

Dimensions (UK) Limited

# Dimensions 149 Ash Street

## Inspection report

149 Ash Street  
Ash  
Aldershot  
Hampshire  
GU12 6LJ

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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

Dimensions 149 Ash Street provides accommodation, care and support to five people with learning disabilities. The home is situated in a residential area with accommodation over two floors.

The inspection took place on 10 November 2016 and was unannounced.

There was a registered manager in post. 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. The registered manager was unavailable during the inspection, support was provided by the deputy manager to access records and information.

At our last inspection in August 2015 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's medicines were not stored securely and the principles of the Mental Capacity Act 2005 were not always followed. At this inspection we found that improvements had been made. All medicines were now being stored in a locked cabinet and capacity assessments and best interest decisions were in place, where required, to ensure people's legal rights were protected.

Medicines were managed safely and records showed that people received their medicines in accordance with prescription guidance. People were supported to maintain good health and had regular access to a range of healthcare professionals. People were supported to have a nutritious diet and were able to make choices regarding what they had to eat and drink.

People appeared relaxed and comfortable in the company of staff. Staff had a good understanding of their responsibilities in safeguarding people from potential abuse. Risks to people's safety and well-being were assessed and measures were in place to keep people safe. Environmental risks were monitored and there was a contingency plan in place to ensure that people would continue to receive care in the event of an emergency. Accidents and incidents were reviewed in order to identify any trends and minimise the risk of them being repeated.

There were sufficient staff deployed and staff worked flexibly to meet people's individual needs. Safe recruitment practices were followed to help ensure that staff employed were suitable to work at the service. Staff received an induction when starting work which gave them the opportunity to get to know people's needs. Staff received training and support that provided them with the knowledge and skills required to support people in an effective, person centred manner. Staff told us they felt supported by the management of the service and records showed they received regular supervision to monitor their performance.

People were supported by staff who treated them with respect and understood the importance of developing and maintaining people's independence. We observed people were actively involved in the running of their home. People were supported to maintain relationships with those important to them and

where appropriate had access to advocacy services.

Staff were knowledgeable about the people they supported and knew their likes, dislikes and interests. Care plans had been developed which were person centred and described people's preferences, choices and how they wanted their care to be provided. People were provided with a range of activities to pursue their individual interests and hobbies.

Quality assurance systems were in place to monitor the quality of service being delivered. Where actions were identified these were completed in a timely manner. A complaints policy was in place and we found complaints were investigated and responded to in line with the provider's policy. There was a positive culture and staff were clear about their responsibilities in providing person centred care.

## 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.

There were sufficient staff deployed to meet people's needs flexibly.

Medicines were managed safely.

Robust recruitment procedures were in place to ensure staff were suitable to work at the service.

Risks to people's safety and well-being were assessed and control measures implemented to keep people's safe.

Staff were knowledgeable about their responsibilities in protecting people from suspected abuse.

### Is the service effective?

Good ●

The service was effective.

Staff received effective induction, training and supervision to meet people's needs.

People's rights were protected. All staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met and people were provided with choices regarding their food.

People received support to access healthcare when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and there was a relaxed and friendly atmosphere in the service.

People were treated with dignity and their privacy was respected.

Staff supported people to maintain and develop their independence.

Visitors were made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Detailed care plans were in place which gave guidance to staff on how people preferred their support.

People had access to a range of activities which met their individual preferences.

There was a complaints policy in place and complaints were appropriately addressed and monitored.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of the service.

Staff were involved in the development of the service. Regular team meetings were held and staff told us they felt able to contribute ideas.

Records were organised, well maintained and securely stored.

# Dimensions 149 Ash Street

## **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 10 November 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As people living at 149 Ash Street were not able to tell us in detail about their experience we observed the care and support they received. We spoke to the deputy manager and two staff members during the inspection. Following the inspection we spoke to the registered manager, one relative and a care professional who visits the service.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, recruitment records for two staff, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

People were unable to tell us if they felt safe living at the service due to their complex communication needs. However, we saw that people approached staff for support without hesitation and appeared relaxed and comfortable in their company. One relative told us, "I feel she's very safe there. The staff are always with her and keep her away from anything dangerous. They're very on the ball."

