

Dimensions (UK) Limited

Dimensions 42 Hillgrove Crescent

Inspection report

42 Hillgrove Crescent
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Dimensions 42, Hillgrove Crescent provides accommodation and personal care for up to five people with a learning disability who may also have complex needs. On the day of our inspection there were four people living at the home.

The inspection took place on the 30 November 2015 and was unannounced. The inspection was carried out by one inspector.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Relatives were pleased with the standard of care received by their family member. Relatives were happy with the involvement they had in their family member's care and about the way staff maintained links with them and other people. People were able to engage in interests and hobbies which were important to them.

Relatives told us they had no concerns about the care provided for their family member. They were confident in the registered manager and staff team and believed they could raise any concerns if they had them.

Staff we spoke with had an awareness of potential abuse and knew what they would need to do in the event of this happening at the home. Staff told us they were well trained and well supported by the management to enable them to carry out their work effectively.

Risk assessments were in place and staff had knowledge of these to keep people safe. However we saw a risk which could have led to injury had not been assessed

and staff were carrying out a potentially unsafe practice. Staff were aware of the actions they needed to keep people safe from other risks such as those associated with eating and drinking.

People had access to a choice of food and drink and were encouraged to eat and drink sufficient amounts to maintain wellbeing. People were able to access a range of healthcare professionals to maintain their health needs.

Sufficient staff were available within the home and in order to take people out to their hobbies and interests. Staff ensured they gained people's consent prior to providing care and support. The registered manager had taken suitable action to ensure people were not unlawfully restricted.

Relatives and staff found the registered manager to be approachable. Staff were supported and encouraged to be involved in the running of the home. Systems were in place for the registered manager to monitor and evaluate the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were placed at risk as a result of the use of equipment without an assessment having taken place. People were supported by staff who had an awareness of how they could be protected against abuse. People were supported by sufficient staff who administered their medicines.

Requires improvement



Is the service effective?

The service was effective.

People's best interests were supported in the least restrictive way. People were supported by staff who were skilled and received training. People were supported to eat and drink and were able to access healthcare professionals as needed.

Good



Is the service caring?

The service was caring.

People were supported by staff members who were kind and caring. People's privacy and dignity was upheld. People were able to maintain family contacts.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised to them and met their needs. People were supported to make choices about their everyday activities and interests. Relatives were confident they could raise any concerns they may have.

Good



Is the service well-led?

The service was well led.

People were at ease with the registered manager. People's care was supported by a management team who were open and responsive to suggestions.

Good



Dimensions 42 Hillgrove Crescent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2015 and was unannounced. The inspection was carried out by one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived at the home. People were unable to communicate with us verbally so we spent time observing what was happening in the communal areas of the home as a means of understanding the experiences of people who could not talk with us.

The spoke with the registered manager and the assistant locality manager as well as three support workers. We also spoke with three relatives of people who lived at the home. We looked at two people's care records including their medicine records. We looked at other records regarding the management of the home such as quality assurance documents.

Is the service safe?

Our findings

Shortly after arriving we observed a member of staff transfer a person who lived at the home in a wheelchair. We saw the wheelchair had no footrests in place. The person concerned did have their legs raised however they placed their feet on the ground while the wheelchair was moving. This could have caused entrapment and injury to the person's ankles.

We asked staff whether it was usual practice not to use footrests and were told it was. Staff told us the person was able to hold their legs up to prevent any incident. One member of staff told us they were not sure why no footrest was used while another member of staff told us their footrest needed to be adjusted.

We asked to look at the risk assessment for the use of a wheelchair. None could be found and wheelchair use was not mentioned in the care plans we were shown. Therefore no guidance was available for staff to use and no assessment of the potential risk had taken place.

We spoke with the registered manager and they told us that foot rests were used when the person went outside. However, because of our observation when the person put their feet back on the floor whilst being pushed, the registered manager said they would review the practice to ensure the person was safe from injury whilst they were in the wheelchair indoors.

