

Dimensions Somerset Sev Limited

Dimensions Somerset The Maples

Inspection report

The Maples
Catherine's Close
Castle Cary
Somerset
BA7 7HP

Tel: 01963359300

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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 Somerset The Maples is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 6 people. The home is situated in a residential area of the town Castle Cary.

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 Support

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. 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. Staff communicated with people in ways that met their needs. People's medicines were managed safely.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. People who had individual ways of communicating, using body language and sounds, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

We made a recommendation relating to the management of some medicines.

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 (03 October 2018).

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.

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 Somerset The Maples

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 carried out by 1 inspector and an Expert by Experience who made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dimensions Somerset The Maples is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dimensions Somerset The Maples is a care home 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

This inspection was unannounced.

What we did before the 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 reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

People who used the service used different ways of communicating, including using vocalisations, facial expressions and body language. We spent time with people observing their interactions with staff. We spoke with 5 relatives about the care and support provided. We spoke with 6 members of staff including the registered manager. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed. We received feedback from 1 professional that visited the service.

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.

Using medicines safely

- There were systems in place to ensure people's medicines were managed safely.
- People had medicines administration records (MARs). Some entries on people's MARs were handwritten. We found examples where these had not been signed by staff or countersigned. Witnessing and countersigning these entries ensure accuracy when staff write medicine instructions.
- Some people had been prescribed topical creams and lotions. There were body maps in place informing staff when and where to apply these. Two of the tubes and bottles of creams we looked at had not been dated when opened. This meant staff may not know when to dispose of them when the expiry date was reached.
- Staff had not always signed people's MARs when people had been supported with creams, lotions and prescribed toothpastes.
- Medicines were stored securely, and storage areas had temperatures regularly taken to ensure they remained in optimal range.
- When people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when doses might be needed.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.
- The service also worked in partnership with other healthcare professionals to reduce the medication people received. This was in accordance with the STOMP agenda (stop over medication of people with learning disabilities, autism or both with psychotropic medicines.)

We recommend the provider reviews their medicines procedures to ensure they take into account current best practice guidance in the relation to the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were not able to verbally tell us if they felt safe in the service, we observed however they looked relaxed and comfortable in the presence of staff.
- Relatives told us their family members were safe. One relative told us, "Yes, [Name of person] is 100% safe." Another relative told us, "[Name of person] is definitely safe there."
- Staff said if they had any concerns about poor standards of care, they would not hesitate to report them. One staff member said, "I have no concerns, the staff all care here. I would report any concerns to the manager and would report higher if needed. I am also aware of reporting to safeguarding, of course I would not hesitate to do this if needed for the safety of the people." Staff received safeguarding training.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local

authority and the CQC as required.

Assessing risk, safety monitoring and management

- Health and safety checks were completed in the service, such as ensuring the fire alarm system and equipment were checked and serviced, along with safety checks on the gas, water and electricity.
- Regular fire drills and testing of the alarm system were undertaken. A fire risk assessment had been completed which had identified work needed to ensure the service was safe. Initial works had been completed and the registered manager confirmed they had a date planned for the remainder of the work to be done.
- Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.
- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management plans in relation to health needs, the use of bedrails, mobility and risks associated with eating and drinking. There was guidance for staff on managing these risks. Staff were aware of the risk assessments in place.
- There was no restraint used in the service. Staff knew people well and told us they were able to determine when people were becoming unhappy or upset, which meant they were able to respond to people's needs. 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. Where people's DoLS authorisations had expired, the registered manager had completed further applications with the local authority.
- When people were thought to lack the capacity to make decisions, capacity assessments and best interest meetings had been completed with input from the person and other relevant people.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- People's relatives told us there were a core team of familiar staff supporting their loved ones. One relative told us, "I've never been worried about there not being enough staff, there are a couple of carers there that know [Name of person] really well, they do try to keep the same ones."
- Staff told us there were enough staff available to meet people's needs. Staff confirmed regular agency staff were used where required to aid consistency. One staff member told us, "At the minute we have agency workers, they are brilliant, they are trying to recruit, staffing numbers are okay, there are always staff around and the managers help out if needed."
- Staffing rotas were arranged to meet people's needs and preferences.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were showing signs of deterioration, which could impact on the effectiveness of cleaning these areas. The registered manager told us the provider had a plan in place to address these areas.
- 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 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.

Visiting in care homes

- The service was facilitating visits in line with current government guidance.

Learning lessons when things go wrong

- There were systems in place to review and learn from any incidents.
- Although there were minimal incidents and accidents within the service, when they did occur these were recorded and reported. Incidents were reviewed by the registered manager and any learning was shared with the staff team. The provider also had oversight of incidents.

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

- There was a person centred and positive culture in the service. Staff commented positively about the service, the teamwork, and the people they supported. One staff member told us, "I love my job and seeing the reactions of the people I support. Enabling them to go out and about and live a quality and fulfilled life with variety, it's positive." Another staff member told us, "I think we all get on, we have good shifts, it's a lovely home."
- Relatives told us they were happy with the service provided. One relative told us, "[Name of person] is very well cared for, everything has been absolutely fine." Another relative told us, "[Name of person] is very settled, they have a fuller life than ever before and every time I see them they are smiling. The staff are all lovely, there's a lovely vibe."
- Relatives knew who the registered manager was and felt able to approach them. One relative told us, "The managers are very approachable."
- Staff commented positively about the registered manager and the support they received. One staff member told us, "[Name of registered manager] is easy to talk to and very supportive, and [Name of assistant locality manager] is too." Another staff member told us, "The management are approachable, they are good here."

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 registered manager was aware of their responsibility to act openly and honestly when things went wrong.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- There were systems in place to monitor and improve the quality and safety of care provision.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included health and safety, infection control and medicines. The registered manager and the providers senior manager also completed unannounced visits to the service.
- There was a management structure in place. The registered manager was also registered at another service operated by the same provider, the registered manager was supported by an assistant locality

manager.

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There were systems in place for people and their relatives to engage in the service. The provider held 'Everybody counts' events for people to attend. Each event had a specific theme. The registered manager told us recent themes had included choosing support and friendships. They gave examples of positive outcomes for people following the events. For example, 1 person had been supported to create a communication system to enable them to communicate with their relatives when they visited.
- People also shared their views on the service on a more informal day to day process. Staff knew people well and told us how people communicated their preferences and they responded to this. The registered manager gave examples of how feedback was obtained from people regarding the staff supporting them and how they acted on people's feedback.
- People's relatives confirmed they were consulted and felt listened to. One relative told us, "They [Staff] keep me informed of any changes, they're very responsive to any concerns too. I chat with the manager regularly and we have an annual review." Another relative commented, "We put down our thoughts and we join meetings, we're involved in [Name of person's] care."
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to share their views. One staff member told us, "Staff meetings are held monthly, we can raise things and add to the agenda. I do feel like I have a voice and I am listened to." The registered manager also sent a newsletter to deliver messages to the team providing them with any updates and relevant information.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to review and learn from any incidents. The provider had systems in place to share organisational learning.
- The registered manager told us they felt supported by the provider and senior management team. They attended regular management team meetings to share learning and receive updates. They also received updates from the CQC and Skills for Care
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, social workers, and a range of other professionals.
- We received positive feedback from a visiting professional.