At our inspection in August 2015 we found that people's medicines were not always securely stored. During this inspection we found the provider had addressed this concern and all medicines were stored in a locked medicines cabinet which could only be accessed by trained staff.

Safe medicines management systems were in place and people received their medicines in line with their prescriptions. Each person had a medicines administration record (MAR) which contained a recent photograph, known allergies and details of how they preferred to take their medicines. MAR charts were signed following the administration of medicines and no gaps in recording were seen. Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. Weekly medicines audits were completed and all staff had completed medicines training to assess their competency.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care files contained risk assessments which were detailed and personalised. Where people took part in individual activities such as swimming, horse-riding or using the bus, risks had been assessed and appropriate control measures identified. One person had a risk assessment in place for spending time walking around the garden. We observed that staff checked the garden area was safe for the person before leaving them to walk around independently.

Where accidents and incidents occurred these were reviewed by both the registered manager and the provider's health and safety manager. This ensured that any trends could be identified and control measures could be implemented where required. For example, where incidents were recorded due to a person's anxiety and behaviours, plans had been reviewed and referrals made to relevant health care professionals.

People were protected from the risk of abuse and staff recognised the signs of potential abuse. Staff were able to identify different types of abuse and knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew they could contact the local authority safeguarding team if they had any concerns. One staff member told us, "I would always report anything I was concerned about. The most important thing is to keep people safe and protect them." Records showed that where concerns had been identified these were reported to the local safeguarding authority and the CQC.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people living at the service. Records evidenced that staff had been recruited safely. Application forms and interview records were completed and references were obtained from previous

employers. Disclosure and Barring Service (DBS) checks were in place for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

There were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. We observed that staff had time to spend with people who chose to remain at home and to support people to access activities. Staff told us that rotas were planned flexibly to meet people's needs and wishes. One staff member told us, "Staffing levels vary between two and four staff depending on what people are doing. There are definitely enough staff so they can go out and about. There are enough of us around to do ad hoc things like go out for lunch if people fancy it." Rotas confirmed that staffing levels were arranged flexibly to ensure people's individual activities and appointments could be supported.

People lived in a comfortable, clean and spacious environment. Regular health and safety checks were completed and fire equipment was serviced in line with requirements. One staff member told us, "We do health and safety checks regularly. It makes you aware of what to look for and the training we get is really beneficial." Contingency plans were in place to ensure people would continue to receive care should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.



# Is the service effective?

## Our findings

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

At our last inspection in August 2015 we found that staff lacked knowledge and understanding with regard to the MCA and there were restrictions in place which had not been assessed to ensure they were in people's best interests. At this inspection we found that improvements had been made and people's legal rights were protected. Staff were able to describe their responsibilities with regard to the MCA. One staff member told us, "We should always assume people have capacity and offer practical support to help them understand decisions. Just because I might think they might be making the wrong decision doesn't mean they can't do it. If they're able to decide it's up to them." Where required, capacity assessments had been completed and best interest decisions had been completed with family members and relevant professionals. DoLS applications had been submitted to the local authority where people were subject to restrictions to keep them safe. These restrictions included the front door being on a coded lock and some people requiring constant supervision.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff confirmed they completed training either through the eLearning system or through face to face sessions. Training completed by staff included moving and handling, health and safety, risk assessment, safeguarding and autism. One staff member told us, "The training prepares you for what you need and it's regularly updated. The groups are good because you can talk about things and learn from others." The manager kept up to date records of staff training to ensure that refresher training was completed. Staff who were new to the service received an induction and spent time shadowing more experienced staff members. One staff member told us, "I had the chance to spend time with people to get to know them and read care plans. The other staff were really good and supportive. I'm still learning about people but I know I can always ask other staff."

Staff told us they felt supported by the management of the service and received regular supervision to support them in their role. Records of supervisions were monitored by the registered manager and evidenced that staff received supervision in line with the provider's policy. Annual appraisals were held to monitor staff performance and set goals for the coming year.

