

Dimensions (UK) Limited

Dimensions Foxwood 5 Mill Lane

Inspection report

Foxwood, Mill Lane, Wolverly,
Kidderminster, Worcestershire
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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 

Overall summary

The inspection took place on 11 September 2015 and was unannounced.

The home provides accommodation for a maximum of four people requiring personal care. There was one person living at the home when we visited. We have therefore not used quotes within this report and the examples we have given are brief because we respect this person's right to confidentiality.

A registered manager was in post when we inspected the service. 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.

Summary of findings

People responded positively to care staff looking after them and engaged with them in a friendly manner. We saw that people were reassured by the presence of the staff and they were able to understand the needs of people through their particular facial expressions and body language

People's health needs were understood and recognised by care staff. People received their medicines at the appropriate time and as they had been prescribed. Regular checks were made to ensure people received their medicines correctly. People's medicines were also explained to them.

People received care and support from staff who were regularly supervised and who could discuss aspects of people's care they were unsure of. People received care from staff that understood their needs and knew their individual requirements. Staff received regular training and understood well how to care for people.

People's consent was appropriately obtained by staff. Where they could not make decisions for themselves we saw that people were supported by staff within the requirements of the law. The registered manager was also able to give us assurance about how they would act to ensure that people's human rights were understood and protected. Care staff understood people's needs and when decisions could be made in the person's best interests.

Where possible staff involved people in preparing their own meals and drinks, which also encouraged independence. People were involved in making decisions

about what they ate and staff knew how to support people if their dietary needs changed. Staff understood people's needs and preferences and ensured people received the food they liked.

People's health needs were understood by care staff who sought help from other professionals when this was required. People saw a variety of other professionals and care staff worked with people to ensure they were prepared appropriately for their appointments.

People liked the staff who cared for them and responded positively to them by choosing to be around them and taking their meals with them. People's privacy and dignity were respected and people were supported to make choices.

People were supported to take part in activities they liked or had an interest in. Care staff understood each person's interests and positively encouraged their participation in interests they liked.

People liked the registered manager. Staff told us that they felt well supported by the registered manager. They thought that they received the right type of guidance and support from the manager to enable them to provide safe and compassionate care.

People's care was regularly checked and reviewed by the registered manager. The quality of the service was reviewed regularly by the provider and changes had been made based on people's experiences and care requirements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by care staff who understood what was needed to keep people safe. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of how they people they supported which enabled them to care for people effectively. People were supported to make decisions about their care. People chose their meals and were supported to maintain a healthy diet.

Good



Is the service caring?

The service was caring.

People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to participate in activities that they chose. People understood how to raise concerns.

Good



Is the service well-led?

The service was well led.

People benefited from a service which was well managed and well-led because their quality of care and their experiences was regularly reviewed and updated.

Good



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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.

This inspection took place on 11 September 2015 and was unannounced.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we met with the person who lived at the service and used different methods to gather their experiences of what it was like to live at the home.

We also spoke with two care staff and the registered manager.

We reviewed care records, communication books and audits for the monitoring of quality of the service.

Is the service safe?

Our findings

People were comfortable around staff. We saw people smile and joke with care staff and seek their reassurance by wanting to be in the company of the care staff supporting them. Staff responded positive and we saw positive outcomes as a result of how the staff communicated.

People were cared for by staff who understood what keeping people safe meant. Staff and the registered manager described the training staff had received and how this was monitored to ensure the training was kept up to date. Staff understood what needed to be reported and how this was completed. Care staff described how if they were unsure of anything, they speak to the registered manager to seek clarification.

We saw that when people asked for help and support there was always a staff member available to support them. The registered manager described how staffing needs were assessed based on the needs of the people living there and had been adjusted accordingly. People living at the service required individual support and the registered manager told us this was delivered.

We reviewed how staff were recruited and saw that much of the staff recruitment was done at a provider level. The provider took responsibility for ensuring staff had the necessary DBS (Disclosure and Barring Service) checks and satisfactory reference returns before staff would begin

work. The registered manager would receive confirmation from the provider's HR Department (Human Resources) when new recruits had received clearance to commence work. Staff we spoke to also confirmed they had completed background checks before they commenced work.

