

Dimensions Somerset Sev Limited

Dimensions Somerset Spring View

Inspection report

Springview
Preston Grove
Yeovil
Somerset
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Tel: 01935474303

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06 August 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dimensions Somerset Spring View is a residential care home providing personal care without nursing for up to six people with learning disabilities and/or autism. At the time of the inspection four people were using the service. All of them had limited or no verbal communication so we captured their experiences through observations.

Each person had their own bedroom designed around their needs and wishes. This included specialised equipment and furniture. They had access to communal areas and could spend time in their bedroom. The support had been arranged in a way to ensure people received person-centred care could maximise their independence, choice and control.

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

People were being kept safe and were happy in the presence of staff. There were enough staff who had been safely recruited to meet the needs and wishes of the people. However, there had been occasions of a high turnover in staff and management.

Systems were in place to protect people during the COVID-19 pandemic. This included the home being clean and staff wearing personal protective equipment such as gloves and aprons. Additional cleaning around the home had been put in place to reduce risk of infection spreading.

People had risks assessed to keep them safe. Reviews from health and social care professionals guided staff how to best support people. However, staff were not always proactive when people were anxious which could lead to behaviours which challenged themselves and others.

The new registered manager, with the support of the provider, had driven improvement at the home because there had been concerns raised by external agencies since its current registration. Clear action plans were in place to continue the positive changes which had already occurred. When new concerns were found actions were taken to resolve the issues.

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 for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 7 April 2017 and this is the first inspection.
The last rating for the service under the previous provider was good, published on 1 March 2017.

Why we inspected

We received concerns in relation to how well led and how safe people were. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Additionally, we wanted to minimise risks to people during the COVID-19 pandemic.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. This was the first inspection for this service. As a result, we have been unable to rate the overall location because not all domains were inspected.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dimensions Somerset Spring View

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 each domain under the Care Act 2014. An overall rating was not provided due to it being the first inspection under this registration.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Dimensions Somerset Spring View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

We gave a short period notice of the inspection because of the COVID-19 Pandemic so we could assess the risks prior to entering the care home.

What we did before the inspection

We reviewed information we had received about the service since the provider has registered and since the previous registration's inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection due to the COVID-19 pandemic. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with people who lived at the home and three relatives who visited the home. We spoke with the registered manager and three members of care staff in detail and had conversations with other staff.

We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at four people's care records. We reviewed a range of records which could not be looked at offsite such as medication records and environmental files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also look at records which could be viewed offsite. This included three staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

This key question was inspected in January 2017 under a different provider and rated as requires improvement. Dimensions Somerset Spring View took over the running of the service April 2017 and this is the first inspection since they took responsibility for the home. Prior to this inspection we had received concerns from the local authority.

Systems and processes to safeguard people from the risk of abuse

- People were now being kept safe from the risks of potential abuse. The registered manager had promoted a culture of openness. Relatives confirmed they were now able to sleep at night because of the improvements.
- Staff understood safeguarding and knew how people with limited communication may express they were being abused. Staff felt confident they could report things to the registered manager and action would be taken. Staff disclosed to us this had not always been the case. The provider had recently undertaken reviews and training around whistleblowing.

Assessing risk, safety monitoring and management

- People who had behaviours which could challenge had recently created positive behaviour plans by the specialist provider team to provide guidance for staff. However, staff appeared unfamiliar with proactive ways to reduce anxiety and prevent an escalation in behaviour at times. The registered manager demonstrated this was an area they had identified and would continue to be improving.
- People had a range of risk assessments in place which demonstrated ways to mitigate risks had been considered. This including seeking advice from relevant health professionals when it was required.
- Systems were in place to monitor the health and safety risks to people. Regular checks were being carried out to ensure all equipment used in the home was safe. When retesting was required (such as annual tests) this had been arranged.
- One staff member who led on safety checks told us, "There are regular tests depending on the equipment, such as monthly checks. Staff always do a visual safety check before they use any equipment as well. Any issues are reported immediately by staff; no one waits for the regular check."

Staffing and recruitment

- People were supported by enough staff to meet their needs and help them live a fulfilled life. Throughout the inspection people were being responded to by staff when they asked or indicated they required support.
- Relatives and staff were positive about the level of staffing. However, they both raised concerns about the high turnover of staff and past high use of agency. Both staff and relatives expressed this had in the past impacted on consistency of care and safety of people. For example, at one point not enough staff were medicines trained and competent.
- Staff had been recruited safely to protect vulnerable people. Various checks were completed prior to staff

starting work including contact with previous employers.

