

Dimensions Somerset Sev Limited

# Dimensions Somerset The Saplings

## Inspection report

The Saplings Wiltons Orchard  
Fons George  
Taunton  
Somerset  
TA1 3SA

Tel: 01823324832

Date of inspection visit:  
25 June 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The Saplings provides personal care and accommodation for people with learning disabilities. There were six people living in the home at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

What life is like for people using this service:

People who used the service looked comfortable and relaxed in the presence of staff. Relatives and health professionals spoke positively and told us they felt people were safe.

Improvements had been made to the management of medicines. Further improvements were needed to make sure shortfalls were promptly identified and acted upon.

Staff had received training to carry out their roles and demonstrated a good understanding of safeguarding and knew how to report concerns.

Improvements were needed to make sure all care related records were in good order and easily accessible.

People were supported to access health care services and regular visits were undertaken by healthcare professionals.

People's dietary needs were assessed, and people received the support they needed at mealtimes.

People received care that was kind and respectful. Care plans were detailed and reviewed each month. Further improvements were needed to make sure changes were fully incorporated and clearly recorded.

A range of audits and monitoring systems were in place. They did not always identify shortfalls, so actions were not always taken to mitigate all risks and make improvements.

The management structure in the home needed to be further strengthened to make sure all staff were fully aware of their role and responsibilities.

The service met the characteristics of Requires Improvement in the key questions Safe and Well-led, and Good in the key questions Effective, Caring and Responsive.

Therefore, our overall rating for the service after this inspection remains Requires Improvement.

More information is in detailed findings below.

Rating at last inspection:

Requires Improvement (report published in June 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor information received about the home until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Dimensions Somerset The Saplings

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

#### Service and service type:

The Saplings is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager who was in the process of registering with the Care Quality Commission. This means when they are registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was on leave at the time of our inspection.

#### Notice of inspection:

This inspection was unannounced. The provider and staff team did not know we would be visiting. We carried out the inspection on 25 June 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection in May 2018. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met everyone who used the service and spoke briefly with two people. They were unable to tell us about their experiences or express their views of the service. We spent time observing people and their interactions with staff.

We spoke with the operation director and five care and support staff. We spoke with a visiting health professional and obtained their views of the service.

We reviewed a range of records. These included three people's care and medication records, staff rotas and training records. We reviewed records relating to the management of the home including checks completed by the manager and the provider.

Following the visit, the provider sent us additional documents we had requested, which included staff recruitment and supervision records, further evidence of quality monitoring, and policies and procedures.

We spoke on the telephone to two relatives to seek their views about the care and support people received.

We also received feedback from a further two health professionals. You can see what they told us in the main body of the report.

# 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 in May 2018, this key question was rated Requires Improvement. This was because medicines were not always safely managed.

At this inspection we found improvements had been made. Further improvements were needed to make sure shortfalls were promptly identified and acted upon. The rating for this key question remains Requires Improvement.

### Using medicines safely

- Improvements were needed to make sure people consistently received their medicines safely and as prescribed.
- People's prescribed medicines were recorded on pre-printed medicine administration record sheets. Staff initialled the MARs to confirm they had given the medicines as prescribed.
- Whilst most records were fully completed, some of the records were not clear or accurate. For example, where two staff initialled for a medicine given at 8am, one staff signed the MAR for 8am and the second staff signed for 9am. Staff clearly explained the medicine had been given at 8am, and not at 9am. However, the records were not clear.
- There was a fridge to store medicines that required cool storage. The planned daily temperature checks were not completed for eight days in May 2019 and for five days in June up until the day of our inspection. In addition, temperatures where had been recorded as exceeding the maximum safe temperature, actions were not taken until the recording had been inaccurate for six days.
- The reasons for administering 'as and when' medicines such as pain relief, and details of how people displayed they may be experiencing pain, was recorded in people's care records. For example, for one person their records stated they, 'Points to his mouth to indicate he is in pain.'
- Staff had completed training to check their competency and knowledge.

### Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed.
- Staffing levels were planned to support people with their daily needs, activities and appointments outside of the home. However, on the morning of our inspection, there were insufficient staff to support people with their social activities. This was an oversight and there were sufficient staff on duty for the afternoon.
- When the manager was not on duty, there was no allocated member of staff in charge of each shift. There was no clear guidance about staff roles and responsibilities in the event of an emergency.
- A relative told us they felt staffing was sufficient and their their loved one was safe and well cared for. However, they also felt that staff didn't have the time to sit and talk with them when they visited. Another

relative told us, "Most of the time I know who I'm speaking to when I call now. At one time it was different staff each time."

