Dimensions Somerset Sev Limited

Dimensions Somerset Amberleigh

Inspection report

1 Old Wells Road
Shepton Mallet
BA4 5XN

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15 January 2019

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22 February 2019

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 15 January 2019 and was unannounced. This is the first inspection for the location under this new provider.

Dimensions Somerset Amberleigh is a 'care home' which provides short stay opportunities and emergency placements for people with learning disabilities and autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions Somerset Amberleigh accommodates up to six people at one time. At the time of inspection there were 17 people using the service for either regular short stays or emergency placements. Most of the people we met had limited verbal communication due to complex and profound needs. Their opinions were captured through observations, interactions they had with staff and their reactions when we spoke with them. People were accommodated across two floors with multiple communal spaces on the ground floor. Each person had a bedroom which was personalised with their belongings whilst staying at the home. People were free to move around the home if they could. During the inspection we were informed the provider had announced the service was closing.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

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

Improvements were required around how medicines were managed. Temperatures for medicine storage was monitored to ensure medicines were not damaged. Staff had received medicine management training. However, liquid medicines were not always measured accurately and some records were not completed in a way to prevent mistakes. When people's needs had changed between stays the needs and potential new risks had not always been considered.

People appeared comfortable in the presence of staff and were smiling during interactions. Relatives thought their family members were safe whilst staying at the service. Most risks had been identified and ways to minimum them had been considered. Health and safety checks were being completed by staff and external agents. When concerns had been identified action was being taken.

The management had been working on developing positive relationships with people, their families and other professionals. There were enough staff to keep people safe including using regular agency staff.

People's needs led the allocation of staff numbers. Recruitment systems were in place to reduce the risk of inappropriate staff working at the service.

People were protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. Staff had been trained in areas to have skills and knowledge required to effectively support people. This included specialist training to meet people's specific needs. Links had been developed with health professionals if people required access to them.

People were supported to have choice and control over their lives. When people lacked capacity, decisions had been made on their behalf following current legislation. People were supported to eat a healthy, balanced diet and had choices about what they ate. Those requiring specialist diets had their needs met in line with current best practice.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. Care plans contained information about people's needs and wishes and staff were aware of them. These were in the process of being updated in line with people's changing needs. Staff knew how to recognise when people were getting upset and relatives knew how to complain. There was a system in place to manage complaints.

We observed people were supported by kind and patient staff. People's privacy and dignity was respected by staff. People, or their representatives, were involved in decisions about the care and support they received.

The service was well led and shortfalls identified during the inspection had mainly been identified by the management. There was a proactive approach from the management and provider and additional scrutiny was being sourced from external agencies. The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

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

The service was not always safe.

People's medicine was managed safely. Improvements were required with the records to ensure it was in line with current best practice.

People were protected from risks because care plans contained guidance for staff and risk assessments were in place. However, when one person returned for a stay a new risk was missed.

People were protected from the risks associated with poor staff recruitment because a recruitment procedure was followed for new staff.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

Is the service effective?

Good

The service was effective

People were supported by staff who had the skills and knowledge to meet their needs.

People had decisions made in line with current legislation.

People had access to medical and community healthcare support if it was required.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People could make choices and staff respected their decisions.

People's privacy and dignity was respected by the staff.

People were supported by kind and caring staff who knew them

very well.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained information to provide guidance for staff.

People attended activities when they were arranged. There were plans to make packages more bespoke in the future.

People were supported by staff who recognised when they were upset. There was a system in place to manage complaints.

Is the service well-led?

Good

The service was well led.

People were supported by a management who made changes and acted when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People benefitted from using a service which had staff who felt supported.

Dimensions Somerset Amberleigh

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 15 January 2019 and was unannounced.

It was carried out by one adult social care inspector and one assistant inspector.

The provider had not completed a Provider Information Return (PIR) because we had not requested one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service and provider before the inspection visit.

We spoke informally with two people who used the service because they had limited verbal communication. Instead we spent time with others carrying out observations. We spoke with the registered manager and three members of staff. Following the inspection, we spoke with three relatives on the telephone.

We looked at three people's care records in various depths. We observed care and support in communal areas. We looked at two staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and compliments system, medication files and environmental files.

During the inspection we asked for further information including quality assurance documents and follow ups to some things we found. We received all this information in the time scales given and the information has been included in the report.

Requires Improvement

Is the service safe?

Our findings

Medicines were managed safely yet required improvements with the paperwork. People had medicine administration records to identify all their medicines. Medicines were being stored safely in people's bedrooms including checking the temperature daily. All staff had received training to administer medicines safely.

Relatives felt the new handover form when someone started their stay was not as detailed as it used to be. This meant they provided the service with less information than under the old provider. For example, one relative told us the handover form no longer requested the times of day the medicine should be administered. This meant if medicines were time specific or needed to be administered near or during food it could be missed. No impact was found for any people.

