

Dimensions (UK) Limited

Dimensions 7 Wychwood Close

Inspection report

7 Wychwood Close
Sonning Common
Reading
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Dimension 7 Wychwood Close is registered to provide accommodation and support for three people with learning disabilities or who may have autism spectrum. On the day of our visit there were two people living in the service. During this inspection we looked at the care provided to people living at the home.

This was an unannounced inspection on 6 and 8 October 2014.

The registered manager had been registered since January 2014. 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

Staff were aware of their responsibilities to keep people safe and report allegations of abuse. However, we found there were some areas that had the potential of placing people at risk of harm. Documents did not always record actions taken when injuries were found. There were sufficient staff to provide care and support to people who used the service. Risk assessments were put in place to manage identified risks and were regularly reviewed. Staff were appropriately trained to handle, administer and keep medicines secure.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and obtained consent before carrying out care and support. This was observed during our visit. Care plans evidenced how people were involved in making decisions about the care and support they received. We found the service met the requirements of the Deprivation of Liberty Safeguards (DoLS).

An observation of the weekly menu planning meeting showed people were involved and actively encouraged with the use of pictorial cards showing different meals, to choose what they wanted to eat. Throughout the inspection people were offered drinks but were also supported to prepare drinks for themselves.

Health action plans recorded appointments people had with health and social care professionals such as general practitioners (GP), opticians, dentists and the outcomes. Dates for yearly reviews with GPs and other health professionals were also noted on a yearly planner.

At the time of our inspection the home was not providing end of life care. However, the registered manager told us they had been providing end of life care to one person who passed away a few months ago. We received positive feedback from social care professionals, who told us staff were thoughtful and dealt with people sensitively.

Staff were updated on relevant changes in practices and procedures and signed to confirm they had read and understood the changes made.

We found a breach of Regulation 20 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

There were some aspects of the service that was safe. However, there were some aspects that had the potential of placing people at the risk of harm.

Records did not always record actions taken when injuries were found.

The service had systems in place to manage risk and staff were aware of their responsibilities to keep people safe and report any allegations of abuse.

There were sufficient staff to provide care and support to people who used the service.

Requires Improvement



Is the service effective?

The service was effective.

Staff were aware of the procedure to follow where people lacked capacity to make their own decisions.

Deprivation of Liberty Safeguards authorisation applications for people who lived in the home had been authorised and were in line with the current legislation.

The service promoted and encouraged people to be as independent as possible.

People received care and support from staff who had received specialist training in order to meet their needs.

Good



Is the service caring?

The service was caring.

Positive caring relationships were developed between staff and people living at the service.

People were able to express their views and were actively involved in making decisions. Staff encouraged people to make choices with regards to all aspects of their daily living.

People received support from staff who cared about their well-being.

Good



Is the service responsive?

The service was responsive.

Feedback was sought from people and the service acted upon it.

Care and support provided was responsive to people's needs.

The service ensured people's support was adapted to meet changing needs.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager was aware of their own learning development and ensured they were enrolled on an appropriate course to further enhance their ability to provide support to staff.

Systems were in place to obtain and analyse feedback received from people who used the service and staff employed by the service.

Systems were in place to identify, analyse and review risks.

Good



Dimensions 7 Wychwood Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

An inspector carried out an unannounced inspection on 6 and 8 October 2014.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is information given to us by the provider to enable us to ensure we are

addressing potential areas of concern and any good practice. The registered manager provided all information requested within the specified timescale. We also looked at other information that we held about this service.

During this inspection we looked at the care provided to the two people living at the home. We spoke with one person. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We spoke with the registered manager and two support workers. We looked at two care plans, four staff records including staff training records, staff duty rosters and records relating to management of the service.

Following our visit we received feedback from two social care professionals from the community learning and disabilities team who were involved in the care of people living at the service.

Is the service safe?