Using medicines safely

- Medicines were managed safely. People were well supported with their medicines. Clear records were kept which showed what medicines people took and when they needed to take them. Regular audits were carried out to make sure medicine administration remained safe.
- People received their medicines as prescribed. This included medicines used 'as and when required', such as painkillers; guidelines for people taking these medicines were authorised by the person's GP.
- Staff administered people's medicines after they had been trained and had their competency fully assessed. Staff could ask to be given extra support in giving medicines until they felt completely confident to give these on their own.
- Staff administered one person's medicines at a time; this was usually done in the person's own room. One staff member said, "Medicines are generally given in each person's room as it is quite personal. We involve people as much as possible. We use 'do not disturb' signs on people's doors whilst doing medicines as this is much safer and lets you concentrate solely on the medication." We saw these signs being used during our visit.
- If a person required their medicines when they were out, this would be given to the person to take with them; if transferred to hospital staff would send all the person's medicines with them.
- All medicines were stored securely; each person had their own safe place to store their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider would admit people safely to the service, when appropriate.
- We discussed with the provider ensuring personal protective equipment (PPE) was consistently used effectively and safely by staff.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had implemented systems to learn from when things had gone wrong prior to them starting. For example, they had made sure all people were reassessed by health professionals in line with their needs. Training and support for staff had been improved having learnt from previous shortfalls.
- The provider had central systems in place where accidents and incidents could be logged. This included identifying where lessons could be learnt from when things had gone wrong. However, this system had been reliant on a culture of reporting which had not always been in place at the home.
- The provider had demonstrated they had been learning recently from things which had gone wrong. They have put things in place to prevent future similar incidents occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

This key question was inspected in January 2017 under a different provider and rated as good. Dimensions Somerset Spring View took over the running of the service April 2017 and this is the first inspection since they took responsibility for the home. Prior to this inspection we had received concerns from the local authority.

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

- The registered manager was promoting an open, empowering and inclusive culture to help drive improvement at the home. People had positive interactions with the registered manager including smiling and vocalisations.
- Relatives were incredibly positive about the changes which had recently occurred at the home. One relative said, "There was a horrible, unhappy atmosphere here and you could feel it when you came so all the people here must have felt it to...Everything's changed now [registered manager] is here. [They have] been great."
- Staff reflected how the relatives felt. They said, "Things have definitely changed. Culture was negative... Now tremendous support from [registered manager]" and, "Management is very good... [Registered manager] had made changes."
- The registered manager, with support from the provider, had implemented clear action plans of areas which needed to improve in the home. The deadlines being set were met. When new areas of concern were found actions were taken to resolve them.
- The provider had started to demonstrate a culture of learning from things which had gone wrong. For example, they had changed processes for under performing services. Additionally, they had improved recruitment, training and induction for home managers due to recognising a high turnover.

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 provider promoted an openness with relatives when things went wrong. The registered manager had full understanding of the duty of candour and knew when it needed to be followed. One relative told us, "If there are any problems they phone them."

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

- The registered manager had created a clear structure to the staff about their roles and responsibilities. They had held regular staff meetings which staff could attend virtually as well as in person to share these. One staff member said, "[Registered manager] is very supportive and knowledgeable. They explain things

and they reassure staff."

- However, this had not always been the case. Prior to the registered manager there had been five other managers at the home who had not registered. Some concerns were raised how there used to be a different culture in the home.
- The registered manager was positive about the support they had been offered by their line manager and other areas of specialism within the provider such as health and safety. They were clear about their role was to drive improvement at the home.
- The registered manager and provider were now sending notifications to the Care Quality Commission in line with statutory guidance. When the registered manager started they sent in retrospective notifications of incidents and concerns which should have already been reported.

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

- The registered manager had driven an approach of involving people and their relatives and as much as possible in the running of the home.
- Staff felt listened to and that their ideas were listened to. One staff said, "I think all the staff are listened to here. I feel listened to." Staff meeting records demonstrated staff contributed to the running of the home.
- However, staff and relatives told us it was not always the case prior to this registered manager. One relative explained in the past they had found things out because they asked. They had not been involved.

Working in partnership with others

- The registered manager had developed strong links with other health and social care professionals to make sure people's needs were met. Records demonstrated this had not always been the case. For example, the speech and language therapists had reviewed all people with choking needs since the registered manager started working at the home.