Dimensions (UK) Limited

Dimensions Newton House

Inspection report

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Date of inspection visit:
26 September 2017

Date of publication:
10 November 2017

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

Dimensions Newton House (formerly Tanners Walk) is a service providing respite care for people with learning disabilities and/or physical disabilities. It is registered to accommodate up to five people who require personal care. There were 22 people currently using the service, although a maximum of five people stayed at the home at any one time. At the time of the inspection, three people were staying there. The service is located in a residential area on the edge of Bath.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely and, where possible, were supported to administer their own medicines. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to eat and drink according to their likes and dislikes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were supported to follow their own activity programmes. These considered people's hobbies and interests and reflected people's preferences. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home continued to be well led. People and staff spoke highly about the management. The registered manager continually monitored the quality of the service and made improvements in accordance with

people's changing needs.

The service met all relevant fundamental standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dimensions Newton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 26 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We spoke with two people staying at the home and two relatives. We spoke with the registered manager, assistant manager and two staff members. We looked at three people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at two staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The service continued to be safe

People told us they felt safe and one person said, "Staff are good." Relatives said, "Definitely safe, I wouldn't send [name] if I weren't sure she's safe" and, "I've no concerns. They've always been accommodating, always good communications and they always get back to us." One relative told us, "I need to feel relaxed and when [name] is here, I can shut off and sleep." Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "We've got a duty of care to people" and "People have complex needs, we're responsible for keeping them safe." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. For example, there were risk assessments in place for moving and handling people, for epilepsy management and for sensory impairments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff said, "There's always enough staff on duty" and "Staffing changes depending on how many people are staying here and what they need." The registered manager used a dependency tool which considered the needs of people. The rotas showed the required numbers of staff were provided.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The PIR said, "People we support are actively involved in our recruitment events and observations are made in terms of people's interactions and level of interest or engagement." Staff also completed a one page profile which recorded their likes and preferences and how best to support them. This meant staff could be better matched with people they supported where they had similar likes and preferences.

Peoples' medicines were managed and administered safely. People's medicines were administered by staff that had their competency assessed on an annual basis to make sure their practice was safe. Staff were required to complete specific medicines training as well as e-learning, which was repeated annually.

There were suitable secure storage facilities for medicines. People brought the medicines they needed with them when they came to stay. Staff recorded the medicines people brought in and the medicines people were given. When people left the home, their medicines were booked out. An audit was completed every time medicines were booked in or booked out. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. There were no medicines which required additional security and recording on site; however the

provider's policy gave clear guidance for staff how to manage these if necessary. No-one was self-medicating at the time of our inspection, however the registered manager told us one person who regularly stayed at the home was able to self-medicate. The registered manager said, "We very rarely have any missed medicines."

Staff had clear guidelines for reporting and recording accidents and incidents. Staff were required to report any accidents or incidents within 24 hours. Staff said, "We report to the manager and get any professionals such as an ambulance or doctor if necessary, then inform parents and record everything." The registered manager and a senior manager saw all accident forms, and made any notifications required.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

Good

Is the service effective?

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The registered manager told us, "If staff don't have the necessary training, they can't work." Staff received training in a range of topics including Infection Control, H&S and Fire safety. Staff also received training to support people's individual needs and had access to information about complex needs such as epilepsy and feeding people via a tube. Staff told us they could ask for specialist training if they wished.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions regularly and can ask for more one to one time if we want." Staff told us they felt supported by the registered manager, and other staff. Annual appraisals gave both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people. The PIR said, "We use 360 degree feedback as part of our staffs annual review process and we use this information to inform their personal development plans."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 said, "We assume capacity and always give choices. We take every opportunity to make sure we're not making any restrictions" and, "The Act is there for people's safety. Most people can make day to day decisions; it's all in their care plans." These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. No-one staying at the home were subject to any DoLs at the time of our inspection. However, there were systems in place to record expiry

dates and any conditions attached to the DoLS should there be a need for this.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff said, "We have different people staying all the time so always find out their favourite meals" and, "Shopping is based around people's favourite meals." One person needed to be fed via a tube. Staff had received training how to provide the care and support this person needed. Another person was allergic to certain foods; staff we spoke with were aware of this and the information was clearly recorded in the kitchen.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

Good

Is the service caring?

Our findings

The service continued to be caring.

