

Dimensions (UK) Limited

Dimensions 27 Sampson Avenue

Inspection report

27 Sampson Avenue
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Hertfordshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dimensions 27 Sampson Avenue is a residential care home providing personal care to 6 people at the time of the inspection. People's needs were varied and included people with a learning disability, autistic people, and people with physical disabilities. The service can support a maximum number of 6 people.

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

Right Support:

We found concerns around infection control. Some parts of the service were poorly maintained and unhygienic.

Staff supported people to take their medicines as prescribed. However, we found shortfalls around some aspects of the management of medicines.

Staff supported people to make decisions following best practice in decision-making.

Staff enabled people to access specialist health and social care support in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff assessed and reduced risks to people's health, care and safety.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care and support plans reflected their range of needs and this promoted their wellbeing, and equality and diversity.

Right Culture:

The service's quality improvement processes needed to improve as they failed to identify the issues we found at this inspection. The service had also failed to act on certain areas of concern, which were identified at the previous inspection.

People received good quality care and support because staff were trained and people had access to specialist support when needed. Staff knew and understood people well and were responsive to their needs.

The service enabled people and those important to them to work with staff to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 September 2018).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 27 Sampson Avenue on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We have identified breaches in relation to premises and equipment, and good governance at this inspection.

We have made a recommendation about some aspects of the management of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Dimensions 27 Sampson Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Dimensions 27 Sampson Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions 27 Sampson Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person living at the service. We observed interactions between people and staff, including during mealtimes. We explored the premises while looking at aspects of health and safety and infection control.

We spoke with 5 staff members, including 3 care workers, the deputy manager and the registered manager. We also spoke with 2 visiting healthcare staff.

We reviewed a range of records. This included 3 people's care records and several medicines records. We looked at 3 staff files in relation to staff recruitment and supervision. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, health and safety, and meeting minutes were also reviewed.

Following our visit, we spoke with the relatives and friends of 2 people.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured the provider followed appropriate health and safety and infection control measures. Also, the provider had not taken appropriate actions to address concerns around equipment and premises, which we identified at the previous inspection.
- We found several parts of the service were unhygienic and/or not adequately maintained.
- Parts of the kitchen were not clean and hygienic. We found the oven to be unclean and contained left-over food. Surfaces such as the top of the fridge, top of the cooker hood and behind the kitchen door were covered in dust and grime.
- Several fridge items, such as condiments and milk, were not labelled with their opening dates. This meant there was a risk these items would be used past their recommended shelf lives. The freezer temperature was recorded as -15 degrees Celsius for a number of days while the recommended temperature to prevent bacterial growth is -18 degrees Celsius.
- In one of the bathrooms, water had accumulated around the drain for a number of hours. This could potentially increase the risk of bacterial growth, leading to infections.
- We found a person's room to be in an unhygienic state. There were fluids on the walls and dust on the light switch and electric sockets. A small area of the paint on the ceiling was coming off, which appeared to be from an old water leak.
- Mops and buckets were not properly stored as they were found outside in a disorganised manner, which could lead to cross-contamination. There was also broken furniture kept outside posing a health and safety hazard.

The provider had failed to ensure that aspects of the premises and equipment used in delivering care to people were fit for purpose and maintained to a safe standard. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to have visitors without restriction.

Using medicines safely

- People received their medicines safely and as prescribed.
- Systems were in place to ensure medicines were received, administered and returned safely.
- Medicines were stored securely, except for 1 person's insulin. This medicine was kept in a refrigerator, which was accessible to anyone in the service and whose temperature was not monitored.
- Staff signed Medicines Administration Records (MAR) after administering each person's medicines. This

ensured people received their medicines as prescribed. However, MARs did not contain all the key information for people, such as their date of birth and information on allergies, which acts as an important visual cue for staff and helps to reduce errors. Also, some MARs from the previous medicine cycle contained a few unexplained gaps, which meant it was unclear if people had received their medicines on those days.

We recommend the provider consider current guidance on the safe management of medicines.

- Following the inspection, the registered manager told us they had purchased a small fridge, which was kept in the office, to store any medicines requiring refrigeration.
- For each person, there was clear information on their medicines, including how they preferred to take them. People who were prescribed 'when required' medicines such as painkillers, had clear guidance in place for staff on when to administer these medicines.
- Some people had swallowing difficulties and their medicines needed to be crushed and mixed with food so that they can take them safely. There was guidance from people's GPs to support this approach.
- Staff were trained and assessed as competent to manage people's medicines.

Staffing and recruitment

- The service recruited and deployed staff safely.
- While there were enough staff on shifts to meet people's needs safely, we found there were times when staff felt under pressure. For example, due to people's dependency on staff support during mealtimes, some people had to wait for their turn to be supported by staff to have their meals. A staff member explained to us that they had to rush in the morning to be able to support people with their needs, such as personal care, breakfast and medicines. They also said sometimes they have no time to complete their paperwork in detail.
- We discussed this with the registered manager, who told us they had raised this issue with their senior management. They also explained that extra staff were deployed when necessary to alleviate the pressure on the staff team.
- The service carried out safer recruitment checks to make sure only the staff that were suitable were employed. Staff files showed identity checks, DBS checks, employment history with gaps explored, and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and/or risks of abuse.
- Staff received training in safeguarding, knew the signs of abuse and understood their responsibilities to report concerns.
- Relatives described the staff as friendly, helpful and caring, and felt people were protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, care and safety, and implemented measures to reduce those risks.
- Risk assessments were person-centred and provided clear guidance for staff on how to support people safely. They covered areas such as moving and handling, swallowing difficulties/ choking, health conditions and fire safety.
- Staff knew people's needs and associated risks well. They had regular training in areas, such as dysphagia (swallowing difficulties) and epilepsy awareness, which helped them support people safely. A staff member told us, "Person is at risk of choking, needs to be closely supervised." We observed a staff member supporting this person as per their risk assessment during their lunch.