Improvements were needed to be made with how liquid medicine was administered. Handwritten medicine administration records did not always evidence two staff had signed the entry to ensure it was accurate. There was one occasion when a person's medicine was not being administered as prescribed without consulting the prescriber about the change. No impact was found to people during the inspection in relation to their medicines. The registered manager informed us following the inspection all staff would refresh their medicine training to ensure best practice was being followed.

People completed short stays at their service and their needs had been assessed initially. Records had not always been updated when new stays began to reflect any changes. One person's needs had not been assessed at the beginning of a new stay. They had come back with a significant injury since their previous stay at the service. Staff told us they were supporting the person how their relative had informed them with transfers between a wheelchair and their armchair. The handover paperwork stated, "He should not be allowed to weight bare". There was no new moving and handling plan in place. No assessment from a health professional had been sought to ensure this was in the person's best interest and was safe. During the inspection an occupational therapist was contacted by staff. Following the inspection, the registered manager updated us that a safe way to transfer the person had now been advised by an occupational therapist. They had updated the person's care plan and informed all staff about this change.

People were supported by enough staff to keep them safe. Relatives had mixed opinions; due to the high use of agency staff they felt their family members were not known as well. Staff and the registered manager explained there had been a period when staffing levels were not good. This had changed and now staff levels were determined by the people who were staying. The registered manager also confirmed they monitored the right mix of trained staff were deployed. There was still use of agency staff on occasions; they always tried to use the same ones for consistency. One staff member told us it, "Depends on the customer [meaning person]" how many staff were working. Another staff member said, "We always have enough staff and sometimes over because we have agency".

Most risks had been assessed and ways to mitigate them found. This included mobility and community access. There was also information about how to reduce people's levels of anxiety if they could display

levels of behaviours which could challenge. If people had specific health conditions then most risks associated with these had been identified. One person had a diagnosis of epilepsy. There was guidance on how to safely support them to have intimate care. They also had a sudden death plan which gave clear guidance on what to do in this situation and how to try and prevent it.

There were occasions some of the risk assessments lacked details in line with current best practice. One person required transferring using a hoist. There was limited information about the type of sling which should be used and how it should be attached to the hoist. One member of staff told us they asked other staff which sling and settings should be used. This meant there was a risk transfers could be unsafe. During the inspection, the registered manager reassured us all paperwork was being updated in line with the people's moves to other services. This had already been identified as an area of improvement in the provider's audits and action was being taken.

Some people had health conditions which required specific pieces of equipment to keep them safe and meet their needs. Clear guidance was available in their care plans to ensure it was used safely. Each person had the equipment stored in their bedroom. One person had a piece of equipment to help them breathe. Staff had received training in how to use it and keep ensure it was clean. Although parts of the equipment were being kept clean the base and case were not as clean. This could lead to infections spreading for the person. The registered manager informed us they would ensure a new check was completed regularly to make sure all the equipment was kept clean.

People were kept safe because systems were in place to monitor health and safety including fire safety. There were regular maintenance checks to ensure hoists were safe to use. Windows had restrictors on and radiators were covered. Staff completed fire evacuation practices to ensure they were confident with what to do. Problems during the evacuation were identified and actions required to address them taken. The recent fire risk assessment had identified some improvements were needed. Action had been taken already to rectify this. However, the provider was unable to produce a recent water check to ensure there was no unwanted bacteria which could harm people. The registered manager told us they were liaising with the relevant external parties to make sure the checks were up to date.

People appeared comfortable around staff and relatives thought they were safe. One person smiling and joking with staff indicating this. Relatives thought their family members were safe whilst staying at the service. One relative said, "I would guess so" when asked if their family member was safe.

Staff knew how to keep people safe from potential abuse. They knew what the signs were even if people were unable to verbally communicate. One member of staff said, "It's about making sure people are safe, making sure you're safe and making sure you get help". All staff knew who to report any concerns to and thought it would be managed well. They knew other places they could go if the registered manager was not resolving the problem.

Systems were in place to monitor accidents and incidents. Any which had occurred were reviewed by the registered manager and monitored at provider level. When accidents or incidents did occur, they demonstrated how lessons had been learnt and actions taken to reduce the likelihood of a repeat. There had been occasions when actions had been taken and not fully recorded on their system. The registered manager was aware of these and had time set aside to complete the task. Historic accidents and incidents lacked reviews because the registered manager had been learning how to use the new electronic system. Whilst talking through the examples we saw it was clear there had been actions taken and lessons learnt.

People were kept safe because there was a recruitment system in place. All members of staff were being

required to have new checks to ensure they were safe to work with vulnerable people. New staff had full employment history, references from previous employers and criminal record checks.

Good

Is the service effective?