People's health risks were understood by staff. Staff knew how to keep people safe. For example, staff understood how to care for people living with certain health conditions. They knew what was required to support people to keep them safe and had a good understanding of what they should be aware of which may suggest that further invention was required. This was also recorded in the people's care plans and we saw that appropriate guidance was available to ensure staff were aware of what action they needed to take.

People told us they were supported to take their medicines and we also saw people being supported to take these. The care staff member explained what the medicines were before supporting people time to taken them at their own pace. Staff had a good understanding of people's medicines and why they were prescribed. A daily stock take in addition to monthly stock takes were carried out to monitor whether people received the correct medicines they needed. Staff told us they received training to administer medicines and that if they were ever unsure of anything they could always seek advice from the registered manager or the "On Call" manager if the registered manager was unavailable.

Is the service effective?

Our findings

Staff spoke about the people they cared for with a thorough understanding. Care staff could recall people's histories and knew what people's preferences were. For example, staff understood people's food and drink preferences and their health and personal care needs. We also saw people access their preferred drinks throughout the day and staff responded by supporting the person.

Care staff confirmed that they spoke to their manager regularly about their own particular training needs. They also met their manager regularly to discuss their work performance. One care staff described how team meetings were arranged flexibly so they did not conflict with other commitments the care staff member had. Care staff discussed with us the training they accessed and how this enabled them to look after people. For example, two care staff described how training was organised to include them and was arranged around their work patterns to encourage their attendance. Care staff described a variety of training courses they had accessed and how their competency was monitored. For example, staff told us they felt confident in administering medicines as they had received training to do this. Care staff described training as "enough". Care staff told us that training was plentiful and if they required additional training this could be requested. The registered manager monitored staff training requirements regularly to ensure staff received the necessary training. The registered manager kept a record of training which staff had done which gave them a reminder of when staff training needed to be refreshed. Records also highlighted which training remained outstanding which the manager used to help plan and resource training.

We saw care staff continually explain things to people throughout the inspection to seek their permission. For example we saw staff ask people whether it was "Ok to give them their medicines now." Applications to the local authority had been completed to ensure people were only

deprived of their liberty in the least restrictive way. Staff were aware of how this impacted on people they supported. All staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA). We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the manager had completed this process when it was needed. We spoke with staff about the action they took when they considered the people they supported did not have capacity to make decisions about certain aspects of their care. Staff told us how they would share this information with the manager, be involved in assessment and involved other people such as the person's representative or a medical practitioner in the decision. Where people did not have family members involved in their care, an Independent Mental Capacity Advocate (IMCA) was used. An IMCA is an Independent Mental Capacity Advocate that works with people who cannot always make decisions for themselves.

People were supported to make choices about food and drink that reflected their preferences. People helped to prepare lunch and decided what they would like to eat. For example, one person was offered a variety of options and helped prepare to lunch but then decided to eat something completely different and staff respected their choice. People told us about food they liked and disliked and how they chose takeaway on certain days.

People were supported to maintain their health and when required, staff sought support from other health professionals such as a doctor or dentist to keep people well. We also reviewed care records that detailed the appointments to healthcare professionals that people accessed. People's healthcare needs were regularly reviewed. Care staff could also describe appointments they supported people with and care records confirmed these appointments had taken place.

Is the service caring?

Our findings

People responded positively to being around staff. We saw people engage with care staff and welcome their presence. For example, one person was visibly happy to see a staff member arrive.

Staff also returned the affection by smiling and hugging the person back. We saw further examples throughout the inspection of people showing warmth of affection towards care staff and the affection being returned. Another example seen was a person wanting to eat their lunch with a care staff member and the care staff member then sitting with the person both of them eating lunch together.

People's care was reviewed in ways that supported their ability to become more independent. For example, one person liked to answer the door and telephone themselves. Their care was reviewed to consider ways in which this was incorporated. During the inspection, examples were seen of the person answering the telephone and door so that they could be enabled to gain independence and develop links with other people.

We saw people were treated with dignity. For example, we saw one person had personal items that they had collected

over their lifetime which were precious to them. Staff were careful with these items and ensured that the items were looked after and where possible sought repairs to them so that the person could continue to enjoy them. Staff understood people's life history and what people liked and disliked. For example, staff knew how to manage people's anxiety when certain topics of conversations had created a sense of unease for the person.