Other risk assessments were in place and staff were aware of the contents of these. For example we were told three people at the home were at risk of choking. Assessments were in place completed by healthcare professionals to offer guidance to staff on how to reduce the risks. We found staff were able to describe the actions they needed to take when making drinks to ensure they were safe for people to have. Other risk assessments were seen and were regularly reviewed to ensure they were current and up to date. For example some people were at risk of epilepsy. Staff we spoke with were aware of how to manage any seizures people had.

Due to people's inability to verbally communicate we were unable to talk with people about their experiences at the home and whether they felt safe. People had different ways of communicating with staff. We found staff understood these and were able to communicate with people and understood people's needs.

We spent time with each of the four people who lived at the home. We observed the care and support provided for these people throughout the day. People were relaxed with staff and were able to make their wishes known by facial expressions and body language. Staff members we spoke with told us they knew people well and understood their needs, wishes and preferences.

We spoke with people's relatives. Relatives told us they believed their family member to be safe at the home and with the staff team. One relative told us their family member was, "Very safe". The relative told us, "You can see in people's eyes" and their family member, "Seems content with the staff". The same relative told us about the empathy demonstrated by staff and described it as, "Fantastic". Another relative told us they were confident the staff kept their family member safe.

Staff we spoke with were aware of their responsibility to report any abusive practices within the home. Staff confirmed they had attended suitable training in safeguarding. One member of staff told us they saw it as part of their role to observe for signs of abuse occurring. All the staff we spoke with were aware of telephone numbers they could ring if they needed to report an incident or were concerned about people's welfare. Staff were aware of the need to alert the registered manager or another senior member of staff in the organisation in the event of them having concerns about people's welfare. Staff we spoke with were aware of external agencies such as the local authority, the Care Quality Commission and the police and of their involvement with any abusive practice or incidents within the home.

We saw there were sufficient staff available to meet people's needs at the home as well as to take people out on activities such as swimming and shopping. We were told additional staff would be available on the evening of our inspection to enable people to go to a disco if they wanted to. The registered manager told us she would speak with her line manager if additional staff were needed. Relatives we spoke with were confident sufficient staff were available to ensure their family member remained safe.

The registered manager informed us they had not appointed any new staff members at the home for a couple of years. The registered manager was aware of the pre-employment checks they would need to undertake to ensure suitable people were employed and did not therefore place people who lived at the home at risk

Is the service safe?

Staff received training to enable them to have sufficient skills to administer people's medicines. Staff we spoke with confirmed regular reviews of people's medicines were undertaken by both the person's own doctor and specialists involved in their care.

We did not see anybody receive their medicines during this inspection. Staff confirmed they had undertaken medicines training and that they were always two members of staff

involved in the administration of medicines. We were able to view some records which showed people had received their medicines as prescribed although some errors were made in relation to recording. Arrangements were in place for people to have medicines on an as required basis. Protocols were in place to provide staff with guidance as to when these medicines were needed. Medicines were stored securely and safely.

Is the service effective?

Our findings

Relatives we spoke with believed the staff team to have the necessary skills to meet the needs of their family member. Staff we spoke with told us they received the training and support they needed to enable them to carry out their job. For example one member of staff told us they received supervision every six to eight weeks and had the opportunity to discuss the care provided to people as well as any worries or issues they were experiencing.

One member of staff described the training provided as, “Good”. We were told that the system in place alerted staff when their training was coming up to its expiry date so they were able to keep it up to date. Staff told us their training including medicine administration, autism and moving and handling and felt these were relevant to meeting the needs of people who were living at the home. One member of staff spoke of their experience while undertaking hoist training. They told us staff experienced the being lifting in the hoist and how the experience made them consider how it felt for people who lived at the home when they needed to be hoisted.