People said they were supported by kind and caring staff. People said, "Staff are really kind and considerate", "Staff help me have a bath and wash my hair" and "Staff offer me drinks before I go out." One relative said, "Staff are lovely, I can see how loved and cared for [name] is" and "They've gone above and beyond the contract." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

People told us they were encouraged to be as independent as possible. One person said, "I decide what I want to do." The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service, who support people to make decisions and communicate their wishes. People's care plans identified if the person required an advocate to support them.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Information for people was available in a variety of formats, such as easy read or pictorial formats. Staff were encouraged to learn Makaton and there was a 'sign of the week' to help with this.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. One relative said, "They ask me." One member of staff said, "We've got really good relationships with families so we have regular communications."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. Staff told us how they promoted people's privacy and dignity and explained how they helped people to get their clothes ready before helping them to shower, and ensured curtains and doors were closed. One member of staff said, "If people are safe to leave then we respect their privacy. If there is a risk someone will have a seizure we stay with the person, but close doors and curtains."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. One relative told us, "They phone me if they're worried about anything" and "If it's achievable, they'll do it. They'll find a way." People were able to make choices about all aspects of their day to day lives. Staff said, "We always give choices wherever possible" and, "People who can't communicate can be shown the choices."

The PIR said, "Each person we support has a support plan, set out as a collection of person centred thinking tools and developed with the individual and their circles of support." People or their relatives confirmed they were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. One relative told us, "I write [name's] care plan; staff have agreed and follow it." Care plans identified what was important to people and gave guidance for staff about what made a good day for people, and what made a bad day. Care plans identified what the person could do for themselves and what support staff should provide.

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting, for example, told us about the particular behaviour that may mean someone was upset. The person's care plan confirmed the support the person needed if they became anxious. Staff told us, "We know people because they come regularly. A few people don't communicate verbally, but we know their body language, facial expressions, noises, the communication such as Makaton they use and key signs." The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. One member of staff said, "Care plans are reviewed immediately if there are any changes. People and their families are involved."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had not been any complaints since our last inspection. Staff said, "We'd rather know if something has gone wrong", "We're open and honest and tell parents what's working and what's not working" and, "We learn from mistakes."

People were able to take part in a range of activities according to their interests. One person told us, "I went bowling yesterday" The home offered internal and external activities such as going for walks, shopping, puzzles and TV programmes, attending college courses; all depending on people's individual preferences. People's care plans recorded the hobbies and interests people enjoyed and staff we spoke with knew about these. Staff told us people had been enabled to visit rock concerts.

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals staying in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of any changes.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people.

People were involved in decisions and changes regarding the running of the home. The provider had effective systems in place to monitor the quality of care and support that people received. People were able to take part in surveys when they left the home where they were asked to comment on their stay. All of the surveys we saw showed people had been happy with their stay at the home.

Staff were reminded of the vision and values of the organisation, which included 'courage, ambition, partnership, respect and integrity', during training sessions. Staff told us the vision and values of the organisation were about a person centred environment and one member of staff said, "We always want a safe, happy, person-centred home." This vision was put into practice, as people were supported to be as independent as they could be. Some people were supported to move towards independent living. Where people were preparing to move to independent living, staff who would be supporting the person were able to work alongside the home's staff till everyone was ready for the person to move. Staff said, "We will still support people after they've moved."

The PIR said, "People supported, family and friends help us to identify areas for service improvements through 'Everybody Counts' groups, 'Working Together for Change' meetings and by actively engaging families to tell us their views about what is working/ not working about the service we provide." Relatives we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. One relative told us the service was, "Transparent."

The Operations Director reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support. However, due to the Operations Director leaving their post, one medicines error which should have been reported had not been picked up. The registered manager and Regional Managing Director dealt with this immediately it was pointed out.

Staff told us they felt the service was well-led and said, "We get the support we need", "We can raise anything" and, "The manager respects what we say." Staff received a newsletter which was circulated around the organisation, which shared good practice and celebrated successes. Staff also had regular team meetings which kept them up to date with any changes in the home.

People had been supported to maintain links with the local community through attending various clubs, social activities and college courses.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home is managed by the registered manager who is supported by an assistant manager and seniors who work together to lead the staff team. 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 2008 and associated Regulations about how the service is run. The registered manager said, "We've got very experienced assistants; they know people well and know the service well."