Dimensions (UK) Limited

Dimensions 5-6 Duchess Close

Inspection report

5-6 Duchess Close
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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

Summary of findings

Overall summary

This inspection took place on 7 August 2017 and was unannounced. Dimensions 5-6 Duchess Close, is a care home which provides care and support for up to six people with learning disabilities and complex needs. At the time of this inspection there were five people using the service.

There was a registered manager in place. The registered manager was present throughout the inspection. 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.

Risk assessments stated what people's personal risks were. There was insufficient guidance provided for staff on how to mitigate these known risks. However, staff that we spoke with demonstrated an understanding of people's personal risks.

We have made a recommendation around the recording and guidance for staff of risks that people faced.

We observed kind and caring interactions between staff and people. People's responses to staff showed that people felt safe and supported. Relatives were positive about people's safety within the home.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm.

Medicines were managed safely and administered on time. There were records of medicines audits and staff had completed training on medicine administration.

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

Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to eat healthily. There was a varied menu and snacks and drinks were available if people required.

There was a complaints procedure and relatives knew how to make a complaint.

Staff knew how to report accidents and incidents. These were followed up and learning from them was used to improve the quality of care for people.

Care plans were person centred and reflected individuals' preferences. Relatives were involved in planning people's care.

People had individual weekly activities timetables that reflected things that they enjoyed. People were supported in the community with appropriate staffing levels.

Audits were completed by both the home and the organisation to check the quality of care. This included health and safety, medicines and overall care provision.

Staff had regular team meetings where they were able to share ideas and raise any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe. Personal risks people faced were identified, however there was insufficient guidance on risk assessments to enable staff to effectively mitigate the known risk. Staff we spoke with had a good understanding of how to work with people's know risks.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately. People were actively encouraged and supported to report concerns.

There were sufficient numbers of staff to ensure people's needs were met.

People were supported to have their medicines safely.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role. Staff received regular supervision and appraisals. People were supported by staff who regularly reviewed their working practices.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

People were supported to have enough to eat and drink so that their dietary needs were met. People were given choice through pictures and verbal prompts.

Is the service caring?

Good

The service was caring. People were supported and staff understood individual's needs and were patient and kind in their interactions.

People were treated with respect and staff maintained privacy and dignity.

Where people were unable to be involved in planning their care, relatives were encouraged to have input into their care.

Is the service responsive?

Good

The service was responsive. People's care was person centred. Care plans included information on what was important to the person.

Staff were knowledgeable about people's individual support needs, their interests and preferences.

People were encouraged to be as independent as possible, be part of the community and maintain relationships.

Relatives knew how to make a complaint. There was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There was good staff morale and guidance from management.

Relatives and staff were positive about the management of the home.

The home had a positive open culture that encouraged learning.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Dimensions 5-6 Duchess Close

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 7 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the provider had sent to the Care Quality Commission (CQC). Formal notifications include information that a provider must inform the CQC about as part of their legislative responsibility. This includes information about significant injuries, deaths and people that may be subject to Deprivation of Liberty Safeguards (DoLS). We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at three people's care records and risk assessments, five people's medicines records, five staff files and other paperwork related to the management of the service. We spoke with one person, five staff including the registered manager and deputy manager, and three relatives.

Some people that used the service were unable to speak with us due to the complex nature of their needs. We used observations during the inspection to gain an understanding of how they experienced the care that they received.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 12 July 2016 we found one breach of regulation. This related to fire safety doors and the cleanliness of the home. Despite fire doors having been fitted with a release system when a fire alarm was activated these were not working properly and doors were closed in communal areas. This prevented people from moving around the home freely. We also found that the home was not clean in certain areas. We found carpets had ingrained staining in one dining area and both lounges, chairs were stained and there was dust on skirting boards and picture frames. This meant the provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had addressed these issues. Doors had been fitted with a magnetic release system and the registered manager showed us how these worked in the event of the fire alarm being activated. We saw that doors were open and people were able to move freely about the home. The provider had replaced carpets in the dining areas with laminated flooring and purchased washable wooden chairs. In one lounge the provider had laid new carpet and we saw that this was clean. There was no dust present on skirting boards or picture frames. On the day of the inspection the home was clean, tidy and welcoming.

