

Dimensions Somerset Sev Limited

Dimensions Somerset Newholme

Inspection report

Newholme Bushy Cross Lane
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Tel: 01823442298

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Dimensions Somerset Newholme is a residential care home for people with learning disabilities and/or autism that was providing personal care for up to eight people. At the time of inspection there were eight people living at the home. Most people had a range of complex needs and most had limited verbal communication.

People's experience of using this service:

This care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Although people were happy and relatives told us their family member was safe we found people were not always being kept safe. Systems to reduce the risk to people in the event of a fire were not consistently being used. Medicines were not being audited and some management of medicines was not in line with best practice. Not all risks had been identified or ways to mitigate them put in place.

Most people in the service lacked capacity to make specific decisions and there were systems in place to make them. However, when people were deprived of their liberty systems were not in place to ensure it was lawful. People were involved in making choices about their day to day care and these were respected by staff.

The provider had completed a range of audits to identify concerns and issues at the service. However, there had been a large amount of recent changes in staffing and management. This meant the improvement plan in place was still being worked through. Staff were starting to feel supported by the new manager.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals. Staffing levels had been an issue due to all the changes occurring. Staff and the provider had worked hard to prevent impact to the people.

People were supported by kind and caring staff who knew them incredibly well. Staff respected people's privacy and dignity throughout the inspection.

More information about the detailed findings can be found below.

Rating at last inspection:

This is the first inspection for this service since it changed providers.

Why we inspected:

This was a planned inspection based on the service's new registration.

Enforcement:

We have made a recommendation about staff training in line with people's assessments.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment.

Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

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

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. 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:

This was carried out by one inspector.

Service and service type:

Dimensions Somerset Newholme is a 'care home' for people with learning disabilities and autism. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was going to register with the Care Quality Commission. Once they were registered it would mean that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 15 January 2019 and was unannounced.

What we did:

The provider had completed a Provider Information Return (PIR) a long time before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we got up to date information in line with this. We looked at other information we held about the service and provider before the inspection visit.

We spoke informally with two people who used the service because they had limited verbal communication. We spent time with others carrying out observations. We spoke with the manager, performance coach and three members of staff. Following the inspection, we spoke with two relatives on the telephone.

We looked at three people's care records in various depths. We observed care and support in communal areas. We looked at one staff file, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and compliments system, medication files and environmental files.

During the inspection we asked for further information including quality assurance documents and follow ups to some things we found. We received all this information in the time scales given and the information has been included in this report.

Is the service safe?

Our findings

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

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.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

- Medicines had not always been managed in line with current best practice. Liquid medicines had been opened with no dates to mark when they were started. Not all variable dose 'as required' medicines had a record of how many tablets were administered on each occasion. Medicines were not being audited regularly to ensure the stock was always correct. One person had a quantity of medicine in stock which did not match what was on their records. This meant there was a risk that medicines could go missing or people could miss having their medicine administered.
- People were not always kept safe from harm due to doors being left unlocked exposing them to danger. Although this potential risk had already been identified by the provider during their own checks concerns were found at the inspection. A leaking hot water tank was left exposed to people because a door was unlocked. This meant there was a potential risk of a person scalding themselves. We also found a cupboard containing potentially harmful chemicals unlocked. One member of staff immediately made sure these were locked to protect people.
- Checks in relation to the use of bed rails had not always been completed in line with current best practice. Special covers were placed over bedrails to prevent entrapment. However, for some people specialist mattresses were in place to reduce the risk of pressure ulcers. No checks had been completed to make sure the current height of the mattress to bed rails was safe. One member of staff told us they would look into the guidelines and check all the beds where this was applicable.
- Some risks to people had no guidance in place for staff to follow to ensure consistency. This was important due to the level of agency and new staff. For example, one person had diabetes which needed to be managed through their diet. There were no guidelines in the care plan to reflect this.
- People who required thickened drinks to prevent aspiration or choking were sometimes placed at risk. One person was being supported with a thickened drink. The staff member was new and had not received training in relation to this. They were unable to check the thickness of the drink which had been prepared by another member of staff.
- Risks had not been mitigated for people in the event of fire. There had been no weekly or monthly checks by staff of the fire alarm, emergency lighting and visual checks of fire extinguishers in line with the provider's policy. No evacuation practice had been completed with the current staff. No external checks of the fire equipment and systems had been completed since 2017.
- People were not protected from harm from all electrical equipment in the service. Annual checks had not been completed and were out of date in November 2018.