Our findings

People were supported to have their needs met because staff had received suitable training. All staff had received medicine administration training and other essential training. Only some staff had received more training in supporting people with more specialist needs that required particular tasks. Those staff who had not been trained knew they should not take part in these tasks. The registered manager was aware to always put the correctly trained staff on shift if people were staying who required this specialist care. One staff member told us they had recently undertaken specialist health and social care training.

The service regularly accepted emergency admissions/people in an emergency. On the day of inspection one person was arriving under these circumstances. To assist staff in getting to know the person as best they could they sought paperwork from a variety of sources. This included another respite service owned by the provider. They used the person's care plan as a starting point for their own. When the person arrived, enough staff were on shift to ensure they could get personalised support. Staff spent time reassuring the person and getting to know them to help them settle. One member of staff told us about an emergency prior to Christmas and the social worker had sent information about the person. This had provided them with key points to know about the person to safely support them and meet their needs.

Staff sought consent from people for decisions where they had capacity. Many people though lacked the capacity to make specific decisions. 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.

We checked whether the service was working within the principles of the MCA. Records showed capacity assessments had been completed for specific decisions for some people. If the person was assessed as not having capacity then those important to them had been consulted. One person was unable to make decisions about their medicine which was administered by staff. Their relatives, who were authorised, and relevant health professionals were consulted to make a decision in their best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS had been applied for when it was required for people. None had been authorised at the time of the inspection.

People were supported to eat a healthy balanced diet. One person was asked what they would like for breakfast and shown choices. The person selected what they wanted and this was prepared by staff. To help them choose their food a range of symbols and pictures were used as forms of communication. Meals were prepared from fresh ingredients. One member of staff said, "For the main meal we have a look at who's coming in and try to do the meals around their preferences".

If people required specialist softened diets and thickened drinks then there were clear plans and guidance in place for staff to follow. Staff were aware of these plans and new they could contact the speech and language therapist if there were any changes. During the inspection one person had their eating and drinking reassessed because staff had noticed changes. Some people required food or liquid through a special tube. There was guidance in their care plans and staff who had been trained knew how to support the people in line with their needs.

People could see doctors when they became unwell. Usually, the staff liaised with the relatives when this was required. There were links with other health professionals and we saw this demonstrated during the inspection. Relatives told us they were happy with the communication from staff most of the time. However, it had been a little different since some of the regular staff had left during the provider changes.

When people arrived for short stays, bedrooms contained their personal belongings to make them feel at home. Bedrooms on the ground floor were set up to be accessible for people who had mobility difficulties. Corridors were wide so wheelchairs could fit through them and people were free to move around the home.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. When people left on a bus to attend day centres or return home staff were waving and smiling at them leaving. Staff would always bend down to the level of the person if in a wheelchair or sitting down when talking to them. For example, one person dropped their plate after finishing their snack whilst sitting in an armchair. One member of staff heard this from another room and immediately came to see the person. They bent down to the person's level and had a joke with them about how they indicated they were finished. The person smiled and giggled at the staff member. At all times the person was engaged and appeared comfortable with the interaction.

Relatives thought most staff were caring. One relative told us they found all staff helpful and was positive about the staff they had met. Another relative said the staff used to be like an "Extended family". They continued to tell us since the changes and more agency staff have been working it has been more difficult and inconsistent. There was no indication the staff were not caring.

People were offered choice and staff respected them. One person chose to stay in bed and get up a little later than other people. Another person was asked about whether they wanted to wear their coat ready to get in the bus. The staff member found out how cold it was outside and used this to help inform the person about the choices. On other occasions music was changed for people and they were engaged by staff about the choices. The staff member would state what the options were. They then observed the person's vocal and physical responses to identify their selection of music.

People were encouraged to maintain relationships with relatives and friends. Relatives could visit when they wanted. Two relatives told us how they had visited just before Christmas. Some people attended day centres during the inspection to see their friends. Staff were aware of the importance of communicating with family. There were handover forms and written communication methods to ensure up to date information was being passed over prior to and after a short stay. Feedback from relatives felt the handover form was not as detailed as it used to be so were worried some information could be lost.

People had their privacy and dignity respected at all times by members of staff. Staff knew to knock on doors prior to entering bedrooms. When a person required support with intimate care and were seated in communal areas staff spoke quietly. At no point did staff speak about other people in communal areas without involving them during the inspection. Staff knew how to support people with intimate care whilst respecting their privacy. Care plans highlighted respect for people who needed support with conditions such as epilepsy during private times.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. Their care plans contained lots of information to consider their needs and wishes. Relatives informed us they had input into people's care plans. The care plans included how staff could help them have a good day and prevent a bad one. One person's care plan explained they did not like to be rushed and liked to be introduced to people to help them have a good day. The care plans laid out guidance about people's daily routines and life stories. All these were important because many of the people had limited verbal communication.

