

Dimensions (UK) Limited

Dimensions Parrot

Farmhouse Arborfield Road

Inspection report

Parrot Farm
Arborfield Road, Shinfield
Reading
Berkshire
RG2 9EA

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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 ●

Summary of findings

Overall summary

About the service

Dimensions Parrot Farmhouse is a residential care home which is registered to provide a service for up to eight people with learning disabilities. There were six people living in the service on the day of the 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.

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

We received extremely positive feedback about the exceptional care and how the support people received positively impacted on their lives. People and their relatives were extremely positive about the caring and responsive approach of the staff.

People continued to be protected from the risk of abuse because systems and processes supported this practice. Risks to the environment and people's health had been identified, assessed and managed safely. Medicines were managed safely. Accident and incidents were recorded and reviewed to promote learning and prevent reoccurrence.

There were enough staff to keep people safe and staff had been recruited safely. There was a regular training programme which gave staff the right knowledge and skills for their roles.

People were involved in their care and were supported to make decisions. People had a healthy, varied diet and ate food they enjoyed. Staff supported people to access relevant healthcare services, followed professional advice and provided consistent care.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People received care and support from staff who were caring, compassionate and familiar to them. Staff provided care and support with consideration to people's needs and preferences. It was evident staff had formed genuine relationships with the people they supported.

People received personalised care and support which met their needs, reflected their preferences and promoted their wellbeing. People's care and support had been planned and developed in partnership with

them. People were regularly consulted about their views of the service. People were provided with regular opportunities to enhance their social well-being. The high standard of care which people received from staff led them to achieve positive outcomes. The service responded and adapted to meet people's change in care and support needs in a timely way. People's communication needs were identified, and their end of life wishes explored. Systems were in place to enable people and their relatives to raise concerns.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Systems and processes monitored the quality of the service provided. These included regular checks on the safety of the environment and the quality of care people receive. Staff felt valued and worked well as a team to benefit people. People and their relatives were complimentary of the registered manager. The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, 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 safe.

Details are in our safe findings below.

Good ●

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 exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Dimensions Parrot Farmhouse Arborfield Road

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Dimensions – Parrot Farmhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was not present at the service. We spoke with an assistant manager who provided us with access to all documentations required.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information

we had received about the service since the last inspection. This included notifications of important events the provider has to share with us. We used all of this information to plan our inspection.

During the inspection

We spoke to one person and we used Makaton to communicate with another person using the service. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate. We observed staff's interactions with people who used the service. We spoke with the assistant manager and three members of staff. We reviewed a range of records. These included three people's care and medication records and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people and we contacted five professionals who regularly visit 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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse and the provider's systems and processes supported this.
- Staff understood their responsibilities regarding safeguarding people and could tell us how they would respond if they had concerns that a person was being abused. A member of staff told us, "I would report safeguarding or whistleblowing according to our policy. If the management did not react to my concerns, I would call a safeguarding team."
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's health had been identified, assessed and managed safely. Records contained clear guidance for staff to minimise known risks. For example, risk assessments had been completed in relation to people's health conditions such as epilepsy or hyper sensitive skin.
- Staff told us that they understood risks to people and found the risk assessments helpful.
- Risks relating to the environment had been assessed and plans were in place to minimise these. For example, people had personal emergency evacuation plans (PEEPs). PEEPs detail the support people would need emotionally and physically to leave the service in the event of an emergency, such as a fire.

Staffing and recruitment

- Staff with the right skills and experience had been recruited safely. Appropriate checks to support safe recruitment had been carried out.
- There were enough staff to keep people safe. Shift patterns were scheduled to meet the emotional and social needs of the people using the service.
- We observed staff were available when people wanted them, and they responded to people's requests promptly. Staff spent time with people engaging in personal conversations and activities.

Using medicines safely

- Medicines were being managed safely. Medicine Administration Records (MAR) showed that medicines were administered as prescribed.
- When people had medicines which were administered 'as and when required' (PRN), there was a protocol in place which informed staff why the medicine should be given, how often and in what dosage. PRN medicines which were given to calm people when they were distressed were used as a last resort only.
- Staff had received training in safe medicines management and their competency to administer medicines

had been assessed.

Preventing and controlling infection

- All areas of the home were clean and free of odour, including areas where people expressed behaviours which required careful maintenance. Furnishings and equipment were well maintained, reducing the risk of infection.
- We saw staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify themes.
- Staff meeting minutes showed incidents were discussed to promote learning and prevent reoccurrence.

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 this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care assessments were completed prior to people's admission into the home. These supported staff to ensure people's needs could be continually met. People's care was delivered in line with best practice guidance and was regularly reviewed.
- Care and support records evidenced the involvement of people and relevant others such as relatives.
- Staff sought support from health and social care professionals when people's needs changed to ensure their needs could continue to be met.

