Dimensions (UK) Limited

Dimensions Parrot Farmhouse Arborfield Road

Inspection report

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Shinfield,
Reading. Berkshire.
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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

This was an unannounced inspection which took place on 30 June 2015.

Dimensions - Parrot Farmhouse is registered to provide care for up to eight people. The home provides a service for people with learning and associated behavioural and physical disabilities. There were six people living in the service on the day of the visit. The service had ground and first floor accommodation. The bedrooms did not have en-suite facilities.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People, staff and visitors to the home were kept as safe as possible by using a variety of methods. Care workers were trained in and understood how to protect people in their care from harm or abuse. The health and safety of people who live in the home, staff and visitors to the home was taken seriously. Individual and general risks to people were identified and managed appropriately. The service's recruitment processes and procedures tried to ensure the staff they employed were suitable and safe to work there.

People were helped to look after their health and well-being. Care staff were skilled in using individual's specific communication methods. They helped them to make as many decisions for themselves as they could. People were encouraged to be as independent as they were able to be, as safely as possible. The house was homely, clean and comfortable. People were able to use the well-kept outside space as they chose. People's rooms reflected their individual preferences and tastes. The staff team were well supported by the registered and area managers to ensure they were able to offer good care to people.

Peoples' rights were recognised and maintained. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Appropriate DoLS applications were made.

People were offered support by caring, kind and patient staff. The home had a stable staff group who had built strong relationships with the people who lived there. Staff members had an in-depth knowledge of people and their needs. Staffing ratios and the alertness of the staff team meant that people's needs were met and their requests for help or attention were responded to quickly.

People were given the opportunity to participate in a variety of activities both individually and with others. People were treated with dignity and respect at all times. The individualised care planning ensured people's equality and diversity was respected. People were as involved as possible in all aspects of their daily life.

Relatives told us the registered manager was very approachable and inclusive. The registered manager and staff team made sure that the quality of the service they offered was always maintained and improved when possible.

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 is safe.

Good

People were protected from abuse or harm by staff who knew how people communicated and could recognise if they were frightened or unhappy.

People, staff and visitors to the home were kept as safe as possible. Risks were identified and any necessary action was taken to make sure they were properly managed.

People were given their medicines safely. They were given the right amount at the right times so that people could be kept as healthy as possible.

People were given safe care because there were enough staff to meet their needs safely.

Is the service effective?
The service is effective.

Good

People chose how to live their lives as far as they were able to. If they couldn't make some decisions staff made sure people's rights were always considered and maintained.

Staff were properly trained to meet people's individual health and care needs. The service worked with other relatives and other professionals to make sure people received the best possible care.

People were helped to choose food that was good for them. Fresh and appetising food choices were offered to them.

Is the service caring?
The service is caring.

Good

People were treated with respect and dignity at all times. Their different needs were recognised and respected. Staff were kind, patient and caring.

The way people made themselves understood was fully recorded and understood by care staff. Staff made sure that people could understand what they were saying by using the identified methods.

People's family and friends were involved in their care if people wanted them to be. The service made sure that people were helped to keep their important relationships.

Is the service responsive?
The service is responsive

Good

People's needs and requests for help or attention were responded to quickly by the staff team.

The way people preferred their care to be given was clearly identified in their individual care plans. Staff provided the care in the way people chose and were comfortable with.

Staff knew people well and knew how to interpret people's behaviours which showed if they were concerned or distressed.

Summary of findings

The service's complaints procedure was detailed and available to people who live in the home, their relatives, visitors and others. Staff knew how to deal with complaints although there had been no complaints for over two years.

Is the service well-led?

Good

The service is well-led.

The manager was described as approachable and knowledgeable.

The service regularly checked it was giving good care. The registered manager and staff maintained and improved the quality of care whenever possible.

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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 unannounced inspection took place on 30 June 2015. It was completed by two inspectors.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The only notifications we had received since the last inspection related to Deprivation of Liberties Safeguards (DoLS) referrals.

We looked at the four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at quality assurance audit reports and health and safety documentation. A sample of other records such as staff records were sent to us by the registered manager after the inspection visit.

We spoke briefly with two people who live in the service, spoke with and received written comments from five relatives and a social care professional . Additionally we spoke with four staff members and the assistant locality manager. The registered manager was not available on the day of the inspection visit. We looked at all the information held about the four people who live in the service and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

People were unable to tell us clearly if they felt safe in the service. However, three people were able to nod and indicate by smiling and using some words that they felt safe and happy in the home. People were confident to approach staff and enter staff working areas to seek attention. Relatives of people who live in the home told us they were, ''totally confident'' their family members were safe. One relative said, ''I know [name] is safe, I trust the staff implicitly''. Another said, ''I never have to worry about [name's] safety, I have complete peace of mind''.

