Dimensions (UK) Limited

# Dimensions 6 Sadlers Lane

**Inspection report**

6 Sadler's Lane,
Winnersh,
Wokingham.
Berkshire.
RG41 5AJ
Tel: 0118 989 3210
Website: www.dimensions-uk.org

Date of inspection visit: 14/09/2015
Date of publication: 14/10/2015

## 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 14 September 2015.

Dimensions-6 Sadler's Lane is registered to provide care for up to four people. The home provides a service for people with learning and associated behavioural and physical disabilities. There were four people living in the service on the day of the visit.The service offered all ground floor accommodation.

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 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 who use the service, staff and visitors' safety was carefully considered by the service. Staff were trained in and understood health and safety matters and how to protect people in their care from harm or abuse. They understood all the relevant policies and procedures and

# Summary of findings

action was taken, as necessary. Any general or individual risks were identified and action was taken to minimise them, as far as possible. The service took all the necessary steps to ensure staff were suitable to work with the people who live in the home. People were given their medicines safely.

The service made sure the staff team met people's individual needs. Staff helped people to make as many decisions and choices for themselves, as they were able. People were supported to maintain or enhance their independence, as appropriate to their assessed needs.

Peoples' rights were understood, and upheld by the staff and registered manager of the service. 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. The registered manager made appropriate DoLS applications.

People's care was provided by kind and caring staff who knew people and their needs well. People's needs were met by attentive staff who responded to them immediately. People's assessments noted staffing ratios individuals' required for different activities and these were provided.

People's individual needs, preferences and wishes were taken into account when planning daily activities. Various activities were provided, as appropriate. People were treated with dignity and respect at all times. Individualised care planning ensured people's equality and diversity was respected.

People's care was overseen by a registered manager and management team who listened to them, other professionals and the staff team. Staff described the registered manager as, ''inspiring''. The service maintained and improved the quality of care people received and ensured people received the correct amount of support to enjoy their lifestyle. Additionally people were assisted to develop skills to help them towards independence, if appropriate.

# 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?**

Good

The service is safe.

People were protected from any type of harm by staff who had been properly trained and understood how to.

Any significant risks were identified and any necessary action was taken to make sure they were minimised.

Staff gave medicines safely, in the right quantities and at the right times. The service made sure that staff were trained and were able to look after peoples' medicines and give them correctly.

There were enough staff to care for people safely.

**Is the service effective?**

Good

The service is effective.

People were helped to make as many choices and decisions for themselves as they could. If there were decisions people were unable to make for themselves the service took action to make sure their rights were upheld.

People were supported to keep in contact with health and other professionals so that they could keep themselves as healthy as possible.

Staff were trained in all aspects of people's care to make sure they knew how to support people in the best way.

**Is the service caring?**

Good

The service is caring.

People were supported by kind and caring staff. They were treated with respect and dignity at all times. People's individual needs and lifestyle choices were recognised and respected.

People were helped to keep relationships with people who were important to them. Families, friends and other representatives were as involved in people's care, as was appropriate.

People were provided with relevant information in a variety of ways. These included individual communication methods, pictures, photographs and symbols.

**Is the service responsive?**

Good

The service is responsive

People were provided with individualised care which took into account personal choices and preferences and met their assessed needs. People's care needs were reviewed to make sure staff were giving care which met people's current needs.

Staff responded to people and met their needs in a timely way.

People were supported to choose and participate in activities that helped them to enjoy their lifestyle or helped with their development.

# Summary of findings

The service had a robust complaints procedure which was available to people who live in the home, their relatives, visitors and others. Complaints were looked at by senior managers of the organisation regularly. The service had not received a complaint since 2012.

**Is the service well-led?**

Good

The service is well-led.

The registered manager was described as motivating and supportive. People, staff and others involved with the service were listened to and their ideas and views were acted upon, as appropriate.

The provider and registered manager regularly checked all aspects of the service to make sure it was giving good quality care. Action was taken, as necessary, to improve the service and quality of care provided.

The service worked with other professionals to achieve the best care for the people who live in the service.

# Dimensions 6 Sadlers Lane

**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 inspection was unannounced and took place on 14 September 2015. It was completed by one inspector.

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. We had not received any safeguarding notifications since the last inspection date. We had received notifications relating 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, health and safety documentation and a sample of other records such as staff records.

We spoke with three people who live in the home, two staff members and the locality manager.

We received written comments from two other professionals. A local authority representative advised us no concerns were known about the service at this time.

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. We observed the care people were offered throughout the duration of our visit.