Concerns were found around medicine management, risks not always being assessed, the safety of some electrical equipment not being checked regularly and lack of systems in place to protect people from harm in the event of a fire.

This is a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider updated us on improvements they had made in relation to health and safety and fire safety at the service. This included visits from specialist external testers and practice fire drills involving all staff.
- People were involved in managing their medicines when it was possible. One person told us staff, "Help me take my tablets". Medicine was stored securely in locked cupboards in people's bedrooms
- People were supported who had complex needs including medical conditions such as epilepsy and tubes for eating and drinking. Some of them had detailed care plans to keep them safe when they had a decline in health. One member of staff could give us step by step instructions of how to manage the decline in health of a person with epilepsy.
- Care plans had identified a range of risks for people and provided guidance for staff to mitigate the risks. One person had mobility plans and guidance in relation to medical conditions.
- Systems were in place to report any damages which prevented equipment from being safe. One member of staff explained the process they went through to report a damaged chair used in the bathroom.
- Equipment used to help people transfer between their bed and chairs had all been routinely checked. This was to ensure there was no damage and people were kept safe.
- The service was clean. Staff had access to equipment such as gloves and aprons to prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected by staff who understood how to recognise potential abuse and who to report it to. One person told us they were happy and others were comfortable in the presence of staff. One relative told us they had, "Peace of mind" since their family member lived at the service.
- Systems were in place to protect people from the risk of potential abuse. The provider had a specialist telephone line which staff could report any concerns to.
- All staff were aware of external bodies they could speak with if they were concerned about people's safety.
- Lessons had been learnt when things had gone wrong. An example of this was when someone had a fall. Investigations had occurred and actions put in place to reduce the risk of further falls. However, their care plan had not been updated to reflect all the changes and the new risk. The registered manager told us they would update the care plan.

Staffing and recruitment

- People had all their basic care needs met during the inspection and there were small amounts of activities occurring. Relatives told us they thought there were enough staff.
- Staff had mixed opinions about whether there were enough staff to meet people's needs. One staff member told us there was a high use of agency staff after lots of staff had left. Agency nurses were used at night to keep people with complex needs safe. Another staff member said, "It has been quite stressful" with the lack of staff.
- The management explained when agency staff were used they always tried to get the same staff so there was consistency. During the inspection we saw this and staff confirmed it.

- The manager had ensured staff at another home they managed were trained with all the specialist health and care needs. This meant if they were short of staff at Newholme there were additional trained staff who could support people.
- The management were aware of what were safe staff levels and ensured it did not go below this.
- Staff had been recruited through a system which made sure they were suitable to work with vulnerable people. The provider had an ongoing recruitment strategy.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Before people moved into the service their needs were assessed and care was put in place in line with guidance.
- However, the management had not always recognised additional training required for staff to meet a person's assessed needs. The manager sourced relevant training for staff during and following the inspection.
- Most staff had completed what the provider classed as mandatory training. This included managing behaviours which can challenge, food hygiene, capacity and consent and safeguarding.
- However, areas of this inspection highlighted where shortfalls had been found in staff training such as fire safety and eating and drinking. Some of these areas had already been identified at provider level.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to meeting people's specific assessed needs.

- Some people with complex needs required staff to have completed additional specialist training. One member of staff told us on every shift there was at least one staff member trained to complete all the specialist tasks including medicine administration including use of emergency seizure medicine. Competency checks had been completed by a previous registered manager to make sure best practice was being followed.
- Staff new to working in care undertook the Care Certificate. This is a set of national standards all health and care professionals need to be aware of to deliver consistent care.
- New staff spent time shadowing more experienced staff to learn about the people they were supporting and how to meet their individual needs.