People had risk assessments and these noted what the risks were for each individual. However, where risks had been identified there was often insufficient guidance for staff on how to mitigate the known risk. For example, where one person was at risk of behaviour that challenged when in the community there was one or two lines on how staff should work with the person. There was not enough detail to show that staff had adequate information to effectively mitigate the risk. For another person the home had identified that they had a tendency to self-harm when they became upset by banging their head on a hard surface. A protective helmet had been purchased. However, the person's risk assessment did not state how staff should work with the person or how the protective helmet should be used if the person began displaying behaviour that challenges.

Staff that we spoke with were able to tell us how they would work with people's personal risks and understood individuals needs in relation to risk. However, following the inspection the registered manager sent us copies of everyone's risk assessments. We saw that whilst risks were identified, the lack of adequate guidance for staff was present on all risk assessments.

We recommend that the home seek advice and guidance from a reputable source on how to complete comprehensive risk assessment documentation that provides adequate risk mitigation for people that live at the home.

People living at the home had complex needs and were not able to answer questions about how safe they felt living at the home. We observed staff interactions with people during the inspection and saw that people interacted well with staff and staff were aware of how to speak and interact with each person as an individual. We asked relatives if they felt that people were safe at the home. Relatives told us, "Yes, I think so. There's a monitor in [person's] room at night if he becomes distressed. I think this helps keep him safe" and

"Yes, I do. There is good staffing."

Staff members that we spoke with were able to explain how they would keep people safe and understood how to report any concerns where they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. One staff member told us that safeguarding was, "Looking after the people we support and make sure they are not being exploited and they are protected. I would call the line manager [if any abuse was witnessed]. We can also ring our head office and speak to the safeguarding officer." Staff told us, and records confirmed that they had been trained in safeguarding as part of their induction. We also saw that staff received annual refresher training in safeguarding and training was up to date.

Staff understood what whistleblowing was and how to report any concerns if necessary. Whistleblowing is where staff are able to raise any concerns both within their own organisation or externally with agencies such as the local authority or the CQC. One staff member said whistleblowing was, "Where I would call the local authority to report an incident, abuse or something negative."

The home had a clear medicines administration policy. People's medicines were recorded on medicines administration records (MAR) and the home used a blister pack system provided by the local pharmacy. A blister pack provides people's medicines in a pre-packed plastic pod for each time medicines are required. It is usually provided as a one month supply. People's medicines were given on time and there were no omissions in recording of administration. Each person's section in the medicines folder detailed how they should be given their medicines. For example, for one person records noted: 'I have my medication with a cup of tea doing my morning routine. My medication should be placed in a clean empty cup then offered to me with verbal prompt [to take medicine]'. One person was being helped to manage their own medicines. Guidance for staff on how to support the person had been clearly documented.

There were records for as-needed medicines. These are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious. There was detailed guidance for staff about when to offer as-needed medicines to people and staff were able to tell us in what circumstances they would offer these. All staff had received medicines training. There were medicines competency checks, to ensure that staff safely administered and recorded people's medicines that had been completed in 2017.

We found that there were enough staff on duty to ensure that people's needs were met. There were two members of staff working in the mornings and afternoons. At night there were two staff on duty with one sleeping-in and one awake. Relatives said that they felt there were enough staff on duty at the home. The registered manager said, "I look at the diary and book staff if there are activities and so on. So usually, we have three members of staff during the day. Two is the minimum." Rotas for the past month reflected what we had been told about staffing levels.

The provider followed safe recruitment practices. We looked at staff files which showed pre-employment checks such as satisfactory references from their previous employers, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were not suitable for the role.

We looked at accidents and incidents that had been reported. In the last year the home had 13 documented accidents and incidents. Accident and incident reporting was completed online and shared with the organisation's head office. Details of the accident or incident were recorded clearly. However, there was no outcome or follow up on what had happened after the event. We spoke with the registered manager about

this who showed us that there was no way to input this information on the system as the system did not allow for editing once the report was completed. The registered manager was able to tell us the outcome of all incidents and said that any accidents or incidents were discussed in staff meetings. Staff meeting records showed that accidents and incidents were discussed with the team and where improvements in the quality of care had been identified following an accident or incident; this was implemented by the home.