Our findings

Body maps were in place for people living in the service. These were used by staff to record any observable body injuries that may appear on a person's body. We noted some body maps did not record actions taken when injuries were found. For example, a body map dated 23 January 2014 showed a person had unexplained bruising on various parts of their body. We saw no records to evidence what action had been taken to address this and if the appropriate agencies were notified. This was also found to be evident in other body maps reviewed. This had the potential of placing people who used the service at risk of harm because there was no documented evidence to show appropriate action was taken when injuries were identified.

This was a breach with Regulations 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were sufficient staff to provide support and care to people who lived in the service. The registered manager showed what measures had been put in place to ensure the service was adequately staffed. We reviewed the staff roster for August 2014 and September 2014 these showed all shifts were appropriately covered.

There were safe recruitment and selection processes in place to protect people who lived in the service. We reviewed staff files and found relevant checks were undertaken. This included criminal record checks and obtaining references before staff were able to work for the service. This ensured there were suitable staff to work with vulnerable adults.

People were aware of how to raise concerns of abuse. A staff member told us meetings were held with people to discuss what they should do if they did not feel safe. A review of meeting notes confirmed this. Whilst the staff member was talking with us, one person came and sat down next to them. The staff member asked the individual what would they do if someone was being cruel to them. The person responded saying they would call the police. The person told us they, "Felt safe."

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse. A review of staff training records showed they had all undertaken the relevant training. Staff were able to explain what they would do if they suspected people were being abused or

were at risk of abuse. What they told us was in line with the service's safeguarding policy and procedures. We saw staff had signed to confirm they had read and understood the safeguarding policy dated July 2014. The safeguarding policy informed staff of the procedures to follow in order to identify suspected abuse and how to appropriately respond and report it. A Safeguarding guidance leaflet was displayed in the office and was easily accessible to all staff. Staff had access to the service's whistleblowing hotline number, it was clearly displayed in the staff office. This was to be used by staff who wanted to report suspected wrong doing at work. Staff confirmed they were aware of the whistleblowing policy and the procedure to follow if they had concerns.

The service identified risks and showed how they would be managed. Risk assessments were developed where potential risks were identified. We reviewed the 'Risk analysis for people we support' tool. This focused on identified risk factors for people living in the home. For example, whether someone had communication difficulties or mobility problems and the actions to be taken to reduce any associated risks. We reviewed a risk assessment put in place for a person who needed the support of staff to manage their finances. The risk assessment identified the person was at risk of financial abuse and explained the measures put in place to protect the person.

Staff handled medicines safely, securely and appropriately. People's medicines were kept securely in locked cabinets in their bedrooms. Staff who administered the medicines on were trained and undertook six monthly assessments to ensure their competency. A review of competency assessments showed staff were up to date with current practice. MAR sheets reviewed showed staff had followed the procedures as outlined in the medicine policy in reference to the handling and administration of medicines. Staff we spoke with were able to demonstrate a good understanding of the handling and administration of medicines. For example, one staff member told us they would first wash their hands, check the MAR chart to see if there were any changes in medication and ensure the correct dosage was given and at the correct time. If they found any discrepancies they would report it immediately to the registered manager.

The service had procedures in place for dealing with emergencies and ensured measures were taken to ensure

Is the service safe?

people's welfare and safety. Individual fire and emergency evacuation action plans were available for people who lived in the service. These were displayed on the service's notice board. Plans had each person's photograph and gave instructions in an easy read pictorial format on what was needed to be considered in the event people needed to be evacuated. Plans were signed, dated and reviewed by

the staff allocated to support people. A security checklist was also displayed on the noticeboard and was completed every time the home was left unoccupied or when the sleep-in shift began. For example, the checklist indicated whether the windows were locked and all electrical equipment were turned off. The dates and times all checks were clearly recorded.

Is the service effective?

Our findings

The service had a comprehensive induction process for new staff. End of probation reviews were undertaken. These involved the registered manager obtaining confidential, anonymous feedback from new staff's colleagues about their work. The feedback process also included getting feedback from people who were being supported and their family members. For example, one staff member had received positive feedback from a person they had supported. The person commented "I would not like to change anything about X I like her the way she is." Systems were in place to extend the probationary period if staff were not meeting expectations. We spoke with two staff members who spoke positively about their induction and training. A review of all staff records confirmed induction had taken place.