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 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No system was in place to monitor whether DoLS had been applied for or authorised when people's liberty was restricted and they lacked capacity. During the inspection one person's DoLS was found to have expired and there was no information a new application had been made.
- Following the inspection, the manager informed us of a new system in place to manage DoLS.
- Staff knew to make decisions in a person's best interest when they lacked capacity for a specific decision. They knew to involve other important people such as relatives and other professionals.
- All staff were aware to gain consent prior to undertaking any task with a person.

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

- People were supported to eat and drink a varied diet. One person told us their favourite food was, "Fish and chips" which they got. During lunch people were being supported to eat in two separate kitchen areas.
- Some people required their food to be administered through a special tube overnight. One member of staff supported them in a lounge whilst other people were eating.
- People who required a softened diet to prevent choking and aspiration had their needs considered. All food was prepared separately so it could be identified on the plate. However, there was a lack of interaction from staff who were supporting these people to eat. This meant a social opportunity was missed and support was task based.
- Specialist equipment such as scoop bowls and wide handled forks were in place for people who needed them.

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

- People were supported to see a range of health and social care professionals. This was important because many of them had complex needs.
- One person told us they had seen a physiotherapist to help with their mobility. There were records they had also seen professionals about other health conditions.
- When people's needs changed the relevant health professionals were sought. If their health declined then the doctor was called. One person's mobility had changed and their care plan had been updated with new guidance to help them.
- People who required specific medical procedures to keep them healthy had support from the district nurses. Some staff had received specific training in procedures which were overseen by the district nurses.

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

- Bedrooms were personalised to each person's needs and wishes. One person had a range of photographs in their room of important people to them. Another person had lived at the home who liked politics so their bedroom door had been adapted to look like the Prime Minister's front door.
- People who had mobility difficulties had specialist equipment in their bedrooms. This included overhead hoists. Specialist beds were provided for those who required them.

- Some bedrooms had recognisable objects outside them to help people identify the right one.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and caring staff. One person agreed that staff were, "Nice". Others smiled when staff interacted with them. At all times people appeared comfortable in staff presence.
- People were supported by some staff who knew them very well. One person was in their bedroom and a member of staff came in. The person smiled and joked with the member of staff who then put music on for them. At all times the person was comfortable with the interactions.
- One relative told us, "It is homely" and, "Staff are amazing". Another relative was positive about the staff.
- The management led by example this positive relationship building. When the manager arrived, they interacted with all the people who smiled and recognised them.

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

- People could make choices and these were respected. One person said they were asked to make choices. Other people were shown objects such as containers of drink and then pointed to their preference.
- Relatives confirmed they felt their family member was listened to and their preferences always respected. They explained if their family member wanted to stay in bed late then they could and were not rushed to get up for breakfast.
- People were supported to maintain relationships with those important to them. One person told us their family come to visit them. Another person went to visit a family member whose birthday it was. One relative told us staff brought their family member to see them.
- People's religious and cultural needs had been discussed with the person or those important to them. One person's care plan stated although they were religious they did not want to go to church. The person said, "That's correct" when we read their preference out to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at all times. Staff always knocked on bedroom doors before entering them.
- Staff were discreet when asking a person if they required support with any intimate care. Doors were always shut prior to intimate care being delivered.
- During conversations with staff it was clear they would promote as much independence as they could. They were aware of when people required additional support. At meal times special equipment was in place to promote people eating as independently as possible.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- People did not always have information provided to them in ways they could fully understand and in line with the Accessible Information Standard. One person had unused visual aids in their bedroom. One member of staff told us the person no longer needed them although they had never received training on how to use them. Another person's communication care plan mentioned a special signing should be used to support speech. This was not used by any staff during the inspection. The manager told us due to a provider change and staff changes systems were being reviewed.
- People had access to a range of activities when staff were available. One person told us they sometimes went to the cinema. They also went shopping including going to the supermarket to pick their food. Other people were offered activities when they came into the lounge.
- Staff informed us and we saw the amount of activities occurring in the community was limited due to current staffing levels. It was clear the provider was continuously working on this.
- People had care plans which were personalised to their individual needs and wishes. One person we spoke to was aware of their care plan and the contents in it.
- Care plans celebrated what was going well and identified what may not be going so well. These provided information for staff to help them support people. One person was sharing some of their interests with us during the inspection. This included their toy snakes and balls. They had access to a variety of them in their bedroom and staff knew about these.
- Relatives felt staff were responsive to their family member's needs. Whenever there were changes or updates were required the staff would speak with them.
- Staff knew people well and could tell us their likes and dislikes. They could identify what was important for the person. This was important as some people were unable to verbally communicate for themselves.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The manager told us they had plans to develop links with the local hospice. This would provide staff with training and support when someone required this level of support.
- Care plans had sections where advanced planning could be discussed with the person and their relatives.

