

Dimensions (UK) Limited

Dimensions Foxwood

Inspection report

Foxwood
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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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. We last inspected Foxwood 5 Mill Lane on 15 October 2013 and found the service to not be in breach of any regulations.

Foxwood 5 Mill Lane provides accommodation and personal care for a maximum of four people with learning disabilities. At the time of our inspection there were three people who lived at the home. There was a registered manager at the service. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our findings from our inspection confirmed that the provider was not in breach of any regulations. People were kept safe by trained staff who knew how to protect people. People were cared for in a supportive way that did not restrict their freedom. There were sufficient staff to meet people's needs.

There was an experienced team of staff that knew people well. When there were shortfalls in staffing, agency staff were used. Staff knew people's likes and dislikes and respected their wishes. Staff knew people's nutritional risks well and knew people's preferences of food and drinks. People received regular fluids and staff supported those who needed assistance.

We were able to speak with one person who told us that all the staff were caring and kind to them. Staff spoke kindly to people and maintained their dignity when providing assistance. People were supported to remain independent and received assistance when they needed it.

The provider was responsive towards people's health needs. People took part in activities that they had planned and were personalised to their choice.

One person we spoke with told us that they had never needed to complain or had anything to complain about. Relatives we spoke with told us they found management approachable and would raise any complaints or concerns should they need to. Through regular contact and using an 'open door' policy we found that the registered manager promoted a positive culture, in which they invited people to talk with them about any concerns they may have. When staff had raised concerns to the registered manager, they had acted promptly and appropriately.

The registered manager had systems in place to ensure that the quality of the care was monitored. Checks such as medication, infection control and environment completed monthly. Where there were any actions following these audits they were followed up and improvements had been made.

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.

We spoke with one person who told us they felt safe and that staff were kind to them. People looked relaxed and at ease in their home. Relatives told us that they had no concerns about the care people received or the way in which they were treated. Staff we spoke with recognised signs of abuse or potential abuse and how to respond to any concerns correctly.

People were protected from harm in a supportive way that did not restrict their freedom. Where there had been identified risks with people's care needs we saw that these were assessed and planned for. This meant staff had thought about people's safety and how to reduce risk.

We were unable to ask people who lived there if they felt there were enough staff on duty. We spoke with relatives who told us they had no concerns over staffing numbers. Staff told us they felt there were plenty of staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective.

People who lived at the home were unable to tell us if staff knew their likes and dislikes. When we visited the home we saw that bedrooms were decorated to people's personal taste. Staff we spoke with had the knowledge and skills to meet people's diverse needs.

People were supported to maintain a healthy balanced diet. Staff knew people's preferences of food and drinks and encouraged people, where it was safe, to remain independent in making drinks and meals.

We found people had access to health professionals when required. Records showed us that people were supported to see health professionals outside of the service.

Good



Is the service caring?

The service was caring.

A person we spoke with told us staff were kind to them. Relatives we spoke with told us that staff were kind and supportive. We observed staff talking with people in a kind and friendly way. Staff did not rush people and appeared unhurried.

People who lived in the home were unable to discuss if staff encouraged them to do things for themselves and make their own decisions about their care. A relative told us that they were involved in the care planning and that their views were considered. Throughout the inspection we observed the staff provided people with choice.

We observed staff knocked on people's bedrooms door and waited for a reply before entering. We saw that people were appropriately dressed in suitable clothing that maintained their dignity.

Good



Summary of findings

Is the service responsive?

Good



The service was responsive.

People who had particular health conditions had care plans that contained details of important information. This ensured that all staff had immediate access to information should it be required promptly. We saw that staff acted promptly when people needed them.

People who lived at the home were unable to talk with us about complaints. Relatives we spoke with told us they felt confident to raise a complaint should they need to. Support was offered to people who needed help to raise concerns.

Is the service well-led?

Good



The service was well-led.

The service promoted a positive culture which encouraged people, their relatives and staff to help develop the service. The registered manager gave people who lived at the home, their relatives and friends and staff opportunities to be inclusive in the way the service was developed. People and staff could raise concerns with confidence.

The service had good leadership with a strong management team. People and staff told us the registered manager was experienced, approachable, and supportive.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these. This meant there were effective systems in place to monitor and improve the service.

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Detailed findings

Background to this inspection

This inspection was completed by one inspector. This inspection was part of the Care Quality Commission's new approach to inspecting as a Wave 2 inspection.

Before our inspection we looked at and reviewed the Provider's Information Return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury. Likewise they inform us about the death of a person using the service.

On the day of our inspection three people lived at Foxwood 5 Mill Lane. One person was able to talk with us and two people, due to their learning disability they were unable to communicate verbally with us. We spoke with two staff, an agency staff member and the registered manager. We also spoke with two relatives after the inspection visit. We spent time in the communal areas to observe people and the interactions with staff and others who lived in the home. We pathway tracked two people who lived at the home. Pathway tracking looks at the experiences of a sample of people who use a service. This is done by following a person's route through the service to see if their needs are being met. We also looked at the providers audits, these included audits of medication, complaints, infection control, incidents and accidents and staff training.