Systems and processes to safeguard people from the risk of abuse.

- Staff had received training in safeguarding and knew how to recognise signs of abuse. They were aware of their responsibilities and told us they would immediately report concerns to their manager or a member of the regional support team if they had concerns.

Assessing risk, safety monitoring and management

- Risk management plans set out the actions needed to mitigate the risks identified. These included risks associated with moving and handling, seizures, eating and drinking, choking and the environment.
- When people needed monitoring on a regular basis, for example, at night, to make sure they were safe, the actual checks were not recorded. The operations director told us they would implement a system to make sure these checks were recorded.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency situations.
- Regular checks were completed which included electrical, gas, legionella control and fire safety. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. A recent audit by the provider identified that fire evacuation training was not up to date. Actions had been taken to address the shortfall. Equipment, such as hoists were regularly checked by external contractors.

Preventing and controlling infection

- Staff had received infection control training and followed safe practices. There was a sufficient supply of personal protective equipment such as gloves and aprons.
- Checks were completed to ensure all parts of the home were clean and tidy.

Learning lessons when things go wrong

- Staff completed records of accident and incidents. The manager and the regional management team completed a review of incidents to look for any themes or trends.
- Monthly reviews of 'never events' were held to make sure serious incidents were reviewed and lessons were learned. These were shared throughout the provider's services to reduce the risks of recurrence. For example, one person, assessed as at high risk of choking, had been left unattended whilst eating. They had not suffered harm, however actions included a retraining programme for staff and the seriousness of the incident was highlighted at staff meetings.



# Is the service effective?

## Our findings

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

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

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

- People had their needs assessed and information from the person, their relatives and other professionals involved in their care were used to compile their care records.
- Whilst care records were comprehensive, there were so many files and folders, we counted seven, for one person. There was no clear reference or guide as to what records should be in place, some information was repeated in different files, so it was difficult to check for completeness.
- It was clear however, from the staff we spoke with, they knew what people's care needs were and knew which care files and folders were relevant to the care provided.
- Care records were updated, however full reviews that involved people and their relatives did not take place on a regular basis.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff understood they needed to seek verbal consent before they supported people. Several times, on the day of our inspection, we heard staff asking people, "Is it ok if I ask you to sign your notes?" and, "Can I help you with your lunch now?"
- The provider's most recent service report had noted improvements were needed. Plans were in place to address the shortfall they identified with regard to recording of best interest decisions when using equipment such as wheelchair lap belts and bed rails.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).

- At the time of our inspection no one had a current DoLS in place. Applications had been made that were awaiting follow up from the local authority. We saw evidence that the provider had actively followed up to check on progress with the applications they had made.

Staff support: induction, training, skills and experience

- When new staff started in post they completed an induction. Refresher and update training was planned, and records were maintained. A member of staff told us, "We get plenty of training."
- Training that was specific to the needs of the people living in the home, for example understanding seizures, was provided. However, there were people with catheters and staff had not received catheter care

training. The operations director told us they would ensure this was arranged for all staff.

- Improvements had been made and staff said they felt more supported since the current manager had started in post. Supervisions were becoming more regular and there was a plan in place for the rest of the year.

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

- Most people living in the home needed considerable support to eat and drink.
- Staff were aware of the needs of people who needed their foods to be prepared to a specific consistency as instructed and advised by the SALT team.
- Current and up to date eating and drinking plans for people were kept in one file in the kitchen. There were also eating and drinking plans in folders in people's rooms which were not up to date. We brought this to the attention of the operations director who told us they would take immediate action to remove the out of date information.
- We observed meals being served to people in the dining room. Support was provided in a leisurely, dignified and supportive way.

Supporting people to live healthier lives, access healthcare services and support

- The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, chiropodists, physiotherapists and the community learning disability team. They also received regular visits from their GP.

Staff working with other agencies to provide consistent, effective, timely care

- We received mostly positive feedback from health professionals with comments including, "The manager has had a good look at what's going on and is more proactive and asking more questions," and, "It is an improving picture here now and I feel more confident that actions will be taken and followed up."

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

- At the time of our inspection, works were being planned to enhance the kitchen, with a planned extension and refurbishment. This was to make the kitchen more accessible for people.
- Longer term options to make required improvements to the environment and the garden were being considered. At the time of our inspection, no specific plans had been agreed with set timescales.