Staff members told us they had undertaken training, which included specialist training, in order to meet the needs of people they supported. For example, staff had received training to support people with specific medical conditions effectively. We reviewed the training records for all staff members which supported this.

People were supported by staff who received appropriate training and development to meet their needs. A review of staff supervision meeting notes showed staff received regular support. One staff told us, "I received support from the manager and the senior support worker after the death of a resident." Another staff told us they would shortly be starting their Level 3 Diploma in Health and Social Care training and, "The service is supportive and will give me time to enable me to do the coursework." Yearly appraisals were undertaken to review staff performance and set new objectives.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it was in their own best interests or it was necessary to keep them from harm. Providers of care homes are required to submit applications to a 'Supervisory Body' for authority to do so. We reviewed standard DoLS authorisation applications for people who lived in the home and saw they had been authorised and were in line with current legislation.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and acted in accordance with the legislation when obtaining consent from people. The MCA sets out what must be done to make sure the human rights of people who may lack capacity to make decision are protected. Care plans showed people's level of comprehension and capacity to consent and what assistance they would need. We saw evidence that showed the registered manager checked staff's competency in this area.

Staff knew what decisions people in the home could and could not make. However, if they were unsure of a person's ability to make a specific decision this would be dealt with by the person's social worker who would carry out the appropriate assessment. The registered manager who told us staff had attended MCA training, would not make decisions on behalf of people and attended best interest meetings. They would also use other methods of communication in order to help people make informed choices. We reviewed people's care plans and saw 'decision making agreements'. These captured important life decisions and how people should be involved in them. For example, the medicines one person was taking was identified as an important life decision for them. The agreement stated the person's care plan and health action plan should be referred to, in order to see how the person should be involved and indicated the person, their GP and staff should be involved in the decision making. This was in line with the service's MCA and DoLS policy dated May 2014.

People were helped to make informed decisions with regards to their meals. We observed the weekly menu planning meeting and saw people were involved and actively encouraged with the use of pictorial cards which showed different meals, to choose what they wanted to eat. The food choices on offer were nutritious and provided people with a healthy balanced diet. One person did not want to sit in the meeting area but instead chose to sit in the living area, they were still able to participate and were included in all discussions held. The staff member facilitating the meeting listened attentively and allowed people to make their selections of food choices for breakfast, lunch time and evening meal. They also ensured people were aware of alternative choices.

The service promoted people's rights and choices in relation to making decisions about their food and drink. A staff member told us people were able to make their own

Is the service effective?

breakfast with some support from staff. We saw weekly menu planners were displayed in the kitchen area on a white board to enable people to see their meal choices. The menu planners were flexible and allowed people to change their minds if they wanted to. This was observed at lunch time, when a person indicated to staff they did not want to eat the meal they had originally chosen.

During the lunch period, we observed people setting the table in preparation for lunch, getting their meals from the kitchen and sitting at the dining table to eat. People were able to eat and drink at their own pace without any interruption, in a relaxed environment. Throughout the inspection people were offered drinks but were also able to get drinks for themselves. For example, on one occasion a person asked a staff member if they wanted a cup of coffee and when the staff declined their offer, the person said they would make a cup for themselves. We saw a staff member was there to offer support if the person needed it. One staff member told us they would involve other health professionals if people required further support with eating. This was evidenced in a care plan reviewed. Another

staff member told us they had completed menu planning support plans to identify any issues people had with food. A review of all staff training records showed they all had received nutrition training. This showed people were supported to have adequate nutrition and hydration.

The service ensured people's health and care needs were being met. Information about local health services were displayed in the home. This was presented in an easy read format that people could understand. People's care plans showed they had hospital passports and health care plans. Both these documents provided hospital staff with what they should know about people such as how to keep them safe and their preferences. Health action plans recorded appointments people had with health professionals such as doctors, opticians, dentists and the outcomes. Dates for yearly reviews with the doctor and other health professional were also noted on a yearly planner. One staff member told us they took a person to have a hearing test and explained what it was for and the benefits for the person.