People's individual nutritional and hydration needs were met. People were involved in designing the menu each week using pictorial prompts and alternatives were offered at mealtimes. One relative told us, "They discuss food with us. She's a fussy eater but they try different things and let her choose. We smell the food cooking and it always smells good." The weekly menu was displayed in pictorial format. We observed

people were supported to look at the food available to choose what they would like to eat. One person did not eat their lunch and staff discussed other options the person may like. An alternative was prepared and the person appeared to enjoy this. People's weight was monitored regularly to identify any significant changes. Records showed that people's weight remained stable. Where people required support or prompting to eat this was provided in a discreet manner and people chose where they preferred to eat their meal.

People had access to a range of healthcare professionals and health appointments were monitored. Health action plans were in place which identified people's healthcare needs and the support they required. Contact details for those involved in people's healthcare were listed and included their GP, dentist, optician and relevant specialists. Appointments were clearly recorded and information shared with staff to enable them to provide the support the person required. Records showed that people attended regular health and medicines reviews.

# Is the service caring?

## Our findings

People were treated with kindness and consideration. The atmosphere was calm and friendly and we observed staff sharing jokes and laughing with people. One relative told us, "The staff are very caring, they will make sure she gets what she wants. They really seem to love her. I've never seen them get frustrated with anyone. It's a nice happy home."

People were supported by caring staff who knew them well. One relative told us, "They always know exactly what she wants. I think they know her better than I do now." People and staff interacted well and appeared to enjoy each other's company. Each person had a communication passport within their care file which described what certain words, actions or gestures meant to them. We observed staff responded appropriately to people's communication and checked with them that they understood correctly. Staff were able to describe people's personalities, likes and interests and were knowledgeable about people's preferred routines.

People were treated with dignity and their privacy was respected. Staff routinely knocked on people's doors and waited for a response before entering. Personal care was carried out discreetly with doors closed. One person chose to spend time in their room when they returned from their morning activity. Staff checked regularly to ensure they didn't need anything but respected their choice to spend time alone. We observed people's rooms were personalised with items of their choice such as photographs, pictures and ornaments. One person enjoyed walking around the service. When they came into the office area, staff stopped what they were doing and spent time chatting with them and looking through a magazine.

People were actively involved in the running of their home and were supported to maintain and develop their independence. Staff told us that promoting people's independence was a key element of their role. One staff member said, "You have to be patient and show understanding. Sometimes it would be quicker and easier to do things for people but that's not the point. It would be taking a skill away from someone." During the inspection two people were supported to complete the house grocery shopping and people were supported to make snacks and drinks. One staff member told us, "We involve everyone in all aspects of their care, bringing their toiletries to the bathroom, laundry, clearing the table etc."

People were supported to maintain contact with those who were important to them and visitors were made to feel welcome. One relative told us that they were always made to feel welcome when they visited and the staff kept them up to date with any developments or concerns. They told us, "They will always ring and let me know what's going on. I don't need to worry." One care professional who visited the service told us, "I'm usually greeted by the person I'm there to visit. The staff are always friendly and offer me a drink."

People had access to individual support and advocacy services. An advocate is an independent person who can support people to express their views. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

## Is the service responsive?

### Our findings

People received a service that was responsive to their individual needs. Care plans were person centred and were regularly reviewed to ensure staff had up to date guidance on people's needs. Each person had a one page profile in place which detailed what was important to the person, what people admired about them and guidance for staff on how they could best support the person. Care files contained a detailed history of people's lives and information about those who were important to them.

Guidance was provided on how to support people in all areas of their lives including personal care, communication, mobility, diet, making choices and activities. One person's records contained detailed information regarding their daily routine, how they preferred to be supported, the type of clothes they liked to wear and how to present options of activities. We observed that staff followed the guidance and the person responded positively. Another person's care file contained information regarding a specific item which they enjoyed purchasing each week. There was a detailed social story in place which contained photographs of the person completing this activity. This helped the person understand when they would go to purchase the item and reduced their anxiety. One care professional who visited the service told us, "The staff follow the care plan for the person I work with. I've never had any concerns or worries. I've seen very good practice from staff."