Staff support: induction, training, skills and experience

- Staff told us they felt suitably trained to do their job and they had access to regular training. As people using the service had a range of health conditions, the registered manager provided staff with the right training to meet people's specific health needs. For example, staff had received additional training in dysphagia and epilepsy awareness.
- Staff who were new to the service had an induction which included basic training and working alongside experienced staff to get to know people.
- People and their relatives told us that staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through regular supervisions and appraisals.

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

- People's nutritional needs were met. Detailed support plans were in place for people with specialist nutritional needs. Health professionals were involved when needed and nutritional recommendations were followed.
- People were involved in menu planning, shopping and preparation of meals. People spoke positively about the meals. Mealtimes were relaxed, and people were provided with the support which they needed.
- People's needs regarding eating and drinking were clearly documented in their care plans. A varied menu was planned weekly together with people, according to their choices and preferences.

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

- The service had been adapted to meet people's needs. There was a range of communal areas where people could spend their time and get space from their peers.
- People and their relatives had been involved in choosing the decoration of the service and each of their rooms was personalised. The service was decorated with consideration for people's sensory needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to manage long term health conditions and to attend health appointments. People could attend appointments with their relatives if they wished and relatives were kept up to date with people's health status.
- People were referred to external healthcare services when needed. Records showed staff worked in partnership with people and, where necessary, their families to ensure people's healthcare needs were met.
- People's care plans gave staff all necessary guidance about people's health conditions. They also instructed staff about when they should contact a professional for advice.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in mental capacity and assumed people had the capacity to make decisions unless assessed otherwise. A member of staff told us, "It is presumed that everyone has got capacity unless assessed otherwise. People who lack capacity are assisted by advocacy services."
- Records showed people's mental capacity had been assessed when their capacity to make a particular decision was questioned.
- When appropriate applications had been made for DoLS authorisations, the management team had a record of when these were due for renewal and made applications at appropriate time.

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 'good'. At this inspection this key question has remained the same. 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; respecting equality and diversity

- Staff had positive relationships with people. They spoke with people in an appropriate manner about topics that interested people. People and staff shared jokes, laughed and smiled when interacting with each other.
- Staff treated people with kindness and compassion, and we received positive feedback about the caring nature of staff. One person told us, "I like staff, I feel safe with them."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. One person told us, "I have seen care files, they are OK."
- Residents meetings took place. The resident's meetings minutes showed discussion on activities and forthcoming events as well as house purchases, recruitment, and selection of new staff.
- People were actively encouraged to make their own decisions. Staff helped people to understand information given to them and the choices available to them.
- Where appropriate, relatives of people living at the service were involved in their care review.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence by providing encouragement and appropriate support where it was needed. A member of staff, told us, "People want to be involved in their care and as independent as possible. For example, they like to participate in different household tasks."
- Staff gave us examples of how they maintained people's dignity and privacy. A member of staff told us, "We shut the door during personal care, we ask for permission and we give people choices."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 'outstanding'. At this inspection this key question has now deteriorated 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

- The service supported people in a personalised way. For example, staff recognised that a person's current medication regime had a negative impact on their behaviour and their anxiety levels. Staff noticed that on adding a specific medicine, their behaviour completely changed. For example, the person lacked patience and kept refusing to go out for their favourite activities. The person was in a very confused state, had started to refuse personal care and became at risk of self-neglect. Staff followed The National Institute for Health and Care Excellence (NICE) guidelines on stopping overmedication of people with a learning disability (STOMP). They contacted the person's GP, the neurology team, community health nurses and a psychiatrist and requested for the person to have all of their medication reviewed with a possible reduction and an action plan. Within two weeks of a reduction in the number of the person's medicines, the person's levels of anxiety started decreasing. The person started eating normally again, engaging in personal care, going out for their activities and hugging staff and family members. Staff's knowledge and experience enabled them to point out to the medical professionals their concerns and eventually achieve the positive outcome for the person.
- Staff were skilled in recognising what was important to people this included people's existing and new cultural and religious needs. For example, staff noted that one person was much calmer when they could hear church hymns and the person often sung along to church hymns. There were no religious needs of the person recorded prior to their admission. The service supported the person to attend to a local church with a member of staff, building a relationship with the church. The person became a valued member of the church and particularly enjoyed singing along. At the time of the inspection the service was holding discussions with the church about the person becoming part of the welcome team.
- The service had a positive impact on people which resulted in a reduction of behavioural incidents and improvement of relationships between people and their families. For example, one person was known to make verbal and physical threats to their relatives and was no longer able to visit them. The service adopted a new approach which included consultation with the person, their relatives, a clinical psychologist and staff from the person's previous placement. They developed a framework of working with the person, providing them with a new routine and a person-centred planner so the person always knew what was going to happen. As a result, the person began to engage in activities meaningful to them and established friendships with other people living at the service. The person's mood improved, and they were able to restart their relationship with their relatives. The person was able to enjoy their relatives visiting and staying at a relative's house for a weekend.
- People continued to be supported to set and achieve their goals which improved their independence and quality of life. For example, one person's goal was to lose weight. The service organised a meeting for the person, their relatives, a health care professional and staff. They developed a personalised pictorial menu

planner for the person so they could understand and follow their diet. By supporting the person to follow their diet plan and also engaging them in a lot of activities, the person has consistently lost weight since moving into the service. staff told us the person felt more confident in themselves now and kept saying they could wear nice clothes now and not just track suits.

