

Dimensions Somerset Sev Limited

# Dimensions Somerset Newholme

## Inspection report

Newholme Bushy Cross Lane  
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Somerset  
TA3 5JT

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10 October 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Dimensions Somerset Newholme is a residential care home registered to provide personal care to up to eight people. At the time of the inspection there were seven people living at the home. The home specialises in the care of people who have a learning disability and/or autism. People living at the home also have complex physical healthcare needs.

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.

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

#### Right Support:

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. However, records relating to capacity assessments were not regularly reviewed.

Most staff told us there were enough staff to meet people's needs, although this included a high use of agency staff. Staffing levels were based on the needs of the people living at the service. We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. Safe recruitment processes were in place.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that has recently been decorated to take into account people's sensory needs. The premises were homely, and people's bedrooms were personalised.

People were supported to maintain their health and wellbeing. Staff enabled people to access specialist health and social care support in the community.

#### Right Care:

Care records were under review at the time of the inspection and we identified areas where improvements were required to ensure safe consistent care was provided.

Staff were not always trained appropriately to support people.

People received their medicines in line with their preferences by staff who knew people well. Staff mostly followed systems and processes to safely administer medicines, however improvements were needed to ensure medicines were stored safely.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff because staff supported them consistently and understood their individual communication needs.

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.

#### Right Culture:

The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred and enabled them to make meaningful choices. People had care plans in place. However, these had not always been reviewed or updated. The registered manager was prioritising updating records.

Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 June 2021)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified a breach in relation to the management of the service, and have made recommendations in relation to consent and the management of medication.

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 responsive?

**Good** ●

The service was responsive.

Details are in our responsive 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 Somerset Newholme

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Dimensions Somerset Newholme is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. The registered manager had recently been away from the service for one month. Management oversight was provided by the organisation's

performance coach and operational director who completed both announced and unannounced visits during this time.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

One inspector visited Dimensions Somerset Newholme on 5 and 10 October 2022. We spoke/communicated with seven people who used the service. Most people we met were not able to verbally communicate with us. We observed how staff provided support for people to help us better understand their experiences of the care they received.

We spoke with nine members of staff including the registered manager and operational director.

We checked three people's medicines records and looked at arrangements for administering, storing and managing medicines.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures.

We contacted relatives and received feedback from two relatives about their experience of the care provided.

We received feedback from five professionals who work with the service.

# 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 good. At this inspection the rating has changed to 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.

### Assessing risk, safety monitoring and management

- At the time of the inspection, systems in place to manage risks to people were not always effective.
- A fire risk assessment completed in January 2022 identified actions that were required to be completed within one to three months. At the time of the inspection, eight months after the risk assessment, two of the actions had not been fully completed. Action had been taken to mitigate the risk in the short term for one of them. The registered manager told us that although some work in relation to these actions had been completed, continued works was ongoing which had been delayed due to contractor availability and supply chain issues caused by the pandemic. Other actions from the fire risk assessment had been completed.
- Not all staff had received relevant training to ensure the safety of people. One person with a specific health condition was also not always being supported with their condition as frequently as required, as not all staff had received up to date training from a health professional. We spoke to the registered manager about these concerns who immediately took action to rectify and arrange dates for the required training.
- Care plans and risk assessments were under review prior to the inspection taking place. Some of the care plans that were currently being used within the service were not robust and did not provide sufficient information. For example, on the first day of the inspection one person's care plan did not provide a clear percutaneous endoscopic gastrostomy (PEG) feeding regime. This was discussed with the registered manager who immediately implemented a detailed regime.
- On the first day of the inspection risk assessments were not always stored in people's paper files. Risk assessments were under review, and a number of risk assessments and support plans were in the read and sign folder. For one person, the registered manager told us that risk assessments had been reviewed but had not been printed off. Therefore, staff did not have access to them. This was discussed with the registered manager. On the second day of the inspection the registered manager assured us all care files had been reviewed and up to date risk assessment documentation had been printed off to ensure that up to date guidance to staff was available.
- Checks and regular maintenance and servicing were in place in relation to health and safety, environment and fire systems.
- Some people had been assessed by speech and language therapists and had clear plans of care in place about how their meals should be served to ensure safety. Through the inspection we saw people who had these plans received appropriate meals.
- Relatives spoken with raised no concerns regarding the safety of the service.