People were well presented and described to us how they had chosen the clothes they were wearing that day and had also been involved in shopping for them. People also described to us how they were supported to become more independent. Staff described how they worked with the people to improve their independent living skills. They understood the importance of giving people time to develop these skills rather than 'doing for' people.

People's relationships with friends and neighbours were supported by care staff. People told us about how they maintained relationships, some of which had been forged over a number of years. People told us about birthday parties people were encouraged to arrange and invite friends to. People also told us about some of the details of a party that they had helped to arrange, such as an invitation list and selection of foods they had chosen.

Is the service responsive?

Our findings

People described how they liked particular things and how care staff supported them. For example, we heard how a person had been supported and encouraged to undertake further classes in a subject they were interested in.

Staff could describe to us people's individual needs and how they worked with people to meet these. Staff could clearly describe each person and what was necessary in order to support people. For example, when planning trips out, they took account of how people preferred to travel. People were encouraged to get involved in a variety of different activities and staff supported their particular hobbies and interests.

People received help and support based on their individual needs. People's needs had varied whilst living at the service and their needs were regularly reviewed to ensure they received the care they needed. For example, shift patterns were adjusted so there were minimal changes which staff knew may affect people.

People were supported to visit friends and maintain contact with people they chose to. Staff explained how they encouraged people to maintain friendships that were important to them as they recognised this offered a sense of well-being to be able to do this.

People's needs were explored by staff through a variety of mechanisms in order to understand their needs and satisfaction with the service. For example, questionnaires were used that were in an 'Easy read' format for people to complete themselves. There was also evidence within care records of regular meetings to review the care to ensure that it was still right for people and still met their individual needs. People had signed to confirm they had taken part in care plan review meetings. Staff also had a communication book which they used for sharing important information with the next staff members coming on shift. There were systems in place to investigate concerns if people were unhappy about the care they received. We heard that staff took these concerns seriously and always made attempts to resolve things quickly for people. The registered manager gave us an example, where a person identified a care worker they were unhappy with and this was discussed with both the management of the service and the staff member was changed.

Is the service well-led?

Our findings

People were seen regularly interacting with the registered manager and it was clear from the interactions, that a positive relationship had been formed.

People's links with the local community were encouraged by the registered manager. People spoke affectionately about people they had forged relationships with such as the local shopkeeper, bus drivers and the neighbours. Staff explained that much effort had been made to generate friendships with the neighbours which had resulted in them having a improved understanding of needs of the people who lived at the home.

Staff enjoyed working at the home and told us they "loved" working there. Care staff described having a good relationship with the registered manager who they described as "On the ball." Care staff described how their relationship with the registered manager was open and easy.

Staff received regular communication about training opportunities as well as other important information through the provider's intranet site. Staff could access the site in order to understand what training was available as well as any other updates they needed to be aware of. The registered manager ensured care staff had access to the intranet site so that they had access to all the necessary information.

People's care was regularly reviewed by the registered manager to ensure that people received high quality care

that met their needs. For example, care plans, medicines people received as well as satisfaction levels were all regularly reviewed. This ensured that the registered manager had an understanding of the service they were managing. The registered manager's review of the service was also quality checked. For example, the provider undertook a number of audits throughout the year to verify the quality of the service being delivered. Where improvements required an action plan, feedback was given to the registered manager which would be collated into a service improvement plan. Within performance management for staff, the registered manager would discuss and observe practice, knowledge and skills, which during supervisions and appraisals would be scored in the form of "Red, amber and green". Progress would be tracked against their set targets and any additional training needs identified. Updating care plans and completing the person centred reviews were targets for both staff and the registered manager and performance against these targets was reviewed regularly.

The registered manager had reviewed a number of incidents that had occurred in the previous 12 months to understand how the service needed to be managed to benefit people living there. We saw evidence of how incidents affecting people who lived there were reviewed in order that key relationships could be understood. A number of changes had taken place and care staff reported that the previous 12 months had given them "Stability" and that people were "flourishing" as a result of the changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.