

Dimensions (UK) Limited

Dimensions 5-6 Duchess Close

Inspection report

5-6 Duchess Close
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 December 2015. Breaches of legal requirements were found, in respect of the safe care of people's medicines and providing sufficient numbers of staff at all times. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 5-6 Duchess Close on our website at www.cqc.org.uk.

The service provides care and accommodation for up to six people. Its stated specialisms are for learning disabilities or autistic spectrum disorder. There were five people using the service at the time of our inspection.

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.

We found that the provider had followed their plan to address our previous concerns, and so they were now meeting legal requirements of ensuring appropriate care of people using the service. This was because action had been taken to improve the safety of managing people's medicines. In particular, all staff had had their medicines competency retested, there were regular stock checks of people's medicines, and managers audited medicines weekly. This all helped to ensure that any errors were identified.

There were now enough staff working with people. A small group of agency staff were being used where needed, to ensure that there was always at least two staff working with people in the service.

There were procedures in place to protect people from the risk of abuse and from health and safety risks.

However, whilst we found that fire doors were now kept closed when not in use, devices installed to safely hold these open and enable people to still move freely around the premises were not working. Some people therefore relied on staff support to move between rooms, which meant that these doors were not entirely suitable for purpose.

We also found that the laundry area, one dining room and the two lounges were not kept sufficiently clean. This was particularly evident on carpets which had a number of ingrained stains. This provided an infection control risk to people using the service.

There was overall one breach of regulations. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. We found that action had been taken to improve the safety of managing people's medicines and that there were enough staff working at all times.

However, some areas of the premises were not kept sufficiently clean, which provided an infection control risk to people using the service.

Fire doors were no longer wedged open. However, appropriate devices to release most fire doors were not yet working and so some people could no longer move around the service independently.

There were appropriate procedures in place to protect people from the risk of abuse.

Requires Improvement ●

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.

We undertook an unannounced focused inspection of Dimensions 5-6 Duchess Close on 12 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 9 December 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements.

Before the inspection, we checked any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and information we held on our database about the service and provider.

The inspection was carried out by one inspector. There were five people using the service at the time of our visit. We spoke with two people although we gained no clear feedback about the service due to the nature of these people's learning disabilities and our understanding of them. We also spoke with one staff member, the deputy manager and the manager of another of the provider's services who attended our inspection in the absence of the registered manager. We contacted people's relatives after the visit and received feedback in two instances.

During our visit we observed how care and support was provided to people in communal areas. We checked the physical environment of communal areas of the premises. We reviewed risk assessments for three people and the service, and medicines records for five people. We also looked at records relating to the management of the service such as staff rosters and some quality auditing documents. The registered

manager sent us copies of recent accident and incident records, and the staff training matrix, at our request following the inspection visit.

Is the service safe?

Our findings

At our previous inspection of 9 December 2015, we found two breaches of regulations. People's medicines were not properly and safely managed. Despite a practice of two staff signing for when people were supported with medicines, medicines records had occasional administration gaps. There were other anomalies with people's medicines records. Fire-prevention doors were also propped open and some of the first aid kit stock was out of date. This meant the provider was in breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The other breach was because there were occasions when there were not enough staff working to meet people's needs and promote people's health and welfare. There was only one staff member working to help people get up when we arrived at the inspection, which resulted in one person not having time to finish their breakfast before pre-arranged transport for them arrived. The same staffing situation occurred the previous day. This meant the provider was in breach of regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breaches of regulations. Staff meeting records showed that there had been regular discussion and review of the breaches. We found that medicines were safely managed. There were records of all staff members having had their medicines competency retested by managers, most of which took place shortly after our last visit. The test included answering questions on safe medicines management and being observed to administer medicines safely.

Medicines were securely stored. People's medicine administration records (MAR) were kept up-to-date, indicating that people received all their medicines as prescribed. The MAR did not contain gaps that could indicate a missed administration, and two staff usually signed at each administration. Accurate records of medicines coming into the service, and any returns to the pharmacy, were now being kept. Where changes were made to people's prescribed medicines, these were clearly documented, and messages were left in the staff communication book to help ensure staff were kept informed.

There were individual guidelines for offering people as-needed medicines. These included what behaviours people exhibited to indicate pain where they did not communicate verbally. Records of administration of these medicines tallied with remaining stock.

There were daily stock checks where anyone's medicines that were not stored in blister packs. Managers kept these under review. This helped to quickly identify any anomalies between the numbers of medicines in stock and records of administration.

There were records of managers undertaking weekly medicines audits up to 27 June 2016. These checked on various aspects of the safe management of people's medicines. These helped with ensuring that any potential medicines errors were identified and that there was sufficient stock of each person's prescribed medicines.