Improving care quality in response to complaints or concerns

- People who had capacity knew who they could speak with if they were upset. Staff could tell us how they recognised when those less able to verbally communicate were upset.

- Relatives were aware of people or other professionals they could speak to if they were concerned about the care of their family member. One relative told us they never have needed to raise a concern and were comfortable to speak with the staff if they were.
- The provider had systems in place to manage complaints. They encouraged people and their relatives to feed back. One complaint from a neighbour had been managed in a timely way through their more formal system. Full written feedback was provided along with a solution.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt there had not been clear leadership at the home since all the recent changes by the provider had occurred. One member of staff told us they were unsure who they should go to if there was a problem as the service no longer had shift leaders and the manager was not always on site.
- Since the new provider took over the service a number of significant changes to staffing and roles had taken place. The structures of staff in the service had changed and there had been a change in manager. This had caused some confusion and uncertainty.
- The provider and management were aware of this disruption and had done their best to keep it to a minimum for the people living in the home. This was reflected by happy people and positive relatives.
- There was now a clear structure in place and staff were being supported to adapt to this. The manager was putting in some additional supervisions and meetings to help establish the new way of working.
- Audits by the management of the service were not being completed or failed to identify concerns found during the inspection. Examples of this included fire safety, medicine management and risk assessments. These shortfalls appeared to link with the recent changes at the service including a new manager.
- At provider level the quality assurance systems had identified many of the shortfalls identified during the inspection. However, actions had not already been taken to rectify the concerns. The provider had assigned a performance management coach and new manager to improve the service. There was a clear action plan in place with dates when issues were due to be resolved.
- The provider had a strong ethos in being open and transparent even when things went wrong. They had a system of 'never events' and reporting system when this happened. Staff were aware of these and knew about the process of reporting.
- The manager and provider were aware of their duties to report certain events to other authorities such as safeguarding.

Working in partnership with others

- Audits had not always been sought from external specialists in a timely way to ensure current best practice was being followed and people were safe. For example, no external checks on equipment in relation to fire had been completed since 2017.
- Staff and the management had built positive relationships with other health and social care professionals.
- Links had been built with parts of the community so people could access them. There were plans to further

improve these relationships and build new ones. For example, with the local hospice.

Continuous learning and improving care

- It was clear there was a continuous drive to learn and improve at all levels of management in order to improve the care people received.
- The provider had introduced a role of performance coaches who were to support the managers. During the inspection the performance coach was present and aware of most of the concerns we identified. Their role was to help drive improvements when they were required plus provide support.
- Senior managers led from the top to drive improvements across their services. The managing director and director of operations would come and speak with staff and visit the service regularly. One member of staff was positive about this interaction they had and felt listened to.

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

- The manager interacted in a calm and unhurried manner with the people during the inspection. They all responded in a positive way to the interactions.
- Relatives felt engaged with by staff and the management about the service. One relative said, "It is absolutely amazing" and, "They involve me". They continued to explain they were always telephoned about their relative and last year they had completed a questionnaire about the service.
- Staff had mixed views about how supported and involved they felt. They explained since the new manager had come it was improving.
- The manager and performance coach had plans to increase the amount of staff meetings to better communicate. They wanted to increase staff supervisions to provide them with opportunities to discuss concerns, their practice and training needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure care and treatment was provided in a safe way for service users.