Good

# Is the service safe?

## Our findings

People told us that they felt safe in the home. One person said they would not put up with being mistreated in any way. People who did not communicate verbally, were confident to approach staff and seek their help or attention. A professional who visits the home regularly told us, ''I have never seen anything I am not comfortable with''.

People were protected from abuse and poor care by staff who were trained in and understood their responsibilities to safeguard people in their care. The eight permanent and three bank staff who worked in the home had received safeguarding training which was up-dated regularly. The local authority's and provider's latest safeguarding procedures were available to staff and people who lived in the home. They were displayed on the notice board in the staff area and in an easy read version on the notice board in a communal area. Staff described, in detail, what action they would take if they identified any safeguarding concerns. They told us they would report issues to appropriate external organisations, if necessary. However, staff members told us they were confident that the management would take immediate and necessary action to ensure the safety of people who live in the service.

The service had a 'bullying' and 'whistleblowing' policy that staff were familiar with. Staff were able to gain assistance from a support line, if they needed help. The bullying policy was displayed in staff and communal areas and had been produced in an easy read format.

Individual risk assessments kept people as safe as possible whilst supporting them to be as independent as they were able. The risk assessments were incorporated into people's individual care plans and gave staff detailed information about how to minimise risks for the individual and others. Areas of risk were identified by using a risk analysis for the individual. Areas such as water temperatures, diet and nutrition and shaving had been identified as presenting a potential risk for some individuals. Each care plan included a single page red alert sheet to draw staff's attention to things they must know before caring for someone on that day. These noted information about the person such as health, risks and communication. People had a personal emergency evacuation plan in place.

People, staff and visitors to the home were kept as safe as possible by staff following robust health and safety procedures and policies. The service delegated responsibility for health and safety to two staff members, who were the health and safety representatives. They attended regular health and safety meetings and fed back any relevant information to the rest of the staff team. Their overall responsibility was to ensure the home was safe. Health and safety checks were undertaken to make sure equipment and the environment were safely maintained. These included gas safety (last tested September 2014), lifting equipment checks (December 2014) and the electrical installation check (April 2012). Other equipment was tested, at the intervals recommended in health and safety policies.

The service had a location specific overall risk assessment and other relevant generic safe working practice risk assessments such as lone working and stress at work. The service recorded all accidents and incidents and added them to the provider's computer system every week, as necessary. The registered manager actioned and signed any incident reports. Any actions to be taken were cross referenced to people's care plans. The service had emergency guidelines in place for the service in the event of an evacuation being necessary.

People's medicines were given to them in the correct doses and at the right times. Staff received specialist training to enable them to administer medicines safely. Their ability to do so had been tested by senior staff members who repeated the test every year. 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. The stock check lists were accurate but their format was confusing. The locality manager undertook to review the records. 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 and were displayed on the front of the medicines cabinet.

People were supported by staff who had been recruited as safely as possible. The provider, used an external

Good

# Is the service safe?

organisation who completed the necessary safety checks on prospective applicants. Fully completed application forms and all staff recruitment records were available to the registered manager, who viewed them prior to making an appointment. Recruitment records contained the necessary information.

High staffing numbers ensured that people were supported to enjoy a meaningful lifestyle designed around their needs, choices and preferences. The minimum staff on duty were three per shift during the day and one awake throughout the night. They were supported by a management team who spent time in the service, generally during the week. The service used bank staff, staff working extra hours and agency staff to cover staff shortages. The service currently had eight permanent staff and three bank staff. The service was currently recruiting for more staff. Rotas for August 2015 showed that staffing never dropped below those identified by the service as minimum. One staff member told us that there were, ‘‘plenty of staff to care for people safely and to help them enjoy their lives’’.

Good

# Is the service effective?

## Our findings

People told us or indicated by nodding and smiling that the care was, ''very good''. One person said, ''I am very well looked after''. One external professional told us, ''the staff are always aware of any health issues and what has been happening with my client recently. External medical treatment is sought when appropriate''. Others said, "We have no concerns about the way our patients are cared for at this home. The carers are good, and present the residents with medical problems appropriately."

Consent, mental capacity and DoLS were understood by care staff. The registered manager had submitted appropriate DoLS applications to the local authority. The eight permanent and three bank staff had received Mental capacity Act 2005 and DoLS training. Staff were knowledgeable about DoLS and were able to explain what a deprivation of liberty was and when a DoLS referral may be necessary. They told us they would discuss with a senior staff member if they felt they were depriving someone of their liberty or not using 'least restrictive practice'. People were provided with an independent representative under DoLS as required.