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with members of staff who were working at the home and found they had an understanding of the MCA. Throughout our inspection we saw staff seek consent from

people. For example when staff assisted people with their meals and when people required assistance with their personal care staff sought permission before they provided any care or support. We saw staff gave people time to respond to any requests they made. Staff did not rush people for a response to their request or question.

When people did not have mental capacity to make certain decisions assessments had been carried out. We saw examples of best interest decisions having taken place. These involved people’s family members and others as needed in order to arrive at an appropriate way to provide care and support to the person concerned.

The registered manager had completed and submitted to the local authority DoL applications. These applications were in relation to all of people who were living at the home due to restrictions if they wished to leave the home. The registered manager informed us none of the applications had been authorised with by the authority at the time of our inspection.

We saw staff offer frequent drinks to people. Staff had an awareness of how drinks needed to be presented to people such as its temperature to make sure it was safe for the person concerned to have. The food presented to people was prepared to ensure it was safe for people to eat. For example one person was seen to need to have their food cut up to prevent the risk of choking. We saw staff encourage people to eat where necessary. Assistance and guidance were offered to people discretely and in a way which up held people’s dignity.

Relatives we spoke with were confident their family member’s healthcare needs were met living at the home. One relative told us their family member had improved greatly since moving into the home. The same relative told us their family member had come on, “Leaps and bounds” as a result of the care provided for people at the home. Another relative told us their family member had had “Really good health” since they had moved into the home.

Relatives told us they were kept informed of their family member’s healthcare and were informed of any visits made by healthcare professionals. Relatives told us they were given the opportunity to take their family member to medical appointments and felt this was important to them.

Is the service caring?

Our findings

We observed people who lived at the home and saw everyone responded well with the staff working with them. We saw people were happy to be with the staff while they were together. The registered manager told us staff at the home needed to know the different ways people communicated at the home and as a result it was essential staff got to know people well. The registered manager and staff we spoke with described how people responded if they wanted things or if they did not want to do something. For example by means of eye contact or removing themselves from the discussion. We saw positive interactions between people with staff members. Staff had an understanding of people's body language and gestures.

We spoke with relatives and they were all complimentary about the staff and the care provided. One relative told us their family member, "Thrives living at the home". The same relative told us they always found their family member to be, "Relaxed" and "Well presented". Another relative told us the, "Staff are really nice" and told us their family member receives, "Very good care". The same relative told us they would be happy to live at the home due to the standard of care they had seen taking place and that they were, "Surprised how nice it is" due to how well people were looked after.

We saw people smiling and in a state of wellbeing. We observed the registered manger comforting one person in a

gentle and reassuring way. The person who lived at the home sought comfort by the registered manager stroking their forehead. Staff we spoke with were aware of certain triggers which could potentially upset people or cause them anxiety.

Throughout the inspection we saw staff members being kind and considerate with people. When staff spoke with people we saw they gave sufficient time for people to respond. Staff were heard asking questions in a different way if people had not managed to understand the original question. We saw staff involve people with their decisions where possible as such choosing whether they wanted to go out and what they wanted to eat and drink.

People were treated with dignity and respect. We saw staff close doors before they provided any personal care. When we spoke with staff they were able give us examples of privacy and dignity practice they undertook such as covering people up when providing personal care and when using equipment such as a hoist.

Relatives we spoke with confirmed they were able to visit at any time. One relative told us they, "Never feel we have to phone before we visit". Relatives told us whenever they visited they were made to feel welcome by the staff. A relative confirmed their family member was regularly taken to see a close relative and we were informed this was seen as important to everyone concerned.

Is the service responsive?

Our findings

We saw staff encourage people to be involved in decisions about their own care where possible. For example people were given a choice of food for their mid-day meal. Staff were seen showing people a choice of filling for a sandwich. Once people had selected what they wanted they were encouraged to make the sandwich with assistance from staff. We spoke with staff and they were able to give examples of ways in which people were able to maintain independence in aspects of their care such as when receiving personal care and their ability to help with washing and dressing. Staff told us they were keen to maintain people's independence to enhance people's quality of life.