The home had up-to-date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Each person had a personal evacuation plan (PEEP) in place, in case of a fire. A PEEP assesses how people should be evacuated if they have mobility issues and the best way for staff to support them. PEEP's were written in large font with pictures to help people understand what they needed to do in case of a fire. Records showed regular testing of the fire alarm systems and fire drills.

Good

Is the service effective?

Our findings

People received care and support from staff who received the training and support they required to meet their individual needs effectively. Staff received an induction when they began to work at the home. Induction was a mixture of online learning, classroom based learning and shadowing more experienced members of staff before being allowed to work alone. All new staff were supported to complete the Care Certificate within the first six months of their employment. This is a set of national standards and training by which people working in care are expected to abide by.

Staff told us and records confirmed they were supported through regular supervisions. One staff member commented that their supervision enabled them "to share your feelings, how you work with the clients and how you work as a team. We talk about training." Staff received five supervisions per year with one of these being an annual appraisal of their work performance. There were staff appraisals from 2016. The registered manager said that the new round of appraisals was due and had been booked in to be completed.

Training records showed that staff received regular training that supported them in their role. This included annual refresher training in areas such as safeguarding, health and safety, and equality and diversity. The registered manager told us that where staff requested any extra training that would be useful to their role, this was provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. The service had applied for DoLS for four of the people living at the service and were awaiting authorisation. For one other person a renewal of an existing DoLS was awaiting an authorisation.

Due to the complex needs of people living at the service they were unable to consent to their care and care plans. Care plans had not been signed by relatives. However, relatives were positive about their involvement with planning people's care and said that they had full involvement although this was not documented. We raised this with the registered manager at the time of the inspection who told us that he would ensure that relative involvement was documented in future.

Staff had received training on the MCA and understood how this impacted on the people that they worked with. One staff member told us, "Where people we support can't decide for themselves, they are assessed for their capacity and what they are able to make decisions on."

Two people required monitoring of their weight. We saw that people had received assessments by Speech and Language Therapists (SALT) and recommendations had been made. One person was receiving a prescribed nutrition drink and the home was following SALT recommendations of using full fat milk, cream and butter to prepare meals for them. Another person was being encouraged to eat healthily and take daily walks following a medical review. For both people we saw that their weight was being regularly monitored and action taken if there were any concerns.

The kitchen was clean and well stocked with food including fresh fruit and vegetables. The home also had a store cupboard for dried goods which was also well stocked. Due to people's complex needs most people were unable to prepare their meals. We observed staff preparing the main evening meal during the inspection. One person was able to prepare a meal with staff support. The person told us that he had chosen what he wanted to cook that day and staff had helped him. One person was a vegetarian and we saw that vegetarian food was provided. The registered manager told us that where possible, people were encouraged to do things for themselves. For one person the registered manager said, "[Person] could butter a sandwich, or pour a drink. [Person] has skills and we try to encourage that."

Staff told us people were able to choose the food that they wanted to eat. One staff member explained that at breakfast time, various cereals, bread and juices were put on the table for people to point to what they wanted and staff would support them. At dinner time staff said, "We show the food to people and give them the choice. We have one person that when we show them the food choice [person] will touch it if [he/she] wants it or push it away if [he/she] does not." At dinner times, staff told us that they explained to people what the food choices were and also used pictures to help people understand.

We saw that people were able to ask for snacks throughout the day. We observed one person taking a staff member to the fridge, taking out some cheese and handing it to the staff member. The staff member then made the person a snack. We also observed people being offered fruit as a snack to promote healthy eating. The registered manager said, "Every fortnight they go to a restaurant. Clients choose [what restaurant] by using leaflets and pictures. [Two people] are able to tell you what they want." People's food preferences were documented in their care plans. For example, for one person, their care plan noted, 'My favourite foods are meat dishes. I like chops, chicken and steak. I particularly like having a roast on Sundays'. Menus showed that the home provided a Sunday roast.