People were encouraged 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 could and should be involved. They explained that capacity could vary on a task by task and day to day basis. The level of decisions people could make and what assistance they needed to make 'informed' decisions was clearly described. Care plans instructed staff to describe how they obtained people's consent if the person was unable to verbally communicate with them.

People's health needs were identified and effectively addressed. People had a detailed medical file which included a hospital passport and all health records. The hospital passport described the care, additional to their medical condition, the person would need if admitted to hospital. Detailed, accurate records of health appointments, health referrals and actions were kept. Record charts were kept, if necessary, of health issues such as epileptic seizures and food and fluid intake.

People's care needs were included in their individual care plans. The plans were generally very detailed and clearly described the action staff were to take to meet people's individual needs. However, some people had specific needs associated with their current condition. Their immediate needs were not always clearly described in their plans of care. However, staff were very clear about the support they were giving everyone in the care. Staff were able to explain the type of support, when they were giving it and why. One person told us, ''I think I am getting the help I need''.

People chose their own breakfasts and lunches on a daily basis. They helped to develop weekly menus for the main meal. Photographs of different meals were used to help people make their food choices. People were encouraged to choose a well-balanced nutritious diet. Care staff received training to enable them to support people who were fed by artificial means. People's weight was recorded and reviewed, as necessary.

People, who live in the home, do not currently, display behaviours that could cause distress or harm to themselves or others. The service did not use physical interventions. However, the provider had a specialist behaviour team and was able to provide appropriate training to ensure staff were able to help people with behaviour control, if it became necessary.

The service took responsibility for small amounts of people's personal monies. 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 deal with someone who lacks capacity's finances) for people's finances or if this was necessary. There was no reference to the power of attorney issue in people's files. However, one person had reference to the Court of Protection agreeing to a family member becoming an appointee. The locality manager undertook to clarify this issue with the provider. The service had a robust system of recording the money they held on behalf of people. Financial records were accurate and up-to-date. People's money was checked twice daily by staff in the service and regularly by the manager.

People paid a contribution for transport from their benefits. These ranged from £21.55 to £22.98. However, people were also paying taxi fares which on occasion were costing approximately £25.00 per week. The reasons given for people taking taxis was that whilst the service had exclusive use of a car there were often no drivers on duty. It was not clear if, under these circumstances, there was any

Good

# Is the service effective?

financial help given to people to pay for taxi trips. Additionally, it was not clear how many trips people's transport contribution entitled them to. This meant that people could be paying twice for transport. The locality manager undertook to investigate this issue.

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

Staff told us they were provided with very good opportunities for training. They had easy access to training and were actively encouraged by the management team to participate in available training. Staff received individual supervision four to six weekly and could ask for support whenever they felt they needed it. All staff received an appraisal once a year, which resulted in a development plan for the individual staff member.

Good

# Is the service caring?

## Our findings

People told us the staff were very caring and very kind. Staff responded to people with kindness and patience and people were comfortable to approach them at all times. Other professionals described the staff as, ''good'' and one said, ''I have never experienced anything that would make me think they did not treat people with dignity and respect''.

The service understood how important it was for people to keep in contact with their family and friends and people were helped to maintain relationships with them. The service worked closely with families and kept them as involved in the person's care as was appropriate. Staff were knowledgeable about the needs of people and had developed strong relationships with them and their families and friends. Some people were helped to visit family members with staff offering one to one support.

People and their families or representatives were as involved in their care planning and annual reviews, as far as they were able and was appropriate. People were encouraged to express themselves and make as many decisions as they could. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities.

People were given information in a way which gave them the best opportunity to understand it. Care plans included a support agreement which was produced in an easy read format. Each person's format was different depending on their communication methods and ability to understand. These included pictures, photographs and symbols. Care plans included how people wanted or needed things explained to them, how they wanted to be supported to control their lives and to maintain or increase their independence.

People's privacy and dignity was maintained at all times. One person told us staff always considered their privacy. Staff had received dignity training and understood how they supported and assisted people, with sometimes intimate care tasks. A staff member described what action they took to ensure they upheld people's privacy and dignity. They gave an example of communicating discreetly when in the community to assist people with personal needs, such as pulling up their trousers.

People's care was person centred (individualised care) and focused on their individual needs. Any special needs were met as part of the strong culture of equality and diversity. All staff had received equality and diversity training and reflected this in their day to day work. Support plans and behaviour support programmes gave very detailed descriptions of the people supported. This information was called, ''getting to know you better'' and was gained by encouraging input from families, historical information and the involvement of the people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included areas called, ''what's important to me'', ''dreams for the future'' and ''how do I want my life to be''.

