

Dimensions Somerset Sev Limited

# Dimensions Somerset Ashbury

## Inspection report

Ashbury  
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Taunton  
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Tel: 01823274677

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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 Somerset Ashbury is a residential care home which is able to provide personal care and accommodation to up to eight people. The home specialises in the care of people who have a learning disability. At the time of the inspection seven people lived at the home.

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

The home had been open for some years and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, 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 and inclusion. People's support focused on them having as many opportunities as possible to make choices about their care and lifestyle.

People were cared for by staff who worked together to meet people's needs. Staff felt well supported and happy in their roles. This helped to create a relaxed and happy atmosphere for people to live in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who knew them well and were able to communicate with them in their chosen way. This ensured people could make choices about their day to day routines.

People were supported by adequate numbers of trained and experienced staff to keep them safe and meet their needs. The provider had a robust recruitment process which helped to minimise the risks of abuse to people. People were very comfortable and relaxed with the staff who supported them.

People's needs were assessed, recorded and met. Each person had a support plan which gave staff guidance about how people preferred to be cared for. Staff knew people well and were able to provide very individualised support to people.

The provider worked with other health and social care professionals to make sure people received the care and treatment they required. This included meeting changing health care needs and end of life care.

People benefitted from a provider and management team who has systems in place to monitor quality and implement improvements to the service people received. People were involved in decisions about the running of the home according to their abilities.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the operations director at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 18 July 2018.) There were no breaches of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset Ashbury on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Dimensions Somerset Ashbury

## **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 Somerset Ashbury is a 'care home'. People in care homes receive accommodation and nursing or 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 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 in the process of de-registering and an acting manager was in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked information we had about the home and at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

### During the inspection-

During the inspection we met with all seven people who lived at the home. People were unable to fully participate in discussions about the care and support they received. We were able to observe staff interactions with people in the communal areas. We spoke with seven members of staff. The registered manager was not available during the inspection but an acting manager and operations director for the provider were available.

We looked at a selection of records which included;

Two care and support plans

Records of staff meetings

Medication Administration Records (MARs.)

Health and safety records

### After the inspection

The provider sent information to help to validate the information seen during our site visit. This included training data, information about complaints and results of satisfaction surveys.

# 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 as Requires Improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection we found improvements were needed in medicines recording. At this inspection we found improvements had been made and potential risks to people had been minimised.
- People received their medicines safely from staff who had received training to carry out the task. Staff had their competency assessed to make sure they were administering medicines in accordance with best practice guidelines.
- The staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.
- Some people were prescribed medicines on an 'as required' basis. There was clear information for staff to follow to make sure these medicines were given consistently to promote people's well-being.

### Assessing risk, safety monitoring and management

- At the last inspection we found that although risks to people were identified there were not always clear plans to minimise these risks. At this inspection we found improvements had been made and there was clear guidance for staff to follow.
- Risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing. For example, one person, who had epilepsy, had a risk assessment for going out. Measures in place to minimise risks included ensuring only staff with the appropriate training accompanied the person and ensuring they had a mobile phone, so they could contact relevant people if needed.
- Risks associated with the environment were assessed and action was taken to minimise these. These included regular health and safety checks such as servicing of lifting equipment and regularly testing of the fire detection system.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had a recruitment system which helped to minimise the risks of abuse to people. This included checking new staff were suitable to work at the home by seeking references and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files contained all required information to support safe recruitment practices.
- People were further protected because staff had received training on how to recognise and report abuse.

All staff said they were confident that any concerns reported would be fully investigated. One member of staff said, "100% confident something would be done if I reported anything."

- There were adequate numbers of staff to keep people safe and to meet their needs. During the inspection staff spent time with people at the home and assisted them to access the community. The provider used agency and relief staff to make sure there were sufficient staff to support people.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to the care home.
- Staff told us they had access to personal protective equipment, such as disposable gloves, and there were hand washing facilities throughout the home.

#### Learning lessons when things go wrong

- All accidents and incidents which occurred were recorded and reported to the provider via an on-line reporting system. The system required the manager of the care home to identify if the incident could have been avoided and what measures could be put in place to learn and improve from the incident or accident. The system enabled the provider to monitor incidents and share any learning throughout the provider group.