Staff completed accurate records of the care and support they had provided each day and people's support needs were reviewed regularly. Daily records included details of the activities the person had been involved in, staff observation and information about any new or unusual events that had occurred. Staff told us that they had recently undergone training in completing daily records to ensure these were detailed and informative. On a monthly basis each person's daily records were reviewed to assess anything new the person had tried, what had been learned, what the person was pleased about and any concerns. This helped to ensure that people's support was regularly reviewed and any changes in their needs and preferences were recorded. Relatives told us they were involved in reviews of their family members care. One relative told us, "We're invited to a review every year so we can be updated on everything that's happened and what plans they are making."

People were supported to maintain their hobbies and interests and had access to a range of activities. One relative told us, "They take her out at least three or four times a week. They go shopping or horse-riding, all sorts of things to make sure she gets out. She gets to do a lot more than if she still lived at home and there are always people around." On the day of the inspection two people were attending a local day service and two people were out with staff doing the food shopping for the house. Another person went out for lunch and shopping with staff support. Records showed that people's individual interests were taken into account when planning activities. Some people enjoyed attending a local social club where they were able to meet with friends, others enjoyed horse-riding, discos and attending church.

There was a complaints policy in place which was displayed in an easy read format. A complaints log was kept electronically and was monitored by both the registered manager and senior managers within the organisation. The service had received one complaint in the past year which had been investigated and

responded to in line with the provider's policy. One relative told us that they had never needed to raise a complaint but felt they would be listened to if they had concerns. They told us, "I can't find any faults there but I have all the numbers and addresses if I did need to complain. I'm sure they'd respond."

## Is the service well-led?

### Our findings

Staff told us they felt the home was well managed and they received the support they required. One staff member told us, "The manager runs two services but you can ring her at any time and she will always get back to you. The deputy manager is always there for us. They're very, very good." A relative told us they had confidence in the management of the service. They said, "I can always speak to the manager if I need to. She's been there for many years and knows about everything." A care professional who visited the service told us, "The manager has always been able to answer any questions I've had and always responds immediately."

There was a positive and open culture in the service and staff told us they all worked as a team to ensure that people received the service they needed. One staff member told us, "The values we need to follow are made clear from the beginning and are in our job description. The people who live here are our bosses and we work for them. We're here to make sure they get what they want out of life. It's a professional job and we need to be professional in what we do." We observed that staff communicated well with each other and discussed people's care needs discreetly. One staff member told us, "Team work has improved over the last year. We have evolved together and communication has improved."

Regular staff meetings were held and staff had the opportunity to contribute to the running of the service. Staff meeting minutes showed that meetings were used to pass on information from the registered manager and any organisational developments. Each person's support was then discussed and staff were able to share ideas and information regarding each individual. One staff member told us, "We can make suggestions and I definitely feel listened to. I talked about how we could support (name) with their weight. Now staff go into the kitchen with them and talk about healthy options and this has meant they haven't gained any more weight."

Regular audits were completed to monitor the quality and effectiveness of the service provided. The registered manager and delegated staff completed audits including medicines, health and safety and daily records. Comprehensive audits were also completed by the provider's quality team and covered all elements of required regulations. Where areas were highlighted as requiring improvement, an action plan was developed with set timescales for completion. Action plans were monitored and reviewed on each visit. Audits had highlighted that more detailed information was required in people's daily records. Training had been completed with staff and we saw that records were now informative and described people's reactions to their activities and the support they received. It had also been identified that some of the communal carpets required replacing. We were told that people had been involved in choosing new carpets and they were scheduled to be replaced. Reports showed the service achieved consistently positive results with audit scores in all areas above 90%.

Feedback was obtained from relatives regarding the quality of the service. However, this was completed on an area level meaning it was not possible to extract information directly relating to the service. This information was used to identify where resources were required in each geographical area and highlighted if any additional training for staff was required.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.