Good

# Is the service responsive?

## Our findings

People told us that staff listened to them and supported them in the way they wanted. A visiting professional told us, ''generally I liaise with my client's keyworker''. However, they added that generally all staff were aware of what had been going on and how their client was.

People's needs were met by a small, consistent staff team who worked together to offer the best care they could. The service had a high staffing ratio to enable staff to respond appropriately to people's diverse care needs. Throughout the visit staff responded immediately to people's needs and requests for attention.

People's needs had been assessed 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. Reviews included comments on 'what is working', 'what is not working' and 'how do I want to change things'. Daily notes were reviewed at the end of the month and staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary.

Care plans were generally detailed and daily records were accurate and up-to-date. Some people's care plans were not as current as others and the daily records did not always reflect the development work staff were doing with them. This meant that their progress was not always clear. However, staff were very knowledgeable about the care they were offering and why and were able to offer people individualised care that met their current needs. Staff communicated with each other by a variety of methods, such as written handovers and daily diary entries. The skills and training staff needed to 'match' the required support for individuals was noted and provided, as necessary.

Plans of care included areas called, ''my morning and evening routines'', ''my favourite routines'' and, ''my perfect week''. The information contained in these sections ensured staff could respond appropriately to people's individual preferences to try to make sure they enjoyed their lifestyle.

Activity plans were developed with people to reflect their goals and aspirations. The home was staffed to enable people to go to their chosen activities and to participate in community activities when they wanted to. Activity programmes were flexible and were dependent on people's health, mood and choices. Activities could be individual or in groups according to the preferences of people. A record was kept of the activities people participated in so that staff could gauge whether they enjoyed it or not. They then amended activity programmes to ensure people were able to enjoy them and use them to develop community and independence skills, as appropriate.

Some people were able to complain without assistance but most people would need the support of staff or families to make a complaint. Staff were aware of those people who would need assistance. They described how they would interpret body language and other communication methods to ascertain if people were unhappy. Information was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. One version of people's complaints procedure was called, ''speaking out''. Other information displayed encouraged people to, ''be bold and speak out'', ''stay up late'' and explained why, ''diversity matters''. There was a complaints procedure displayed in the office and in communal areas of the home so that visitors knew how to make a complaint. 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 since 2012. The locality manager confirmed that no complaints had been received this year.

Good

# Is the service well-led?

## Our findings

Staff described the registered manager as motivating and very supportive. Staff told us that the staff team were happier and more enthusiastic since the current registered manager had been in post (registered August 2015). One staff member said, ''we are blessed'' to have an inspiring manager. They said she, ''put fire in them''. Staff described the culture of the home as open and very caring. They told us that even though she did not work in the home every day she was always contactable and responded immediately if they needed her.

People received good quality care which was continually assessed, maintained and improved by the service. There were a number day to day and overall monitoring systems to ensure the quality of care and people's positive lifestyle was maintained and improved. Examples included, medication audits and health and safety audits. A quality assurance audit was completed every three months. The provider's representative completed them if requested or if the service needed improvement. The service could complete a self-audit if the previous three monthly check was satisfactory. This covered all areas of the functioning of the service. After each audit 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 service held monthly review meetings to ensure people's views were listened to. During the reviews staff discussed with people what was working and what was not working for them. People's families and friends were involved in all review processes, as appropriate. The service held a monthly team meeting. These included discussions about the performance of the team, issues with people who live in the home and new policies and procedures. The records of staff meetings noted possible solutions to problems and actions to be taken. Staff views and ideas were listened to and recorded. The regular audits, any shortfalls and the actions identified that needed to be taken were openly discussed. Changes made as a result of listening to people and staff included providing new flooring and increasing the variety of activities available.

The service worked with other professionals to achieve the best care for the people they supported. One professional told us, ''I have no difficulties working with the staff or getting information etc. in order to be able to fulfil my role''.

Staff were kept up-to-date with any new developments by various means. Examples included the local authority providing information about new developments and invitations to learning events. The provider's quality and compliance audit team providing information through bulletins and new policies and procedures. For example, the locality manager was fully aware of the new policy about the provider's 'duty of candour' and was able to explain its relevance and application.

People's needs were generally accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and were fully completed, as appropriate. However, some records were not always dated which meant there was a risk of people and staff not being able to identify the most recent version. 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.