### Using medicines safely

- Medicines were not always stored in line with best practice.

- We checked two bottles of open liquid. One of these prescribed medicines did not have a date on them to state when they were opened and when they expired.
- Medication storage temperature checks at the service were inconsistent. We viewed the temperature check recordings for three medication cupboards. Within one cupboard, there were instances where the temperatures recorded were outside the acceptable temperature range for medicines. By not following manufacturers guidelines, it increased the risk of medicines not being as safe or effective. We spoke to the registered manager about these concerns who immediately took action to rectify.
- Medicines were stored in locked cupboards in each person's room, meaning they could have them administered in private if they chose.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.
- People received their medicines from staff who had received medicines training and had their competency assessed.
- The service has recently gone through a period of medication errors. Root cause analysis had been completed to look for any trends and patterns.
- Staff had guidance available for how to make up the correct level of thickener to be added to fluids for people who had been assessed as needing it. We saw that thickening powders were kept in an unlockable cupboard in the kitchen. Following the inspection a risk assessment was received that showed that this had been assessed as safe for people.

We recommend the provider completes a review to ensure they are storing medication in line with appropriate good practice guidance.

#### 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.

- Mental capacity assessments had been completed for people who lacked capacity to make their own decisions about their care and treatment. These did not indicate what opportunities were attempted to try and engage clients in decision making, for example, time of day or using objects as reference points. Where people lacked the capacity to make specific decisions, there was also not always evidence of decisions being regularly reviewed. We discussed this with the registered manager who advised decisions made were in the process of being reviewed. We saw evidence this was a work in progress at the time of the inspection.
- The registered manager had submitted DoLS applications appropriately.
- Staff were observed asking people if they would like support or assistance. Staff respected people's



decisions and were seen to be supporting them in a dignified manner.

We recommend the provider seeks advice and guidance from a reputable source to ensure all aspects of the MCA are met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures.
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep the person safe.
- Staff had been provided with safeguarding training. Staff spoken with understood their responsibility to report abuse and neglect and felt confident to do this.
- One person spoken with said they felt safe living at the service.

Staffing and recruitment

- People were supported by staff who were safely recruited. Staff were required to provide employment references and Disclosure and Barring Service (DBS) checks before they started employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Although the home was facing significant staffing challenges, most staff told us there were enough staff to meet people's needs although this included a high use of agency staff that are regularly working within the service. One agency staff stated, "even though I am agency I am classed as part of team".
- Staff, including agency staff, were given an induction, including shadowing experienced members of staff and competency assessments were completed.
- Staff, including agency staff, had a very good knowledge of the people they supported and were able to tell us about people's individual needs and risks.
- Relatives spoken with felt that when they visited there were enough staff available.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had visiting arrangements in place that aligned to government guidance.

Learning lessons when things go wrong

- Following a local authority visit in March and April 2022, some changes at the service had begun to take effect prior to our inspection. This was still ongoing at the time of the inspection.

- The manager was found to be responsive to our feedback. Some feedback given to the registered manager after the first day of inspection had been actioned prior to the second day of the inspection.
- Records of incidents, accidents and falls were recorded and reviewed.
- Staff were aware of their responsibilities to raise concerns and report incidents. Most staff spoken with felt comfortable raising mistakes with the management team when needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised and provided guidance to staff regarding how to meet people's needs. Care plans reflected people's likes, dislikes and preferences and we saw people engaging in some activities that reflected their care plan preferences. However, care plans were not always reviewed at the frequency required so we could not be assured that care was being delivered in a way that met people's current needs. We discussed this with the registered manager who told us they had identified this through their own quality assurance processes and were in the process of updating the documentation. The risk was mitigated as staff had good knowledge of the correct information for people. This was confirmed by the staff we spoke with.
- People were supported to engage in activities they enjoyed. During the inspection we observed staff supporting people in the garden with activities they enjoyed, another person being supported into the community for a coffee, and others being supported into the local area for a walk.
- The registered manager had made links within the parish which resulted in one person now attending the local knitting club and a volunteer from the parish coming to visit and read to people. This was observed on the second day of the inspection.
- People were supported to maintain regular contact with their relatives.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the last inspection in January 2019 we found people did not always have information provided to them in ways they could fully understand and in line with the Accessible Information Standard. This inspection found improvements had been made. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff.
- People's care plans provided detailed and personalised guidance to staff regarding how to communicate with them.
- Core staff were familiar with people's assessed communication needs. We observed some staff using individualised techniques to support people to communicate their needs and wishes. For example, one person was offered a choice of snacks and drinks using objects of reference.
- Staff spoken with understood how to communicate with people in line with their individual needs and

were able to explain individual communication tools used. One staff told us that, "Despite the communication barriers, people are still listened too".