We saw that people had access to healthcare services such as dentists, doctors and opticians when necessary. Records showed when people visited a healthcare provider and what the outcome was. If there was any change in care needs, this was documented and communicated to staff. Relatives commented, "They're pretty good at taking [person] to the doctors if they need to. They're quite vigilant about that kind of thing."

People had personalised their rooms, where they wished to, with pictures, ornaments and other personal items. This provided a homely feel to people's environment. There was a large, well kept, rear garden with seating areas and a barbecue. People had access to the garden when they wished.

Good

Is the service caring?

Our findings

We asked relatives if they thought that staff were kind and caring. Relatives commented, "I am happy with the care. I think [relative] is happy where he is now", "I'm quite pleased with [the home] because residents seem to gel together quite well. The staff know how to work with [relative]" and "I think on the most part [the care] is pretty good."

During the inspection we observed a calm and relaxed atmosphere throughout the home. We saw friendly interactions that demonstrated that staff knew people well and people appeared comfortable with the staff. We saw that one person used touch as communication and would go up to staff and gently touch their hand and smile. The registered manager explained that the person did this when they knew and felt happy around the person and it was their way of saying hello. A relative commented, "[Person] doesn't speak about his feelings as he is unable. I think they work with him as best they can."

We asked staff how they ensured that people were treated with dignity and respect. One staff member said, "By talking to them with respect. When you want to support your clients, you knock on their door and wait for their response. Some of our clients cannot talk but we still knock and then open the door and call out to greet them." We observed staff knocking on people's bedroom doors before entering during the inspection.

All staff that we spoke with told us of the importance of ensuring people's dignity when they received personal care. This included keeping doors and curtains closed, asking the person if they were ready to have their personal care and allowing people to do as much for themselves as they were able to. A relative said, "When [person] goes to the loo, they wait outside in case he needs help but still give him his privacy." We observed this happening during the inspection.

During the inspection we requested to see people's rooms. The registered manager approached people and explained who the inspectors were and if it was okay for us to look in their rooms. People were informed that they were able to say no if they did not want us to see their personal space. This showed that people's wishes and opinions were sought and listened to.

Relatives told us that they were able to visit the home whenever they wanted. One relative said, "There haven't been any problems [with visiting]. I always call and check [person] is not out and about but generally I can just pop down and see [person]."

People's faiths, if they had one, were noted in their care plans. The registered manager told us that at present, there was no-one that attended a place of worship. However, if a new person moved into the home, the staff would support people to follow their faith.

Good

Is the service responsive?

Our findings

Relatives were positive about the care that people living at the home received. A relative told us, "I think it's pretty decent. [Relative] gets the care she needs. It's really effective and nice. They care for [relative] really well." Another relative commented, "They do interact with [person] well and they do meet [person's] needs."

Care plans were detailed, person-centred and clearly documented people's like and dislikes. There was information on what made a good or bad day for people and what was important in their lives, to ensure that people felt as fulfilled as possible. For example, for one person something that caused a bad day was noted as, 'I don't like sleeping in my hair clips so staff must ensure they are taken out." Each person's care plan included small things that made a difference to the quality of their lives. Staff were aware of each person's likes and dislikes and we observed this during the inspection. Both staff and relatives told us they felt that people's care was "at the heart of what they do."

Due to their complex needs some people living at the home were unable to express themselves verbally. Care plans documented how people communicated and showed their emotions through their behaviour. Each care plan had a section called, 'How I show I am happy'. For one person, this stated, 'Hiding my face behind my hand, lightly touching my face and smiling'. When we spoke to staff, they were able to tell us how each person expressed themselves when they were happy or sad. However, one person's care plan said that they were able to communicate using basic Makaton sign language. We spoke with the registered manager about this and asked if any of the staff had been trained in using Makaton. The registered manager said that they had not, but that they would discuss this with their training team and ensure that staff received training.

We saw that people had yearly reviews of their care. Where people may not have been able to be fully involved in reviews due to their complex needs, relatives told us that they were involved in planning people's care. Relatives said, "I am invited to reviews. If I can't make it they will feedback to me" and "When we have the meetings I can always say what I want."

Each person had an individual weekly activity plan. This showed what activities people would be taking part in throughout the week. We saw that people took part in activities inside and outside the home. At the time of the inspection the registered manager told us that the day centre that some people attended was on a break so the home was ensuring that people had activities during the day.

