

Dimensions (UK) Limited

Dimensions Newton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dimensions Newton House is a residential care home offering respite care and providing personal care to four people at the time of the inspection. The service can support up to five people.

Dimensions Newton House is laid out over two floors; people can access these by stairs and a lift. Bedrooms are laid out over both floors with some offering en-suite facilities. The communal kitchen-dining room and lounge is located on the first floor. There is an activities area on the ground floor and people have level access to the garden. The registered manager's office is adjacent to the reception area.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care: People received person-centred care; we observed staff acting in a person-centred way and care plans reflected people's wishes and preferences. Relatives said their loved ones looked forward to staying at Dimensions Newton House. People's privacy and dignity was respected and people were involved with decisions about their care.

Right Support: Staff supported people to be as independent as possible, staff knew people well and how to meet their needs. People, staff, professionals and relatives were involved with decision making where appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture: We received positive comments from relatives and people about staff and the management team. We observed staff working with people respectfully and measures were in place to protect people from avoidable harm. There was an inclusive approach to care provision and staff levels were reviewed and amended in response to people's care needs.

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

Rating at last inspection - The last rating for this service was good (published 11 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Newton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Newton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 made up of two inspectors.

Service and service type

Dimensions Newton House is a respite service. People receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Dimensions Newton House is a service without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced, the second day of the inspection was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We toured the premises, spoke with five staff and one person. We undertook observations over both days of the inspection in communal areas of the service. We reviewed documents in relation to the safety and leadership of the service, including two recruitment files, provider level audits and minutes from team meetings.

After the inspection

We spoke with six relatives about their experiences of loved ones visiting the service for periods of respite care.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to protect people from the risk of abuse. Staff received safeguarding training and spoke confidently about how they would identify abuse, and what they would do if abuse was witnessed or suspected. One staff member said, "If I did [witness abuse] I would report it and I would keep going until something was done."
- The management team was aware of their responsibility to raise potential safeguarding concerns with the local authority. The service had not experienced any recent safeguarding concerns.
- Relatives told us people received a safe service. Comments from relatives included, "I haven't got any worries and I know person is safe" and, "I think it is perfectly safe there."

Assessing risk, safety monitoring and management

- Risk assessments were in place to help identify potential risks and associated guidance supported staff to help protect people from avoidable harm.
- Where required, the service included photographs so staff could see how to support people safely. Photographs showed how people must be positioned to prevent discomfort and skin breakdown, and how to arrange one person's wheelchair straps.
- We observed staff working in ways that supported people to remain safe. For example, one person requested a cup of tea and the staff member ensured it was cool enough for the person to drink, but warm enough for them to enjoy.
- Measures were implemented to ensure the safety of the premises. We observed window restrictors in place, and radiators were temperature controlled to prevent the risk of avoidable burns. Additional measures were documented to show they had been completed, including gas and water safety checks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff spoke confidently about how they upheld people's rights in line with the MCA. One staff member said the MCA was about, "Ensuring people have the right to choose the ways they want to live; it's about keeping people safe and giving them their freedom." When staff assessed one person lacked capacity to make a decision, they worked with the person's relatives, staff and made the least restrictive decision in the person's best interest.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. Staffing levels were reviewed and amended in response to each person's needs. Comments from relatives included, "They have enough staff depending on the needs of the person at the time" and, "Yes, there are enough staff."
- Staff received training relevant to the people they supported. Records we reviewed showed staff had received various training including moving and handling, basic life support and legionella training. All staff new to care needed to complete the Care Certificate, a set of 15 standards outlining the basic skills and knowledge required to work in care.
- Staff were recruited safely. For example, checks were undertaken with an applicant's previous employers, and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Overall, medicines were managed safely.
- Relatives told us processes were in place to ensure medicines were checked in and managed safely during people's stays. Comments from relatives included, "I've got no problems – medicines are managed safely" and, "Medication is taken out of his bag straight away, and given to staff straight away. They won't accept it if it hasn't got his prescription on the box and they are very strict with that."
- Staff responsible for administering and managing medicines had their medicines competency checked, both theory and practice.
- People's medicines were stored in their bedrooms in lockable cabinets. We found temperature checks were not always being undertaken to ensure medicines were stored within safe ranges. The management team introduced temperature check records in response to our feedback, we found no harm had been caused to people.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- People did not often welcome visitors due to the temporary nature of their stays. However, safe visiting procedures were in place, including using outdoor spaces to facilitate visitors, and providing a separate entrance to prevent visitors walking through the service unnecessarily.

Learning lessons when things go wrong

- The service learned lessons when things went wrong. Staff reflected on what had gone wrong and learning was shared at team meetings to help improve care provision and prevent a recurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us there was a person-centred culture. Comments from relatives included, "I couldn't wish a better place and better staff to look after my son" and, "They fit all our needs perfectly, one of their plus marks is they understand the needs of whoever is there and they are very kind."
- Relatives told us people experienced good outcomes and lived how they wished during their stays. Comments from relatives included, "They [staff] took him into town and had fish and chips; when he gets in there he is signing to say he wants to go and get fish and chips" and, "If she wants to go shopping, they take her shopping." We observed one person telling staff they wanted to feed the birds at the park, the following day the person confirmed they had done this.
- The service had not used agency staff for a prolonged period of time. This meant there was a consistent staff team who knew returning service users well. For example, one staff member knew how people preferred to access the community and said, "[Service user's name] likes to stop and feed the birds, but [Service user's name] doesn't like to stop."

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

- People, staff and relatives were supported to give feedback. For example, the provider facilitated forums where participants discussed what they thought was going well and areas for development.
- The management team operated an open-door policy; staff and relatives told us they could speak to the management team when they needed to. Comments from relatives included, "[Deputy manager's name] is so helpful if I've got any problems or an emergency, all I've got to do is ring up and he is always there" and, "The staff are brilliant, very polite and very helpful. Any problems or questions are answered straight away [deputy manager's name] is absolutely brilliant as the manager."
- Staff received equality and diversity training to meet the needs of all people they supported. We observed staff supporting people in line with their needs. For example, one person requested some crisps and the staff member brought packets of crisps to the person, so they could point to the packet they wanted.

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

- Quality assurance checks were undertaken at service and provider level. Provider level checks undertaken recently had looked at the safety and leadership of the service, and incorporated feedback from relatives.
- There was a clear staffing structure and staff knew what was expected of them in their roles. The registered

manager was supported by the deputy manager, senior care staff and care staff.

- The provider alerted the management team to relevant health and safety updates or information, and this was shared with staff during their team meetings.

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 management team was aware of their responsibility to act openly and honestly when things went wrong, and to apologise.

Continuous learning and improving care

- The management team monitored care provision and identified areas for improvement. For example, at the time of our inspection the registered manager had identified that areas of the home required refurbishment and we observed contractors visiting to plan these works during our inspection.
- Accidents and incidents were monitored to ensure lessons were learned and to prevent a recurrence.

Working in partnership with others

- Staff worked in partnership with external professionals when the need arose. For example, one person's psychiatrist visited with them and staff had recently received training from a specialist nurse in relation to one person's feeding tube.