People were protected from all forms of abuse and were kept safe by staff who were well trained and fully understood their responsibilities in regard to safeguarding. The 17 care staff had received safeguarding training which was up-dated every year, to ensure all staff were aware of the most recent policies and procedures. The service made the local authority's latest safeguarding procedures available to all staff. Care staff had a clear understanding of their responsibilities with regard to protecting the people in their care. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary.

People staff and visitors to the home were kept as safe as possible by the service. Staff in the home completed various health and safety checks to ensure equipment and the environment were safely maintained. These included weekly fire alarm tests, fire extinguisher and water temperature checks. Electrical (last tested 11July 2014), gas (last tested 12 December 2014), fire (last tested 22 January 2015) and other equipment was tested, at the intervals recommended in health and safety policies, by external contractors. Generic health and safety risk assessments, for areas such as contact with bodily fluids, using electric 'strimmers' and use of kitchen equipment, were in place. A staff member was identified as the health and safety lead. They attended a quarterly health and safety meeting, ensured monthly health and safety check-lists were completed and passed any up-dated information to the rest of the staff team. A generic emergency evacuation plan was available to staff and individuals had their own evacuation plans. The service recorded all accidents and incidents and added them to the provider's computer system every week, as necessary. There had been no incidents or accidents in the previous 12 months.

People's individual risk assessments were incorporated into their support guidelines. These gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk depended on the individual and included areas such as behaviour, use of the house vehicle and finances and handling money. The service effectively cross - referenced from care plans to risk assessments and support guidelines to draw staff's attention to all the necessary information to keep people safe.

People were given their medicines safely by appropriately trained care staff. Staff's competence in medicines administration was tested and recorded, every year, by a senior staff member. Two staff always administered people's medicine. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

People had guidelines for the use of any PRN (to be taken as necessary) medicines and a stock check list of them was kept. However, the guidelines for medicines prescribed to help people to control their behaviour were not always detailed enough to ensure people were given these medicines consistently. Staff of the service completed a weekly medicines audit and the registered manager or other senior manager completed a monthly audit. The administration of medicines guidance and procedures policy had been reviewed by the provider in May 2015. The pharmacist visited the service on 30 May 2015 and made some minor recommendations which had been acted upon.

People were supported by staff who had been recruited as safely as possible. The provider, currently, used an external organisation who completed the necessary safety checks on prospective applicants. Fully completed application forms and all staff recruitment records would be available

Good

Is the service safe?

to the registered manager, who views them prior to making an appointment. The registered manager sent us the recruitment records of the two newest staff and the necessary paperwork was in place.

Appropriate numbers of staff supported people to enjoy their daily lives, safely. The minimum staff on duty were three per shift during the day, one sleeping in staff and one awake throughout the night. During the week there were generally and additional one or two staff members providing activities between 9am and 5pm. Numbers of staff were continually monitored by senior staff and additional staff could be used if required. Additional staff were employed for special occasions, activities and to meet the needs of people. The service used bank staff and staff working extra hours to cover staff shortages. Rotas for June 2015 showed that staffing never dropped below those identified by the service as minimum.

Good

Is the service effective?

Our findings

Relatives used words such as, ‘‘brilliant’’ and ‘‘top quality’’ to describe the care their family members received. They told us that people’s health care support was, ‘‘excellent’’. They said that the staff worked very hard to improve people’s health and, ‘‘never stopped trying’’. One relative gave examples of actions the service had undertaken to effect improvement in someone’s health and well-being.

Care staff fully understood issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications, appropriately, to the local authority. All staff had received Mental Capacity Act 2005 and DoLS training. Staff were able to explain what a deprivation of liberty was. They described the action they would take if they were concerned that they had to deprive someone of their rights. Those people who lacked capacity in some areas were still given as many opportunities to make decisions and choices as they were able to.