# 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 as 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.

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

- People lived in a home which was reasonably well maintained but further re decoration was needed to ensure it provided a pleasant homely environment. The acting manager informed us some decoration was planned.
- All accommodation was on one level which enabled people with all levels of mobility to access all areas. There were communal bathrooms with assisted bathing and shower facilities which meant people could choose between a bath and a shower. Some bathrooms would benefit from re-decoration to make sure they were homely and pleasant for people to use.
- People had access to large garden areas. Staff told us they received minimum support to maintain the garden and the area at the front of the house looked unkempt and unwelcoming.

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

- People had their needs assessed and from assessments individual support plans were created. Support plans gave staff the information they required to effectively care for people in accordance with their wishes.
- Staff worked in accordance with support plans to make sure people received care and assistance which met their individual needs. One member of staff told us, "The support plans give you all you need to know but communication here is really good. If anything changes we hear about it."
- New staff undertook a company induction which gave them the basic knowledge to safely support people. One new member of staff said how useful the initial induction had been. After the initial induction was completed new staff completed the Care Certificate. The Care Certificate is a nationally recognised set of standards which sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Staff undertook a variety of training some of which was completed on line and some more practical based training.

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

- People had their nutritional needs assessed and met. A number of people had speech and language

therapy assessments which outlined the specialist diets people required. During the inspection people received food in accordance with their assessed needs.

- People were able to make choices about the food they ate. Staff told us they knew people's likes and cooked meals in accordance with these. During the inspection one person asked for a particular food and staff supported them to go out to buy it. One person told us, "I always get nice meals."

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

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

- Staff worked with other professionals to make sure people's needs were met. For example, one person had been assessed as being at high risk of pressure damage to their skin. Staff worked with district nurses to make sure the person had the care and equipment they required to minimise risks and promote their health.
- People's health was monitored, and staff supported people to attend appointments outside the home. On the day of the inspection staff supported one person to attend a hospital appointment.
- People had access to health and social care professionals according to their individual needs. People's personal files showed people attended appointments with GPs, dentists and hospital specialists. Each person had a hospital passport. This helped to make sure other professionals would have the information they required if the person was admitted to hospital.

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.

- A number of people could not verbally give their consent to their care and treatment. However, staff said because they knew people well they knew when people were happy to be assisted. One member of staff said, "People tell you when they don't want to do something. They may not say it verbally, but we know."
- People's legal rights were protected because staff had received training in the Mental Capacity Act and knew how to apply it in their day to day work. Support plans gave evidence of how decisions had been made in people's best decisions. People's family members had been involved in decisions to make sure people's views were represented.
- The provider had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe. At the time of the inspection no authorisations had been approved by the Local Authority.

# 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 Requires Improvement. At this inspection this key question has now improved to 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; respecting equality and diversity

- People were supported by staff who were kind and caring. During the inspection we saw friendly and happy interactions between people and staff. One person was asleep in their chair and a member of staff placed a soft toy on their lap which they cuddled.
- People were very relaxed and comfortable with staff. Although a number of people did not use verbal communication they smiled and laughed with staff. One person told us, "It's a nice place to live."
- People and staff had built strong and trusting relationships. Staff spoke very affectionately about the people who lived at the home and displayed genuine consideration for them and their needs. They anticipated what people wanted and supported them when they needed it. All staff asked said they would be happy for a loved one to be cared for at the home. One member of staff said, "It would definitely be good enough for a relative of mine. I treat everyone as I would want to be treated."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. One member of staff told us, "Everyone here is an individual and we treat them as such."

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

- People and their representatives were involved in their day to day care as far as they were able. Staff used their knowledge of each person to ascertain what their wishes were and acted accordingly. We saw staff anticipated people's needs and responded to them promptly.
- The provider had identified staff were not always involving people's families or representatives in planning their care and support. The acting manager was contacting families to seek their feedback and involvement.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we found records were not always kept confidentially or securely. At this inspection we found all personal records were securely stored.
- People's privacy and dignity was respected. Everyone had a single bedroom and there were bathrooms

where they were supported with personal care in private. During the inspection we observed staff helped people to their rooms when they needed help with personal care.