When people's needs were changing, updates were added or amended in the care plans. One person's care plan had handwritten additions about their personal preferences. One member of staff told us, "If you see any changes, don't be scared to change it". This was important so there was consistency in their support to reduce their levels of anxieties. All staff were aware they could see people's care plans if they were unsure how to support them. When changes occurred, they communicated with each other.

However, there were occasions when the care plans had not been regularly reviewed. One person's communication plans had not been reviewed for over a year. Nor had their likes and dislikes been reviewed recently. This meant changing needs might not be identified and guidance updated in accordance. The registered manager was aware of this because there had been changes in the service. They were in the process of rectifying the situation. The registered manager had plans to meet with every person and their relatives to fully update their care plans. The registered manager explained this was important because people were due to move onto a different place for support when the service closed.

We looked at how the registered manager and staff promoted communication and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. Information was shared in a variety of ways around the service. There was a menu and timetable which contained both pictures and symbols alongside each other. These helped people with poor communication skills to navigate through their day. Each person's care plan had a section on their communication needs and how best to help them understand. This would include instructions such as giving the person time to process the information being said to them.

However, one relative told us their family member at home is communicated with using a simple form of sign language to support questions or instructions. At no point during the inspection did this form of communication appear to be used with the person. By not using all forms of communication to help the person access information they may not be able to understand or make decisions for themselves.

People accessed some activities during the inspection. One person who came in was listening to their music on a personal music player. Others were watching television or listening to music in communal spaces. Some people attended a day centre during the day. Relatives did raise some concerns that there were not as many activities as there used to be. One relative told us there used to be holidays and day trips for people. They thought since the changes to provider and staff this was not as good. The registered manager

explained the providers future plans for short stay was to make them more bespoke to the individual. This meant a range of options and packages to allow the person's hobbies and interests would be available.

People communicated when they were not happy through their behaviour or vocalisations. Staff who were permanent knew people well. When staff were less familiar there was guidance in care plans to help staff identify when someone was unhappy. If they identified a person was not in a good place they tried to find a solution. Relatives were aware of who they could speak to if they had concerns. There was an electronic system in place to manage complaints which could be viewed at provider level as well as management level. It was clear all concerns received a timely response when they had been raised and action had been taken.

Good

Is the service well-led?

Our findings

People had a positive relationship with the registered manager and relatives spoke positively about them. When the registered manager came into rooms people greeted them with a smile and appeared to recognise who it was.

Staff felt supported by the registered manager and received regular supervisions. Supervisions were an opportunity to discuss concerns, training opportunities and performance. One staff told us they had, "Regular supervisions at the moment and because this place is closing we have one coming up but can ask for one when we need it". Staff felt it was important to have these opportunities due to all the changes which were happening. There was a clear line of accountability and staff knew they could speak with the manager if they had any concerns. They all felt they would be listened to.

People, relatives and staff were engaged and involved in planned changes at the service. The provider was aware the service, people, relatives and staff had been facing a lot of change. They had been constantly trying to recruit staff to ensure people were supported with high quality care. Since the most recent change of closure was announced a meeting had been set up with relatives to explain the changes and talk through alternative options. The registered manager explained they would consult further with each relative on an individual basis to continue the discussions. Staff were being supported with what their options were as well by the registered manager. Although there was uncertainty the registered manager and provider had exciting ideas about new more bespoke options for people requiring short break options.

People were supported by a provider and management who had a system to monitor quality and were committed to on-going improvement to people's care and support. These were completed at both manager level and provider level. The manager completed a detailed review and action plan. At provider level there was a range of support to monitor the quality of the service including a quality team and health and safety team. The registered manager told us they felt supported by their manager regularly to monitor the quality of care.

The quality assurance systems identified areas for improvement. They had already recognised the concerns we found during the inspection. There was evidence they had been communicating with the housing association about the fire risks in the building. Additionally, they had recognised not all risks had been identified and mitigated in one of their reviews. This had already improved by the time of the inspection.

The provider was committed to supporting the registered manager and staff working in the service to provide high quality care and support. They had recently introduced the role of 'better practice leads'. These were staff who would come to the home two or three times a week to provide guidance, training and support to staff and the management. Through this they would ensure current best practice was being followed and identify any areas where improvements were required. One member of staff felt supported by the better practice lead because, although experienced, they had not worked in a respite unit before.

The registered manager and provider were aware of when notifications should be sent in line with current

legislation. None had been required to be sent since the new provider took over the service. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.

The registered manager and staff had been developing links with other professionals. Decisions about the future of the service had been taking by the provider in conjunction with the local authority. This made sure the decisions were being taken in the best interest of the people who use the service. In the future, they were looking at ways to make their support packages even more bespoke in line with people's needs and their hobbies or interests.