People were supported to make their own decisions and choices, as far as possible. The plans of care included decision making profiles and agreements and noted how people must be involved. They noted what level of decisions people could make and what assistance they needed to make ‘informed’ decisions. The plans described when, how and who could make decisions on specific areas of care such as, ‘‘my health’’ and ‘’how I spend my money’’. Best interests meetings had been held in regard to health and well-being procedures, such as dental care and corrective surgery.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. People’s health needs were identified and effectively assessed. Part of the care plan was called, ‘‘about my health’’. This included the history of people’s health and current health needs. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people’s health could be easily accessed, including in an emergency situation. The local authority had a specialist learning disability health service which provided psychiatrists, occupational therapists and other health care professionals.

People were encouraged to eat healthy food and were provided with a choice of suitable and nutritious food and drink. Individual dietary needs were noted in an area of the care plan called, ‘‘my meal times’’. Some people had specialist nutritional needs. These had been risk assessed and the service was following the advice of a specialist dietician. Records of food and drink intakes were kept, as necessary. People were weighed monthly, however not all weight records were up-to-date. This did not have any impact on people’s well-being.

People were provided with any specialist equipment needed to meet their changing needs to keep them safe, comfortable and as independent as possible. The building was over two storeys but anyone with any mobility issues was accommodated on the ground floor. The lift was not in use The service was ‘homely’ and people’s rooms and the communal spaces reflected people’s needs and personalities.

People who live in the home did not, generally have behaviours that could cause distress or harm. The service did not use physical restraint. However, staff could be provided with training and support from the provider’s behaviour management team, if it became necessary. Plans of care included detailed behaviour plans and de-escalation techniques (recognised methods of early intervention to stop behaviour becoming harmful or distressing) to help people to control their behaviour.

The service took responsibility for people’s personal allowances. Other financial matters were dealt with by families or the local authority acting as appointees. However, there was some confusion with regard to whether family members had obtained power of attorney (legal permission to act on behalf of someone who lacks capacity) for people’s finances or if this was necessary. The assistant locality manager undertook to clarify who had a legal right to administer people’s finances if people lacked capacity to give permission for others to act on their behalf. The service had a robust system of recording the money they held on behalf of people. Financial records were cross referenced with people’s personal inventories and were regularly audited by the provider. The last audit had taken place on 4 June 2015 and a detailed report had been completed. No errors or issues were noted.

People were supported by staff who were appropriately trained. Training was delivered by a variety of methods which included computer based and classroom learning.

Good

Is the service effective?

Staff told us they were provided with good opportunities for training. 13 of the 17 staff had completed the intermediate diploma in social care and four had completed the advanced diploma in social care. Staff members told us they had easy access to training and were actively encouraged by the management to complete more than just essential training. The service had developed a robust performance management system. This included regular one to one supervision which resulted in a specific tasks or objectives list so that staff members knew what they need to do before the next supervision session. Staff members said they were happy to work at Parrot Farmhouse and that they were supported by the management. One said, ‘‘I can always ask the manager and he always gives you advice you need''.

Good

Is the service caring?

Our findings

People indicated by smiling and nodding that they liked the staff. One person gave us names of staff they particularly liked. Most relatives told us the staff were, ‘‘very caring’’ and ‘‘very supportive to [name] and us as well [relatives]’’. One relative said, ‘‘over the past few years we have been on a journey together’’. However, another relative told us they did not feel all staff valued and respected their role in their family member’s life. They added that this did not impact on the care their family member received. People were treated with respect and their dignity was preserved at all times. Care staff displayed patience and a caring attitude throughout our visit. Relatives told us their family members were, ‘‘very happy’’ living in the home and the staff were, ‘‘amazingly dedicated and caring’’.

People were helped to maintain relationships with their families or other people who were important to them. The service kept in contact with families and kept them as involved in the person’s care as was appropriate. Most of the care staff had been in post for over a year. They were knowledgeable about the needs of people and had developed strong relationships with them and their families and friends. Relatives told us they were welcomed to the home and care staff sometimes stayed on past their shift to say hello if they hadn’t seen them for a while.

People and their families attended their annual review meetings and were involved in their care planning, as much as they were able and was appropriate. A relative told us, ‘‘we’re always invited to reviews ’’. People’s views were represented at their reviews by their key workers who worked closely with them and understood their sometimes complex communication methods.

Information which was relevant to people was produced in differing formats. These included pictures, photographs and symbols. The organisation provided people with a detailed handbook describing the care they could expect to receive, their rights and responsibilities. Information was then explained to individuals in a way which gave them the best opportunity to understand it. Staff followed people’s individual communication plans. People understood the staff and staff understood them. Care staff and people who live in the home constantly communicated and interacted with each other.