- Staff carried out health and safety checks on the physical environment. We saw records of equipment checks, gas safety, electrical installation and fire safety. However, we found the radiator cover in the dining room was not properly secured. We raised this with the registered manager.

Learning lessons when things go wrong

- Staff discussed any concerns regularly and shared lessons within the team when needed.
- There had not been any accidents or incidents recently but we reviewed an incident which had taken place in 2022 involving a person using the service. Details of the incident and actions taken to reduce the risk of a similar incident were clearly recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed and reviewed people's needs regularly.
- The initial assessment before a person is admitted into the service involved staff gathering as much information as possible by communicating with the person, their relatives, staff from previous placement(s) and any professionals involved. This information was then used to create a detailed and personalised care plan, which highlighted the person's needs and required support.
- Staff delivered care and support in line with best practice and the registered manager was able to access guidance and support as needed.

Staff support: induction, training, skills and experience

- Staff received appropriate support to perform their roles and to learn and develop new skills.
- Upon joining the service, staff were enrolled on a comprehensive induction programme consisting of working under the supervision of experienced staff, completing mandatory training, and learning about people's needs and the way the service operates.
- Staff had access to ongoing refresher training, which ensured their knowledge was up to date. Managers supported staff through regular supervisions and appraisals.
- Staff told us they felt supported in their roles. A staff member said, "If there is anything I need from [registered manager] or [deputy manager], I know I can talk to them."

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

- Staff offered people a varied diet and the support they required to eat and drink.
- People's eating and drinking needs and preferences, including religious and/or cultural requirements and dietary intolerances, were clearly recorded in their care plans. Staff we spoke with were aware of these.
- Staff offered people food and drink choices. One person told us they had asked for mushrooms and eggs for breakfast, which we found staff had prepared.
- People with swallowing difficulties had guidelines in place from the speech and language therapist, which we observed staff to follow during lunch.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and wellbeing closely, and escalated any concerns promptly.
- People had access to regular health checks. Information on people's health was clearly documented.
- Staff involved other healthcare professionals when needed to make sure people received the right care

and support. On the day of inspection, 2 visiting healthcare staff told us they had a good working relationship with staff at the service. One of them also said, "[Person's] diabetes is under control."

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

- The service was adapted to meet people's needs. However, certain aspects of the service looked unmaintained. We discussed this with the registered manager, who told us redecoration plans were in place.
- Most people used a wheelchair or specialist chair to mobilise, and were able to access the different parts of the service conveniently. People's rooms were also personalised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people within the principles of the MCA.
- Information on people's mental capacity and decision-making abilities were recorded in detail in their care plans. One person who lacked capacity to consent to a medical treatment plan had a best interest decision where the people closely involved in their care voiced their opinions, all in the person's best interest.
- Where people's liberty was deprived, appropriate authorisations were sought to make sure this was done legally.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- While there was a clear management structure where staff knew their roles and responsibilities, we were not fully assured about the effectiveness of the management oversight.
- Quality assurance systems, such as audits and checklists, were in place but had not identified the issues around premises, infection control and medicines, which we found at this inspection. For example, there was a cleaning schedule in place but our findings confirmed this was not adhered to, nor was it effectively monitored by managers.
- At our last inspection, we raised concerns around the premises and equipment with the provider and were told these were being addressed. However, at this inspection we found improvements had not been made as aspects of the premises and equipment were not adequately maintained. This placed people at risk of harm.
- Both the registered manager and deputy manager also worked at another service, under the same provider. While it is not uncommon for managers to be responsible for more than 1 service, this type of arrangement requires careful planning to ensure there is adequate management oversight. At this inspection, we found risks within the service were not properly managed.

We found no evidence that people had been harmed however, governance/quality assurance systems were either not in place or robust enough to demonstrate safety and risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent throughout the inspection process. They were receptive to our feedback and acknowledged that work needed to be done at the service. They told us they would work to make sure the necessary improvements were made and embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive atmosphere in the service where staff treated people kindly and with respect.
- We received positive feedback from 1 person, relatives and visiting healthcare professionals about the service. A person told us they were "happy" being at the service. A healthcare professional described the atmosphere at the service as "welcoming".

- Staff received training in equality and diversity and applied their knowledge by treating people equally while promoting their rights. People's religious and cultural needs were assessed and reflected in their care plans.
- The service sought feedback from people, relatives and staff to improve the service. A relative told us, "The manager is lovely. They always phone me."
- Managers worked with other staff, including care workers, to make sure the service is run smoothly. Staff were able to express their views on the service and were empowered in their roles. A staff member told us they were able to raise concerns freely and said, "I have [raised concerns] a few times and felt listened to."

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service worked with other organisations, such as local authorities and healthcare teams, to provide consistent and effective care to people.
- The registered manager was aware of their responsibility to be open and transparent when things go wrong. We reviewed an incident involving a person using the service where something went wrong. Staff informed the person's relative of the incident and took appropriate actions to reduce the risk of similar incidents from happening again.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment How the regulation was not being met: The provider failed to ensure that parts of the premises were hygienic and well maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess, monitor and mitigate risks within the service.