# 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.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support which took account of their individual needs and wishes. Staff knew people well and worked around their preferred routines. For example, during the inspection one person was assisted to go to their room for a rest in the afternoon when other people went to the shops or for a walk.
- Staff socialised with people but did not actively involve them in activities. For example, we saw people liked to spend time in the kitchen when staff were preparing meals, but staff did not involve them in the tasks.
- People had lived together for a number of years and appeared very comfortable with each other. During the inspection we saw one person slept for a lot of the day, but staff made sure they were in a comfy chair in the lounge area to avoid them becoming isolated. Staff spent time in the lounge with people, chatting and socialising.
- Staffing levels and care were adjusted to meet people's changing needs. For example, additional night staff had been made available to support one person's increased needs.
- People had some opportunities to take part in activities and on the day of the inspection one person went out walking with a day service. Another person told us they went out every week with a worker who supported them to access community facilities. Staff said they would like to provide more opportunities for people to go out and take part in activities. Although the care home had access to transport we were told that only a small number of staff were able to drive the vehicle, which restricted people's opportunities to go out.

### 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.

- People had their communication methods assessed and recorded in their support plans. This ensured people were able to make their needs and wishes known. One person had a talking aid, but we did not see this in use during the inspection. This could mean the person was not given the opportunity to express

themselves.

- Although a number of people who lived at the home had limited or no verbal communication staff understood their gestures and sounds. All new staff were able to shadow more experienced staff to enable them to get to know people's communication methods. We asked a member of staff how one person communicated, and they described the person's communication. During the day we saw this person make a request and when staff responded appropriately they smiled happily as their need had been fulfilled.

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

- The home had a complaints policy on display in an easy read format. People who lived at the home may not be able to raise a complaint, but staff said they would know if someone was unhappy and would take steps to find out what was bothering them. One member of staff told us, "Definitely we would know if something was bothering someone. Do everything to find out what it was."
- Complaints made were investigated and responded to. Records showed that where complaints had been made they had been investigated and where shortfalls were identified action was taken to prevent reoccurrence. This included individual supervision with staff and discussions at staff meetings.

#### End of life care and support

- Staff told us they aimed to care for people till the end of their lives. There was an aging population at the home and the acting manager had started to put end of life care plans in place. This was to make sure if people became unwell they would be able to meet their needs and wishes. Discussions had been held with families and GP's and information was recorded about the care people should receive and where their care should be provided.
- In the past staff had worked with other professionals to support people to remain in their home till the end of their life. One member of staff said they had undertaken training with the local hospice.

# 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 now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had resigned from their job just before the inspection. The home was being managed by an acting manager. The acting manager had a wealth of experience and told us they would be applying to register with the Care Quality Commission.
- At the last inspection we found improvements were needed to make sure the quality assurances processes were robust enough to identify and address shortfalls in the service. At this inspection we found that improvements had been made. The provider had carried out a full audit of the service in February 2019 and created an action plan to ensure improvements were made.
- People lived in a home where the acting manager was aware of identified shortfalls in the service and was working to make sure improvements were made and sustained. Although they had not been at the home for very long they had already completed a number of improvements.
- The acting manager was supported by a best practice lead who had an excellent knowledge of the people who lived at the home and their needs. They worked alongside other staff to guide less experienced staff and ensure high standards of care were provided to people.

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

- Staff said the acting manager was very approachable and encouraged a personalised approach to care. Discussions with the acting manager and staff showed they treated people as individuals and provided care to meet people's unique needs.
- Staff were happy in their jobs and felt well supported. This helped to create a happy and warm atmosphere for people to live in. One member of staff told us, "We've had a few managers. This one is a good one. More training and one to one supervisions. Very positive."

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

- People benefitted from a management team and provider who were open and honest. Where complaints

or concerns had been raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. The management of the home had worked with other relevant parties, such as the local authority, to make sure people's health and well-being was promoted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems for staff to be involved in changes in the home and all said they felt confident to make suggestions. Regular staff meetings were held, and an agenda was made available, so staff could add items they wished to discuss. All staff commented about how the team supported each other and worked together to ensure people had a good quality of life.
- Staff used various communication methods to support people to make choices and be involved in decisions about the home. For example, colour samples were being made available to help people to choose colour schemes for re-decoration.
- The provider worked with other professionals to make sure people received the care and support they required. Care records showed people had access to a number of health and social care professionals. Staff told us they had good relationships with local professionals such as social workers, community nurses and GP's.