A relative told us, "[Person] likes music. There's a lot of music there." We observed one person walking around with their favourite music on throughout the inspection. The person told us that they liked their music and their favourite radio station was Capital Gold. Staff confirmed that the person had a large collection of music. Another relative told us, "They've taken him out bowling and they've found he's pretty good at it." We saw that this person's activity plan included trips out bowling. A staff member told us, "I think they [people] have a lot to do. We take them for bowling, cinema and horse riding. Each person has a timetable for what they want to do and we support them to do it and be part of the community."

One person enjoyed writing stories. The home had supported the person in getting a computer and the person told us that they now liked to use this to write their stories. The person also attended a centre where they received lessons on how to use their computer. Another person had regular aromatherapy massage and reflexology. A relative said, "For [person's] birthday, I was asked to go and they did a lovely evening tea for [person] and they do the same for others."

The home had two communal lounges. One lounge had been turned into a sensory room. This included different types and colours of lighting, bubble tubes for people to look at and a stereo system that played relaxing music. The room was decorated in calm, neutral colours and had a large soft sofa with textured cushions for people to relax on. During the inspection we observed a person sitting in the sensory room relaxing. The registered manager told us that the room had been created as, "A chill out zone for the guys" and that people responded well to it, particularly if they were feeling anxious.

People were encouraged to be part of the local community and maintain relationships with family and friends. Relatives told us that they had regular contact and some people went home during weekends. One person told us, "I have a lot of friends." The person was encouraged to stay in contact with people and this was documented on their care plan.

The home had a clear complaints procedure. Relatives that we spoke with said that they knew how to make a complaint if they needed to. One relative said, "I would call the manager." The home had received no complaints in the last year.

Good

Is the service well-led?

Our findings

Staff and relatives were positive about the registered manager. Relatives commented, "The times I have met him he seems really nice. He does try and sort things out if he needs to" and "He's helpful. He seems to get on things if I have a query." Staff commented, "[Registered manager] is good. He's always there. [The deputy manager] is also good and I feel supported by both of them", "[Registered manager] is very good. He has helped me a lot and he is good with the clients" and
"He is supportive. If you have any problems and you go to see him he is always ready to help."

During our inspection we observed that the registered manager spent time with people and interactions indicated that he knew them well as they responded in a warm and positive manner.

There were weekly medicines audits that looked at medicines stock, if medicines had been administered on time and any other medicines issues. We looked at 17 weeks of medicines audits and found that where any issues were identified these were addressed and discussed in staff meetings. We looked at three examples of the monthly health and safety audits. These reviewed any environmental issues with the building and décor. Where any issues were identified, these were noted and signed off when action had been taken.

The organisation, Dimensions, completed an annual family and friends survey. This included Duchess Close as part of the feedback but was not specific to the home. Following the inspection, the registered manager sent us a copy of the 2016 family and friends survey. Feedback was positive with relatives saying that they were happy with the level and type of care and support people received. The family and friends survey had just been launched for 2017 and information was in the process of being gathered.

People living at the home, family and friends were encouraged to attend meetings organised by Dimensions as an opportunity to gain feedback and find out any new information about the organisation's work. One person told us that they had attended these meetings and that it had been a social event as well. Relatives that we spoke with commented that they had been invited to attend.

There were regular staff meetings where topics such as medicines, people's needs, reviews and health and safety were discussed. One staff member told us, "Staff meetings happen. The team are very cooperative and we work together. They listen to you if you have a problem and they help a lot." Where staff may have been unable to attend a meeting they commented that minutes were available for them to read and the registered manager and deputy manager were available if they had any questions. Staff told us that staff meetings allowed staff to discuss any issues and concerns. It was also an opportunity for the registered manager to update the team on any management issues or changes within the home.

There was a system in place to monitor staff training. The registered manager was aware when training needed to be refreshed. Staff told us that they always knew when they needed to complete training as the registered manager and deputy manager informed them.

All policies and procedures held by the service were up to date and included dates for review. The provider

updated policies as and when necessary according to legislation changes and reviewing care practices within the service.