Is the service safe?

Our findings

We asked one person if they felt safe, they told us “yes”. We observed people in the home, how they interacted with staff and others who lived there. We saw that staff spoke with people in a respectful manner and people looked comfortable with the care provided. A person who lived at the home required closer supervision due to some behaviour that could be challenging. We found that all staff on duty were aware of the correct way to ensure they did this appropriately, while maintaining other peoples safety. Staff told us that if they saw any form of abuse they would report it to a senior member of staff immediately. Staff felt confident that any reported incidents would be responded to promptly. The registered manager showed a good understanding of how to safeguard the people who lived at the home. We found that when a safeguarding incident had been reported to the provider, the provider had followed their own policies and procedures and appropriate action had been taken.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the registered manager was preparing three DoLS applications in line with the provider's policies and procedures. The registered manager told us there was no one living at the home who was currently subject to a DoLS and they were aware of the recent Supreme Court ruling. The registered manager told us that most of the staff had been trained in MCA and DoLS and that staff who had not received the training were booked to attend a session. Staff we spoke with understood the principles of the MCA and DoLS. This meant that staff recognised when people's freedom may be restricted and there were systems in place to ensure this was managed in a safe and legal manner.

We found that people were protected from harm in a supportive way that did not restrict their freedom. Two people who lived at the home were at risk of seizures, which meant that when out in the community a trained member of staff should be present. When both people wanted to go out, staffing arrangements were considered to ensure that both people could go with a member of staff each. This ensured their safety should they have a seizure while out in the community, but meant that their freedom was not restricted. This meant staff had thought about people's safety and how to reduce risk.

People who lived at the home were unable to tell us if they felt there were enough staff on duty to keep them safe and meet their needs. Relatives told us that they had no concerns over staffing numbers and that, “staff always have the time to take them out on day trips”. One relative explained to us how the person had been supported to get to Wales for a family get-together. The registered manager ensured that when planning the staff rotas there was an appropriate skill mix of staff on duty at all times. On the morning of our inspection we found there to be an agency staff member working alongside a long-standing experienced member of staff. The agency staff member told us that they had been given good information and had continuing support in order to keep people safe. Staff we spoke with told us that they felt staffing had been an issue as agency staff were being used and they are not fully trained. The registered manager explained to us that they had the flexibility to move staff from the other homes that they were a registered manager for, this in turn would reduce the use of agency staff. This meant that the registered manager had systems in place to ensure the home had staff with the right knowledge and skills to care for people who lived at Foxwood.

Is the service effective?

Our findings

We spent time talking with the staff on duty about how they were able to deliver effective care to the people who lived at Foxwood. Staff told us that they received regular training in areas that were appropriate to the people who lived there. For example, all staff had training in behaviour management so they knew how to support people who had behaviour that could challenge. We found that people who had particular health conditions, such as epilepsy, had specific care plans for when the person was in a public area. Staff we spoke with knew the correct procedures and we saw staff prepare the person for a day out which was in line with the person's epilepsy care plan. This showed that staff understood people's needs and knew the correct information to be able to support the person promptly when needed. Staff told us the training was of a good standard and that training was continuous, one staff member said "I'm up-to date with all of my training". Staff had handover meetings before each shift. This gave staff the most up to date information of people's current care needs.

Relatives of the people who lived at Foxwood told us that the provider ensured that people's preferences and choices were discussed in detail and this knowledge reflected in people's care provided. Staff spoke of one person's hobbies and interests in arts and crafts and showed us how they supported them to maintain this activity. This meant that people had effective care from staff who had the appropriate skills and knowledge for the role.

All the people who lived at Foxwood had supervised access to the kitchen. We did not observe a meal time at the home as people had gone out to eat. There was a range of healthy food items in the kitchen for people. Staff knew people's likes and dislikes well. Staff spoke about how they supported people to choose healthy meals. This meant that people were provided with a choice of healthy food that they enjoyed.

We observed that people were offered drinks regularly throughout the day. People had access to the kitchen and those who were able to make their own drinks could do this with supervision. We observed staff encourage people to drink who needed extra encouragement to do this themselves. This meant that people were supported to maintain their hydration.

Records we looked at showed that people attended routine appointments such as the doctor, dentist, psychiatrists and speech and language therapists. We found that if someone's health had changed the appropriate professional team were contacted and worked closely with the staff and the person. One person who lived in the home had displayed some challenging behaviour to staff and sometimes to others who lived in the home. We found that the registered manager had recognised this and taken appropriate steps in contacting the relevant healthcare professionals. This ensured that the person received the right care by the right people. This meant that people were supported to maintain good health.

Is the service caring?