Is the service caring?

Our findings

Positive caring relationships were developed. There was good rapport between staff and the people they supported. A social care professional from the community local disabilities team (CLDT) told us staff were thoughtful and knew the people they supported well. All support given was personalised and as a result of this people appeared comfortable in the home. For example, we observed people answering the front door when the bell rang. We noted staff were always in the background to support them.

The service promoted and encouraged people to be independent. This was evident from our observations of people, staff and their interaction with the registered manager. Throughout our visit we observed people being able to do things for themselves with minimal support from staff. People had the freedom to do what they wanted. For example, making their own drinks, making their beds and going outside to the garden for cigarette breaks.

People were able to express their views and were actively involved in making decisions. Staff encouraged people to make choices with regards to food and drinks. We heard staff asking people what clothes they wanted to wear and people expressing their wishes in response. We saw evidence that people had access to an independent advocate if required. 'Tenants' meeting notes, daily records and person centred reviews highlighted what was important to people and their preferences. For example, a person was involved in the decision whether or not to accept a piece of furniture that had been offered to the service. We saw the furniture situated in the dining room.

People's privacy and dignity was respected. Whilst speaking with the registered manager, a staff member asked if the

office door could be closed so that they could confidentially provide support to a person. We observed staff knocking on people's door and waiting for people's permission before entering.

People received support from staff who cared. We observed staff acknowledging and respecting a person's grief due to the death of someone they knew. We observed appropriate support was given to this person by staff in a thoughtful and caring manner.

At the time of our inspection the service was not providing end of life care. However, the registered manager told us they had provided end of life care to one person who passed away a few months ago. Another social care professional from the CLDT told us staff had supported the person well and sensitively. There were no end of life plans in place for the two people who lived in the home however the registered manager showed us the 'My end of life plan'. This document was pictorial in an easy read format and was used to record what people would like to happen when they died. The registered manager told us this would be introduced to the two people at their next care plan review meeting.

Staff had been recognised by the provider for being a caring team. We saw a Dimension Inspiring People certificate displayed on the notice board in the hallway. This congratulated the staff team for being nominated as inspirational under the category of courage and related to the care they provided to a person who recently passed away. The nomination came from the Operations Director who stated, "The staff team displayed tremendous courage and with care and compassion ensured X's dignity at all times whilst providing unwavering support to the other two people" who lived in the home.

Is the service responsive?

Our findings

People were supported by staff who were trained to be responsive to their needs. Training records showed staff had completed 'Person Centred Thinking Tools' training. This introduced them to the tools and skills set required to carry out support that centred on people's needs. Daily records were reviewed monthly to ensure care and support given was relevant to people needs. For example, in one monthly review we noted a person had attended a social event which they enjoyed, staff learnt the person enjoyed this activity and put a plan of action to see where this activity was being held, so the person could attend more regularly.

The service ensured people's social needs were being met. People had 'Things you must know about me' documents in place. These captured amongst other things people's preferences, likes and dislikes. One care plan stated a staff member had sat with a person and asked them questions about their life, how they wanted to be supported and who they wanted to support them. People's gifts and skills were recorded. One person stated they enjoyed being involved in and around the home and joining in conversations. We observed them doing this during our visit. We read another

person enjoyed knitting as one of their hobbies, we observed them doing this activity throughout the visit. Their care plan recorded how staff were able to support the person by finding a knitting club they could attend.

The service sought feedback from people and acted upon it. Feedback was gathered from people through 'tenants' meetings and one to one support meetings. For example, it was noted people had expressed a desire to visit a zoo on 7 October 2014. We saw this had been acted on and staff had supported people to visit the Zoo.

The service provided care and support that were responsive to people's needs. For example,

a staff member told us they referred one person to the appropriate health professional after noticing the way they were walking. A review of the person's care plan confirmed this and evidenced appropriate action had been taken.