# Is the service caring?

## Our findings

Caring-this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same remained the same and was rated Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported:

- People looked comfortable with staff and we saw that staff were attentive to their needs. Comments from relatives included, "The staff are lovely," and, "I have been pleasantly surprised this year."
- During our inspection we saw staff demonstrating acts of kindness and thoughtfulness. For example, staff took time to discuss a change to a person's care plan. The member of staff explained and waited for the person to acknowledge they understood. The person nodded, and they were supported to sign their records. They looked pleased when the member of staff praised them for doing so well.
- Staff showed concern for how people were and often during the day we heard people being asked how they were feeling and if there was anything they needed.

Supporting people to express their views and be involved in making decisions about their care

- Most people were able, some with support, to make decisions about their personal care and where they spent the day.
- Care records noted what was important to people and what made a day a 'good or not so good day'. For example, for one person, a good day was, 'I wake up nice and early, between 7.30am and 8am. I tend to feel good in the morning,' and a not so good day was when, 'I don't get to do activities I like, and 'I have a disturbed night. I often can't sleep well.'
- People were supported to express their views and be involved in making decisions about outings, by pointing at pictures or photographs. People could point to a photograph of the member of staff they wanted to go on an outing with and point to a picture to choose their preferred types of transport.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was maintained. Staff had received training in maintaining dignity and privacy and organisational policies and procedures were in place.
- We saw staff knocking on people's doors before they entered. In addition, staff asked for people's permission on our behalf, to go into their rooms and to look at their records.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same remained the same and was rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to communicate in ways that were meaningful to them. Staff told us they often used a combination of pictures and symbols, photographs, simple sign language and gestures to support people to communicate. We did not see any communication aids used on the day of our inspection.
- Care records were regularly updated to make sure they still reflected current needs. However, we did note, as we have reported on in the effective section, some information was duplicated, and we noted there were numerous files and folders with information that was not currently needed.
- For one person we counted seven files and folders in their bedroom and additional information in another folder kept in the kitchen. In addition, for some people daily care entries were made in diaries and sometimes in another care record.
- Care staff were able to describe the care people needed. They were clear about where and how they updated the records they were currently using.
- Care staff told us how improvements in care delivery had been made during recent months. They told us that people were being actively empowered to give them more control. One example of this was that people were being supported to answer the front door to visitors.
- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs. This gave staff the opportunity to update and share information relevant to that day and to discuss how people's needs had been met.
- Activities were arranged according to people's individual needs and abilities. People were offered to go out of the home on a regular basis.
- A relative told us, "There does seem to be a lot going on and he goes out quite often."

### End of life care and support

- No one was receiving end of life care at the time of our inspection. However, we read communication from a relative of a person who had passed away. Their feedback included, "They were respectful, caring, considerate humane and so generous with their time and communication," and, "The last couple of days I have been at Saplings. It was wonderful to see the staff and talk to them and reminisce as any family would...it also moved me very much."

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

- The operations director told us they actively welcomed feedback about the service provided. In addition to making the complaints procedure accessible, a 'visitor feedback' folder and poster was displayed in reception.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post. A manager had been appointed and had applied to be registered with the Commission.
- We did not meet the manager. They were on leave at the time of our inspection. As we have reported in the safe section of the report, there was no member of staff allocated to take charge of each shift. There was no clear guidance about staff roles and responsibilities in the event of an emergency situation. We were told by staff, "We are all in charge."
- A health professional told us, "There's no shift leaders at present, although staff who have been there a while have taken the lead when I've visited. Not sure how long the goodwill will last though."
- Whilst systems were in place to monitor and evaluate the quality of the service provided, they had not identified the shortfalls we found, for example, with record keeping, monitoring records and with medicines management.
- Improvement plans were developed where areas for improvement were identified.
- The operations director knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Relatives, staff and health professionals spoke positively about the manager. Comments included, "She has had a good look at what's going on and is really proactive," and, "We feel much better supported now." There was also a comment that is was, "Early days to comment about management changes. Will wait and see. The manager has had a few things to sort out."

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

- Surveys were completed for people using the service. The provider communicated actions they would take in response to the survey completed in July 2018. Results and planned actions related to all the provider's services and was not specific to The Saplings.
- Staff meetings were held, staff surveys were completed, and staff told us they now felt more confident that their views and feedback would be listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The manager was striving to develop good working relationships with external health professionals.
- The operations director told us how they supported managers to keep up to date. This included attending monthly provider meetings. These meetings included training and development sessions, such as safeguarding, financial management and changes to policy. Senior staff were supported to attend conferences and local authority forums.