Our findings

We asked one person if staff were kind to them, the person said, “yes”. Throughout our inspection we observed staff talk with people in a kind and friendly way. Staff did not rush people and were unhurried. We found staff worked closely with the people who lived at Foxwood. It was clear that staff had spent time building a rapport with people. Staff knew the behaviours of people and knew how to care for them in a supportive way. We found people’s bedrooms were decorated in individual’s style.

We observed staff encouraged people to do things for themselves and make their own decisions about their care. We read in one person’s care records that they were encouraged to make their own drinks and that they enjoyed making drinks for other people. During the

inspection the person said they wanted a drink and staff encouraged them to do this independently. Relatives we spoke with said “I can’t fault them; they all do a marvellous job. The [registered] manager is very supportive”. Another relative said, “[the person] is very happy, they like it there, they really look after [the person]”.

We observed that people’s privacy and dignity was respected. We observed that all staff knocked on people’s bedrooms doors and waited for a reply before entering. We saw that people were appropriately dressed in suitable clothing that maintained their dignity. We saw staff discreetly assist people to maintain their dignity, for example, we observed a staff member ensuring that the persons trousers were properly fastened after they had got themselves dressed. This meant that staff supported to maintain peoples dignity and privacy.

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. For example, one person's bedroom was plain in colour and did not have many personal items out on display. Staff explained this was because the person lived with a specific health condition and their bedroom was required to be this way in order to support the person appropriately. One person had an obsessive behaviour which meant they would buy the same item every day and then disregard it instantly. Staff explained how they had developed a calendar which helped the person count down the days until they could buy the item they wanted. This meant that the person was appropriately supported to manage their finances and still have the item they wanted.

Where people had hobbies and interests staff supported and encouraged this. For example, one person enjoyed arts and crafts; staff had supported the person to go to the shops to get supplies and encouraged the person to take time to carry out this hobby. One person who lived in the home and relatives we spoke with told us that activities always took place and that they enjoyed them. We saw

many examples of activities that had taken place. One relative told us how the person was supported with staff to go to Wales for a family birthday. This meant that people did activities that they enjoyed and were personalised to them.

We were unable to ask people specifically if they felt confident enough to speak to staff or registered manager if they had any concerns or complaints. However, we saw that one person was able to communicate verbally and felt at ease to talk with the staff and the registered manager. Relatives we spoke with told us that the registered manager was "very good" and that staff were "always on the end of the phone". We saw the provider complaint policy and procedure, this was accessible to people and the information was clear and easy to understand in a format that was suitable for the people who lived at Foxwood. The registered manager told us that while they had not received any complaints, concerns and complaints were welcomed and would be addressed to ensure improvements were necessary. This meant that there were systems in place to ensure people had suitable ways to report any concerns they may have had.

Is the service well-led?

Our findings

We saw people were comfortable in approaching the registered manager during our visit. We found that the registered manager supported people in a way which was individual to them. One relative told us that they had been concerned about their family member's welfare after some incidents had occurred with another person who lived in the home. The relative told us that they no longer had any concerns and were happy that the situation was better and the registered manager and staff had managed the situation appropriately. Relatives told us they had regular phone calls from the service with updated details about how the person was and what activities they had been doing. Relatives said that they felt welcomed into the home and could visit when they wanted.

Staff had opportunities to contribute to the running of the service through regular staff meetings and one to one conversations with the registered manager, staff felt they were listened to at the meetings. Some staff had concerns about the quality of their supervisions due to interruptions. The registered manager told us that alternative locations had been suggested to staff. Staff told us that sometimes agency staff were used which meant that these staff did not always have the necessary skills to care for people, for example, with epilepsy. The registered manager was aware of the use of agency staff and had systems in place to ensure appropriate consistent staffing levels were in place to minimise this from happening again. This meant that staff were given the opportunity to discuss any concerns with the registered manager and the registered manager responded to those concerns.

We found, and staff told us that the registered manager was available when they needed them. Staff told us that the registered manager had provided them with responsibilities with the running of the home to ensure that things run effectively. The registered manager told us that by giving staff ownership of tasks that staff would feel more included in the running of the service. These actions demonstrated that the registered manager was taking steps to ensure staff were included and empowered.

The provider is required by law to notify CQC of serious incidents that have happened in the home. We found that we had received all the required notifications from the provider in a timely way. The registered manager showed us audits that were in place to check the service was running to a high standard. We found that the registered manager monitored care records, medication, infection control and environment. These were analysed monthly and we could see where action had been taken when a shortfall had been found. For example, an environment audit showed that the carpets in the communal area required replacing; we found evidence where the registered manager had taken the next steps to replace the carpet. This meant that the provider had systems in place to identify and implement high quality care.

We spoke with healthcare professionals who worked with the registered manager and the staff in the home. They told us that they had no concerns regarding the way in which the service was run and that the registered manager and staff listened and followed their recommended advice.