A 'Making a Complaint or Speaking Out' easy read pictorial booklet was available to people. This explained what people should do if they wanted to complain and who they should contact. We reviewed the 'Concerns, complaints and making a compliment' policy dated September 2014. This ensured staff were aware of the procedures to respond to concerns, complaint and compliments. The registered manager told us they had not received any complaints in the last 12 months. A review of the online complaints management system confirmed this.

Is the service well-led?

Our findings

The service was led by a registered manager who was aware of their training development. The registered manager explained they had recently applied and been accepted on to a performance management course to enhance their current skills to be able to supervise staff better. We saw confirmation of this.

Staff provided positive feedback about the registered manager, and told us the registered manager was approachable and supportive. They spoke confidently about how they would use the on-call manager system, in the event they needed support out of normal working hours. The guidance was visible on the office noticeboard with a list of all on-call managers contact numbers. Staff felt confident and knew the procedure for contacting the registered manager when they were not at the service. The registered manager told us they were responsible for two other services but ensured staff were aware of how to contact them. For example, information was displayed in the office. This showed staff the days the registered manager was allocated to work at all the services, with contact addresses and telephone numbers for each service.

We saw the registered manager had recently been recognised by the organisation for their work and contribution.

A whistle blowing poster with a contact number was clearly visible in the office for staff who wanted to report any concerns anonymously. This ensured there was a confidential way for staff to raise concerns about risks to people, poor practice and adverse events.

Systems were in place to obtain and analyse feedback received from people who used the service and staff employed by the service. We saw evidence of appropriate action taken in response to feedback received.

Quarterly compliance audits took place and fed into the service's 'Service Improvement Plan'. We reviewed the compliance audits undertaken on 24 May 2014. The audit centred around five areas namely: information, involvement, planning and delivery of support; observation of support practice and engagement; recruitment, management, training, supervision and appraisal; finance and medication and housing, health and safety. The service was found to be 100% compliant with the first three areas

but 93% with the last two. This was due to support and assessment plans not identifying the risks of financial abuse for people. The registered manager told us actions identified from the audits were discussed in staff team meetings. A review of staff meeting minutes confirmed this. For example, we looked at the service improvement plan dated 24 September 2014. This recorded staff had created individual financial risk assessments for people. The plan noted the staff responsible to carry out the task and the date the action was completed. Under the comment section it noted individual financial risk assessments had been developed after staff had received feedback from the compliance audit at a staff team meeting. A review of staff meeting minutes confirmed this discussion had taken place. This showed the service had a continuous quality improvement system to protect people who used the service.

A policy directive from the provider dated 30 September 2014 gave staff a list of newly updated policies and associated documents. For example, we noted the concerns, complaints and compliments policy had just been updated. Staff had signed to confirm they had read and understood changes made. This ensured staff were kept up to date of relevant changes.

Systems were in place to ensure important information was communicated between staff members. A review of handover sheets showed tasks staff had completed before ending their shifts. For example, staff had signed and dated to confirm all petty cash and people's personal monies and handed over any outstanding tasks.

The service had systems to identify, analyse and review risks. A review of the computer management systems to handle complaints showed, all information inputted would be reviewed by senior management to look at any patterns and trends. The service had received no complaints in the last year and reported incidents were handled appropriately.

Systems were in place to monitor food safety. We saw records of checks staff had carried out. For example, one record noted a food item had to be disposed of as a person had stuck their finger in it. This was signed and dated by the staff member who had carried out the check. A review of food temperature charts showed the dates checks were undertaken; types of food cooked and temperature readings how it was cooked; equipment temperature and

Is the service well-led?

cooking time. These were initialled by the staff carrying out the checks. This ensured food was handled, stored, prepared in a way to meet the requirements of the Food and Safety Act 1990.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who used service and others were not protected against the risks associated with unsafe or inappropriate care because Body maps did not always record actions taken when injuries were found. Regulation 20 (1) (a).

This section is primarily information for the provider

Enforcement actions

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