We identified only one concern with medicines during the visit. When checking one person's monitored-dosage medicines, there was one additional tablet for the management of Hay fever compared to administration records. This indicated that the person did not receive the medicine as prescribed on one occasion. The deputy manager told us this discrepancy must have occurred since the last weekly medicines audit, and agreed to investigate how this happened.

When we checked the emergency first aid kits, we found them to be well-stocked. There were no longer items that were beyond their expiry dates. There were also up-to-date records of checking the first aid kits, which helped ensure that the kits remained safe for use.

We found that there enough staff were working with people. The deputy told us that three staff ordinarily worked during weekdays when all five people were using the service. A minimum of two staff were required for the five people, which reflected weekend staffing when additionally some people visited family. One relative confirmed this was their experience of staffing levels, though another felt there could be more. Staff told us there had not been situations where only one staff was present, as we found at the start of our last inspection, and records we saw confirmed this to be the case. From checks of staffing rosters across the previous five weeks, we found a few instances where only two staff worked during the week; however, this included cases where there were less people using the service and where the deputy manager started their shift early to provide additional support. Rosters also showed that a small group of the same agency staff were used when needed.

We noted that fire doors were no longer being wedged open. This meant that in the event of a fire, its spread throughout the property would be better contained. However, we noticed that some people could not open doors easily and so move about the premises without staff support. Staff confirmed they had to provide this support sometimes, and we saw a record of where staff had to intervene to prevent an accident relating to the doors being closed. The deputy explained that many doors had been fitted with hold-open devices designed to release in the event of the fire alarm activating. However, despite repeated professional input, the devices were not working properly and so most doors were kept closed. The exception was a few doors that had older devices which worked well. We concluded that the majority of doors in the premises were not therefore entirely suitable for purpose, as they impeded some people's independent and safe movement through communal areas.

Relatives had no concerns about the cleanliness of the service. We noted that kitchens were clean and that food was appropriately stored there. However, some areas of the premises were not kept sufficiently clean. We found many ingrained stains on the carpets in one dining area and both lounges. In that dining area, in house number five where we saw people eating, there were a number of spot stains on the ceiling and occasionally on walls and the kitchen door. One chair had a few food stains. The folding table had many crumbs in the small gaps between the folds, and food and grease marks on its underside. There was a build-up of dust on skirting boards and picture frames. The deputy manager told us that cleaning was recorded as completed on each staff handover sheet but no other records were kept, and there was no specific deep-cleaning of dining areas. This provided an infection control risk to people using the service.

We checked the outside laundry area and found further concerns with cleanliness. Records showed that there was a new washing machine and tumble drier, and that in response to a fire safety audit, a new wooden shed had been put in place to store these items. However, we saw that the wooden-slat floor there was not kept clean, including that there was a large spill of washing powder in one corner. There were no shelves and so a disposable gloves box was stored on the floor. The bin lacked a lid. The hand-wash basin was partially covered in grey stains. There was a water-mark above one tap which indicated that the wooden walls to the laundry room were not impermeable and so could not be cleaned properly.

The above evidence demonstrates a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a number of risk assessments for the service that were recently updated. These included for fire safety, infection control, and financial abuse. Staff had been reminded to read these. There were regular documented checks of health and safety matters with the service, including fire systems, food storage temperatures, hot water tap temperatures and shower heads. Where appropriate, there were records of professional safety checks, such as for gas safety, electrical wiring and the fire alarm systems. There were also records of a small amount of accidents and incidents relating to the service since our last visit, which the registered manager kept under review.

The service carried out a wide-ranging individual risk assessment that enabled each person to take acceptable risks as safely as possible. Where concerns were identified, a specific risk assessment was additionally in place, for example, for risk of abuse, community presence, and falls management. These were monitored, reviewed and adjusted as people's needs changed. For example, one person had developed a health condition since our last visit. A risk assessment was in place for that matter, and had been brought to staff attention so that they were clear on what actions and precautions were needed. Staff we spoke with were aware of the details of the new risk assessment. A relative told us that care was taken to keep their family member safe.

The provider's policies and procedures enabled staff to protect people from abuse and harm. Records showed that staff received training on how to recognise abuse and possible harm to people using the service. Staff demonstrated that they understood what abuse was and the action required if they should encounter it. They told us details of how to raise safeguarding alerts were displayed in the office and that a manager was available on-call at all times. The management team told us there had been no safeguarding cases since our last inspection. Individual finance records were kept for each person's looked-after money. These included weekly checks by a member of the management team. This helped minimise the risk of financial abuse.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider did not ensure that the premises and all equipment was kept clean and was suitable for the purpose for which it was being used. Regulation 15(1)(a)(c)