Relatives we spoke with confirmed they had been involved in people's care. One relative told us they were due to attend a meeting with staff to review their family member's care plan and look at what had gone well and what had not gone so well.

People were supported by a consistent staff team with a low staff turnover. Staff told us they got to know about people's care needs by speaking with family members and by getting to know people. Staff confirmed they attended daily handovers so they were able to discuss people's needs and how they were best cared for. Extensive and up dated care plans were available for staff to refer to as needed. These provided staff with guidelines as to how people's identified needs could be met.

One relative told us staff had changed their family member's life due to the way they worked with them and encouraged them to take part in the daily routines at the home such as preparing meals and taking washing to the

laundry. The relative told us their family member was, "Far happier now". Other relatives told us about improvements which had come about for people since they had moved into the home. The relative described the changes they had witnessed as, "Fantastic" and, "Brought out of their shell by the staff."

As a result of the work with people who lived at the home and the improvements made in their wellbeing and quality of life the staff team were nominated for an award within Dimensions. We were told by the registered manager as well as some proud staff that the team had won the award.

Staff had a good knowledge about people's interests and hobbies and made efforts to ensure these needs were met. For example staff knew of people's liking for swimming or going out for a car ride. Relatives we spoke with confirmed staff took an interest in what was important to people. On the day of our inspection we saw people were involved in individual interests. For example one person was looking over a magazine and using a pen to write upon it. Other people were going swimming or to a disco. We were told that people had attended a Christmas Ball and had been away on a holiday.

Relatives we spoke with were aware of their right to complain on behalf of their family member if they felt the need to do so. One relative told us they would, "Move heaven and earth" if needed for their family member but had never had the need to. Another relative told us, "If I wasn't happy I would say so". The same relative was confident staff would listen to any concerns they had about the service and take the necessary action to resolve the matter. The registered manager told us they had not received any complaints about the service provided.

Is the service well-led?

Our findings

People who lived at the home responded well to the registered manager. Through people's facial expressions and body language we saw that people who lived at the home were aware of the registered manager as a regular member of staff. During our inspection we saw the registered manager worked with the other staff on duty as part of the staff team. Staff told us they liked working at the home due to the calm atmosphere. One member of staff told us, "It's a good place to work due to the good relationships we have."

Staff we spoke with were complementary about the registered manager. One member of staff described her as, "Lovely". Another member of staff told us the registered manager, "Really knows her stuff". A further member of staff told us, "She is a good manager. I feel comfortable and can ask questions. She is willing to help if I need anything".

Although the registered manager was also responsible for two other homes staff we spoke with told us they were able to contact her if needed at any time and did not have to wait until their next supervision session. A new assistant manager was in post due to the reduced time the registered manager was able to spend at the home. Staff we spoke with were complimentary about these arrangements.

Staff told us they felt listened to by the registered manager and were able to share any ideas about people's care with her. A member of staff told us they liked the registered

manager as they felt they could ask her anything and would get an answer and the support they needed. Staff confirmed they were able to attend regular staff meetings. We were told some meetings were in relation to Hillgrove Crescent only while others involved staff from the other homes also managed by the registered manager so that staff across the homes could work together.

Relatives we spoke with were complementary about the registered manager. One relative described the registered manager as, "Extremely approachable and easy to talk to". The same relative added that the registered manager was, "Competent in what she does" and, "Cares about everyone". Another relative told us they liked the registered manager and described her as, "Really good". The same relative told us they would have no qualms in recommending the home due to the staff and the way the home was run.

The registered manager had carried out audits in areas such as medicine records, health and safety and people's finances. Other audits were carried out on behalf of the provider. Following audits undertaken on behalf of the provider the registered manager completed an action plan to address any areas where improvements were identified.

The registered manager told us a recent questionnaire had been sent out to people's family members to seek their views on the service. At the time of our inspection the registered manager was not aware of any returned or of any comments made.