achieved the best possible outcomes including control, choice and independence.

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

- People were encouraged to eat a healthy balanced diet. People were involved in choices about meals and snacks. Staff understood each person's preferences about food and drink.
- Staff prepared and cooked meals. Where possible, people were encouraged to get involved with food preparation. People chose where they ate. For example, one person chose to eat alone.
- Care plans described people's needs and preferences in relation to food and drink.

- Risks to people when eating had been assessed and were monitored. For example, where a person had an assessed risk around their weight, staff monitored their food and drink consumption. This helped to ensure the person had an enriched diet. People's weight was monitored to ensure they maintained a healthy weight. Where concerns were identified, staff acted to address them. For example, referring the person to a dietician.

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

- Bedrooms had been personalised, painted in a colour of the person's choice with furniture and décor chosen by the person or their family.
- The service had a large lounge where people could choose to do activities such as watch TV. There was a well-kept garden, which people used in good weather.
- The lounge and the kitchen had been redecorated and refurbished. Some bedrooms had also been redecorated recently. However, some other areas, such as bathrooms needed redecoration and refurbishment. The registered manager provided evidence of communications they had had with the housing association landlord about the improvements that were needed. The registered manager said they had been told that these would be done this year.
- Specialist equipment such as hoists were available to support safe moving.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy and access health services. This included annual health checks with their GP and appointments with other healthcare services such as dentists and opticians.
- Staff worked with specialist services to ensure people remained healthy. For example, one person had been seen by a hospital consultant about a particular condition.

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 worked within the requirements of the MCA. Authorisations for DoLS had been granted for each person living at the service. The registered manager monitored and acted about when to apply for reauthorisations.
- Staff had been trained and understood their responsibilities in respect of the MCA.
- There were 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.

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 and their relatives said staff were caring and kind. One person described how they enjoyed living at the home and said staff were "kind, help me." Other comments included, "[Person] happy at the home... always appears happy to go back."
- People were clearly content in the service. They were supported to do activities they enjoyed and wanted to do. For example, going out to do an activity of their choice or staying in. During the inspection four people spent time out of the home while one person chose to stay in. They spent time watching TV, chatting to staff and reminiscing about their past. One person chose to go shopping while others did activities of their choice.
- Staff were friendly and affectionate with people, chatting with them about how they felt. For example, one person clearly enjoyed choosing what to wear and having pampering sessions. Staff supported this person to go to a hairdressers and beauticians which helped the person feel proud of their appearance.
- The provider's policies described their expectations about anti-discriminatory practice. Information was available in the service to demonstrate this to people and 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, staff who were European Union nationals were being supported to apply for settled status when the UK left the EU.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff ensured people's personal care was delivered in the privacy of their bedroom.
- People were encouraged to be as independent as possible. For example, one person's care plan described how the person "Can make decisions about what to eat and drink and what to wear." The care plan also described how the staff should encourage the person "to feed [themselves], if still no success, staff are to assist..."
- Staff respected each person's individuality, privacy and dignity. For example, people chose when they got up and when they went to bed.

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

- Care plans described people's preferences and how they liked their care and support to be provided. Staff made sure relatives were kept up to date with what their loved one was doing. For example, one care plan described how they enjoyed listening to music, singing and going out for a drive. Another person's care plan described how they enjoyed going to church, watching quiz programs and going shopping.
- Support plans were updated regularly. They contained 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 also supported people to visit relatives in the family home.

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. Staff described each person and how they might communicate. Communication support plans included details about how the person communicated and how they might indicate they were happy, sad or angry.

Improving care quality in response to complaints or concerns

- Policies were available to support people, families and other visitors to raise any concerns or complaints. There had been no formal complaints received since the last inspection. The registered manager said they always tried to work with people and their families about issues to resolve them quickly and to their satisfaction.

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.
- The registered manager said they would support people at the service to die there wherever possible.

They described how they would involve the GP and other health professionals to enable the person to have a good end of life experience.

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. As they managed another service as well, they spent only part of their working week at the service. However, staff said they saw the registered manager frequently and felt supported by other senior staff who worked in the home. Staff were mostly long-serving and very committed to delivering high quality care to people who they knew very well.
- The provider promoted a person-centred approach which looked at each person as an individual. As most of the people in the home had been resident for a number of years, staff had recognised their needs had changed. There was evidence that actions had been taken to address the needs of people as they got older. This included physical changes to the environment as well as developing staff skills in supporting people with conditions such as dementia. Staff engaged with people and their families about how the service was run and what people's preferences were. For example, people and their families were involved in colour schemes within the service when redecorating. Staff took time to ensure those people who did not have verbal communications skills were also included in decision making, such as menu planning.
- Staff worked with health and social care professionals. For example, staff had contacted health professionals and worked with them to deliver appropriate care. A health professional commented "Staff always contact us appropriately. They work with us to achieve best outcomes."
- Senior staff worked alongside staff, leading by example. People knew managers and staff well and were comfortable with them.
- There were links with the local community. This included links with activity clubs, local shops, cafes and pubs. People were also supported to attend local events.

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

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

- There were regular meetings where managers and staff across the provider's services met and shared learning and new 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.
- Staff were involved in service development. Staff meetings were held regularly and provided an opportunity for staff to meet and discuss issues. Staff also had informal in-house meetings and daily handovers. This helped staff remain aware of changes and developments.
- 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.