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- Relatives spoken with knew how to voice their opinions and how to complain if needed.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- End of life support plans were in place for some people where relatives had provided input.
- The organisation is currently involved in an end of life research study.

# 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 requires improvement. The rating for this key question has remained 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

- This is the third time this service has been inspected and has not achieved a rating of good overall. We acknowledge the management team had made some improvements and addressed some of the concerns raised at the last inspection. However, further improvements are required to ensure people consistently receive safe care and support.
- The provider had systems and processes to assess and monitor the service; however, these were not always effective. The processes had identified some actions which were detailed within the service's continuous development plan. However, they had not been effective in identifying the issues we found at this inspection relating to training and medication storage temperatures.
- The Local Authority completed a Care Home Quality Review of the location on 23 March 2022 and 20 April 2022. This found that care plans had not been reviewed and Mental Capacity Assessments completed for clients in relation to nutrition and medication, personal care, accessing community, mobility, and finances contained generic information. They did not indicate what opportunities were attempted to try and engage clients in decision making, for example, time of day, using objects as reference points. At the time of the inspection care documents were still in the process of being reviewed.

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management oversight was provided by the organisations performance coach and operational director who completed both announced and unannounced visits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection the service had experienced some management and staffing changes which had caused some destabilisation within the staffing team. The registered manager was open and honest about the challenges the service had experienced, both in relation to changing the culture of the service, and the impact of COVID-19. They told us how they were working alongside staff to promote a positive culture, person-centred approaches and to embed good practice.
- The registered manager understood the service they managed. They had a vision for the service and for

each person who used the service. They were visible in the service and approachable for people and staff. Comments from staff included, "[registered manager] is a good manager", "you can't ask for more from a manager", and "I know the [registered manager] is always available and always asks me if I have any concerns".

- There was a positive culture among staff, and staff supported people to make their own choices. Comments from staff included, "things have improved since you last came, general improvement in people's quality of life and leadership", "things have opened up and improved the way we work, as well as active support" and "we are supporting in their home, they choose how they want supporting and we are here to do it".
- Relatives were positive about the service provided to their loved one. Comments included, "we are more than impressed with how [relative] looked after. We are lucky [relative] is in such a lovely place", "the way they look after [relative] is excellent".

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

- Systems were in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers must follow when things go wrong.
- The registered manager said they would look into concerns we had raised. They have shared actions they are going to make following the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff spoke passionately about people being supported and wanted them to live their best lives. Staff were observed supporting people with choices around what food, drink and activities they would like to do, with this choice then being respected by staff.
- People at the service were involved in their reviews and invited to give feedback about their experiences. There was an annual forum for people, families and colleagues. The organisation recently completed a Quality and Compliance Review of the location which included checking that people were happy with the service. One person was part of the organisations council and also attends local group meetings aimed at considering what's going well and what could be better with the service.
- People's relatives told us they were kept updated with any concerns relating to their family member's wellbeing.

Working in partnership with others; Continuous learning and improving care

- Following a Care Home Quality Review by Somerset Local Authority completed on 23 March 2022 and 20 April 2022 the registered manager had been working towards the improvements required. This was ongoing at the time of the inspection.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. For example, GP's, physiotherapists and speech and language therapists.
- We received positive feedback about the staff and home from visiting professionals. Comments included, "All staff have been helpful, understood the individuals needs and advocated for them at appointments. They have showed empathy to all residents and relationships have been well-built", "I have found the residents to be well-supported by the staff. They are treated with respect and as individuals. There is a culture of learning and training which has improved markedly since the current manager took over" and, "[registered manager] has been open and honest about things that her and her team need support with and linked in for advice when needed it".
- The service also worked in partnership with other healthcare professionals to reduce the medication one person received. This was in accordance with the STOMP agenda (stop over medication of people with

learning disabilities, autism or both with psychotropic medicines.)

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>