- The service was pro-active in responding to changes in people's behaviour. For example, by observing one person and changes in their behaviour, staff were able to prevent their health condition from worsening and affecting the person's health and quality of life. The service liaised with health care professionals who introduced a special diet and new types of activities for the person. As a result, the person's health and well-being improved and the level of pain and discomfort for the person was reduced. At the inspection we observed that the person was happy and no longer displayed behaviour untypical of them.
- Care plans included information on people's life stories which included their background. People's daily routines were also described to ensure staff were aware of how people liked to live their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff excelled in creating innovative approaches that enabled them to meet people's personalised needs better. For example, it was noted that one person had problems trying to understand information regarding activities. The service introduced 'First, Then and Next cards' which was a combination of spoken language and pictorial representation of activities for the day. This was introduced gradually at the person's pace and resulted in reduction of behavioural incidents. In another example, the service used a social story to explain to a person what was going to happen during their transition and to reduce their anxiety levels. The social story included pictures, signs, emojis and key words that the person was able to understand. The social story incorporated key words of positive reinforcement used by the person's family.
- People chose how they wanted information to be presented to them. Information was available in different formats and people were consulted on how it should be provided.
- Important information such as people's care plans and the service user guide were provided in alternative formats to ensure each person's understanding.

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 were supported to pursue their, hobbies, interests, access local facilities and participate in community events. Social activities were tailored to people's interests and included shopping, swimming, trampolining, discos, bowling, cycling and meals out.
- People were supported to stay in regular contact with their friends and loved ones. Where relatives were not able to visit people themselves, the service arranged that people could visit relatives at their homes. Where people required staff's support while staying at their relatives', staff were provided to assist people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The complaints policy in an easy-to-read format was displayed in a communal area. No complaints had been received since the last inspection.
- People and their relatives told us they were aware of how to make complaints and that they would report to the manager.
- Staff knew people well enough to determine if people were not happy. This meant they could take action to address people's discomfort or unease.

End of life care and support

- People were supported by the service with bereavement process after loss of their relatives. Staff took their time to support people to attend funerals, to write tributes to their relatives who had passed away and to express their emotions after loss of their loved ones. One person's relative told us, "My husband died and [person] and I and my family were given much sensitive consideration and comfort by the staff of Parrot Farmhouse."
- The service provided care and support to young adults with learning disabilities. At the time of inspection, the service was not supporting anyone in end of life care.
- People's care plans included end of life care plans. These were detailed and included people's wishes in relation to the type of service they wanted.

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 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us the manager was approachable and accessible.
- There was a clear vision and a set of values from the provider which staff upheld. The focus was on care tailored to each person to support them to reach their potential and have the life they wanted.
- Staff at all levels demonstrated the knowledge and competence to deliver good care to people. They were a highly effective and skilled team who were committed to the service and its continual development. One person's relative told us, "The staff form a stable and caring team who ensure that the individual needs of each resident are met."

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

- The management team was aware of the duty of candour regulation to be open and transparent when things went wrong.
- The registered manager submitted any required notifications to the CQC in a timely way.
- The management team were open and transparent about any errors which occurred and put measures in place to prevent their recurrence.

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

- The registered manager realized they needed to ensure record keeping accurately reflected the positive action they had taken to improve the service. For example, they recorded minutes of meetings.
- Effective systems were in place to monitor the safety and quality of the service. Audits specified actions required to ensure full compliance with the provider's objectives and regulations.
- Services are required to display their rating. The rating from the previous inspection was displayed in the entrance hall of the service and on the provider's website.

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

- People and their relatives were asked their views on the service through surveys and annual reviews. Any concerns raised were addressed.
- The provider also encouraged people to take part in recruiting new staff. People were able to ask prospective members of staff questions to ensure they would be able to meet people's needs.

- The registered manager held regular staff meetings. As the registered manager operated an 'open door policy', staff told us they felt comfortable to raise any issues or suggestions they had at any time.

Continuous learning and improving care

- The registered manager and his team were committed to continuous learning and improving care. The registered manager kept themselves up to date with latest guidance and this information was cascaded to staff and evident in people's care plans.

Working in partnership with others

- The service worked with a range of professionals. They were proactive in seeking professionals' input to support them in managing changes in people's needs.
- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.