People’s diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave very detailed descriptions of the people supported due to the input of families, historical information, and the contribution of the staff team who knew them well and the involvement of people. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included a part called, ‘‘getting to know you better’’. This included people’s life choices, aspirations and goals. End of life care plans were in place, if appropriate.

People were encouraged to be as independent as they were able. Care plans noted how much people could do or be encouraged to do for themselves. Risk assessments supported people to be as independent as possible, as safely as possible. During the inspection staff were interacting positively with people at all times. People were encouraged to express themselves and make as many decisions as they could. They included them in all conversations and described what they were doing and why. People were asked for their permission before care staff undertook any care or other activities.

People’s privacy and dignity was maintained and promoted by care staff. They had received dignity training and understood how they supported and assisted people, with sometimes intimate care tasks, without compromising their privacy and dignity. The service had a cross gender personal care policy and respected people’s wishes about who supported them with personal, intimate care.

Good

Is the service responsive?

Our findings

People's needs were met by care staff who were knowledgeable about them. There were small numbers of people and high staff ratios to enable staff to respond appropriately to people's needs and requests for help or attention. One relative commented that they were, ''impressed with the speed'' that staff respoinded to peopple's health needs. Care staff were able to interpret body language and other forms of communication to identify when people needed assistance. Throughout the visit staff responded, immediately to people's expressed needs and those they identified. A relative said the staff had, ''done lots of things to make things easy for [name]''.

People had a full assessment of their needs before they moved in to the service. They and their families, social workers and other services were involved in the assessment process. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month by the key worker and a formal review was held once a year and if people's care needs changed. The formal review included information such as what people like and admire about me, what is important to me and what is important for the future for me.

People's detailed care plans and staff's knowledge meant that care staff were able to offer very individualised care. People's care plans were tailored to meet their specific needs. They included sections called, 'my personal information', 'a good day', 'a bad day' and 'support wanted and needed'. They clearly described the person, their tastes, and preferences and how they wanted to be supported. The roles and responsibilities of the person and the staff members were recorded on care plans. The skills and training staff needed to offer the required support was noted and provided, as necessary.

People's activities plans were developed to meet the needs, preferences and abilities of the individual. The activities were included in the part of the care plan entitled, ''my perfect week''. People were supported to participate in activities they liked and activities new to them. Records were kept of people's reaction to new activities to enable staff to assess and amend activities programmes to ensure people enjoyed their lifestyle as much as possible. A relative said, ''[name] is doing things I never believed [they] could do, it's wonderful''. Staff are, ''not afraid to try anything to give [them] new experiences''. People were supported to go on an annual holiday if they chose to. These included trips abroad and short breaks.

Information was provided to try to ensure people knew how to make a complaint or raise a concern. It was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. Care staff were aware that people would need assistance to make a complaint. They described how they would interpret body language and other communication methods to gauge if people were unhappy. There was a complaints procedure displayed in the office and in communal areas of the home. Complaints and concerns formed part of the service's and provider's quality auditing processes and were recorded on a computer programme, when received. No complaints had been recorded by the service in the previous two years, the assistant locality manager confirmed that no complaints had been received in that time frame. Relatives told us they had never had to make a complaint because staff took immediate action if they expressed the slightest concern. They told us they had absolutely no concerns or complaints about the service.

Good

Is the service well-led?

Our findings

Relatives described the registered manager as, very approachable. They said she had been managing the home for years and knew everyone really well. They said they would not hesitate to approach her or any of the staff because, ''everyone is included in everything and we are all listened to and valued''.

The service, generally, held staff meetings every month. These included discussions about health and safety, issues affecting people who live in the home and new ideas in the care of people with learning disabilities. The regular audits, any shortfalls and the actions identified that needed to be taken were openly discussed. The local authority and the provider's quality and compliance audit team sent through bulletins, information and invitations about new developments and to learning events.

People were offered good quality care which was regularly checked to ensure it was maintained and improved when possible. Relatives used words such as, ''excellent'' and ''brilliant'' to describe current and historical care provided. The service held monthly house meetings and recorded what peoples' views were, sometimes by describing how they communicated their view if it was not verbally. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved.

The provider's representative completed a quality assurance inspection every three months. This covered all areas of the functioning of the service. After each inspection a service improvement plan was written by the registered manager. It noted what and why actions were to be taken, by who and when. Staff appraisals included a ''360 degree'' review. For this review the supervisor sought the views of people who use the service, colleagues, people's families, and other professionals to ensure the quality of staff performance.

The registered manager and senior staff had the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health team and relatives. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.