Dimensions (UK) Limited

Dimensions (UK) Ltd 197 Henwick Road

Inspection report

197 Henwick Road
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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This inspection took place on 4 November 2015 and was unannounced.

The provider for 197 Henwick Road is registered to provide accommodation and personal care for up to four people, who may have a learning disability. On the day of the inspection there were four people living at the home.

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.

Although the provider had policies and systems in place for the safe administration of medication, we found they were not always followed, so could not always make sure people's safety and well-being was promoted.

Staff were trained and understood their responsibilities in the prevention and reporting of potential harm and

Summary of findings

abuse. Checks had been made to ensure new staff were suitable to work with people who lived in the home before starting working. However we found the provider's recruitment procedures were not followed as not all agency staff had signed to say they had completed an induction process to the home as per the provider's policy.

Risks to people had been assessed and staff knew how to reduce risks for people they cared for enabling them to keep people safe. Staff understood their responsibility in dealing with and reporting accidents and incidents that may occur. The manager had systems in place to monitor them and reduce the likelihood of them happening again.

People enjoyed the food provided and were supported to eat and drink enough to keep them healthy. When people were supported at mealtimes, staff sat at the table with them, to make it a pleasurable experience and maintain the people's dignity. When it was required people had access to other professionals, so maintaining their health needs.

We saw staff supported people with kindness, respecting their dignity and privacy whilst enabling them to keep as much independence as possible. As some people were unable to speak, pictorial alternatives were used, to allow people to make choices about their support.

People received care that was personal to them because their personal preferences were recorded in their care plans for staff to follow. Staff responded to changes in people's wellbeing and supported them as necessary.

Quality audits were not always performed so placing people at potential risk.

People knew how to make a complaint and felt able to raised concerns with either staff or management. Complaints were responded to and monitored for future learning. The opinions of relatives and people living in the home were taken into account, for future development of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was not consistently safe.

The administration of people's medicines was not always carried out to promote the safety and ensured people received their medicines as prescribed.

People felt safe when they were supported by staff.

Requires improvement

Is the service effective?
This service was effective.

People were supported to make decisions involving their representatives, to ensure decisions were made in their best interests. People were supported to maintain a healthy diet to support their specific nutritional needs. People had access to health care professionals and staff had received specific

Good

Is the service caring?
This service was caring.

People were supported by staff who were kind, compassionate, knew them well and understood their preferences. Where appropriate people's relatives and representatives were involved in agreeing the way they wanted to be supported.

People were treated with dignity and respect, when staff provided care and support.

Good

Is the service responsive?
This service was responsive.

People's changing needs were recognised and the information was shared amongst the staff team at handover meetings. People were encouraged to follow their own interests, both within the home and the wider community.

Relatives and representatives were currently being consulted about the future development of the service.

Good

Is the service well-led?
This service was not always well-led.

There were quality assurance systems in place to monitor the standards of care and support delivered but not always completed, so failed to identify risks to people's safety.

People felt the home management team were approachable. The registered manager acknowledged there was room for improvement and had established a home improvement plan.

Requires improvement

Dimensions (UK) Ltd 197 Henwick Road

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.

The inspection took place on 4 November 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we looked at the notifications and the Provider Information Return that the provider had sent us and any other information we had received to plan the content of the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that include serious incidents and injuries which put people at risk from harm.

We contacted the local authority and Healthwatch for their views on the service. Healthwatch are an independent organisation, who promotes the views and experiences of people who use health and social care services.

We spoke to the manager, assistant, locality manager, senior support staff and two support staff. We looked at two people's care and health files, two recruitment records, staff communication records. We looked at the management quality assurance records.

We used the Short Observational framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Requires improvement

Is the service safe?

Our findings

When we arrived at the home we saw that a member of staff administering medicines in the morning had not followed the procedures for safe administration of people's medicines. For example we saw a pot of medicine had been left unattended on the top of a microwave in the kitchen, whilst they attended to someone's personal care. This is not in accordance with good medicine practice and increased the risk to other people as they could have drunk it by mistake.

The recording of people receiving their medicines was not always recorded on the medicine records, missing signatures were present. Although the actual medicines were missing from the blister pack and staff told us they had been administered. A member of staff told us they had contacted the member of staff to sign the record when they came back on duty. We saw handwritten notes on the medicine storage containers saying that they were owed medicines and others were missing. The staff told us this was a pharmacy error and the manager was aware of the situation and trying to rectify it. When people had been given "as required medication" the reason was not always recorded on the back of the medicines recording chart. Sample staff signatures for staff that administered medicines was not up-to –date, so it could be difficult to identify which member of staff had given the medicines to people, in case of a medicine error.

We saw people's emergency rescue medicines had been signed out by staff when they took people out on activities, but were not always recorded as being returned, even though they were present.

When we notified the manager of our findings, they assured us immediate action would be taken.

The manager told us that all staff had been medicines trained and had annual competency checks.

Three relatives of people who lived at the home told us there was sufficient staff working at the home to meet the needs of their family member. Staff told us they were concerned because at the weekends there was less staff on duty than during week days and this had an impact on being able to maintain people's activities of their choice. There had been some long term staff, leave and because of the recruitment process, agency staff were being used in the interim period. A member of staff told us they thought this had a negative effect on one of the people living at the home and affected their behaviour. When we discussed this with the manager they acknowledged that some people living in the home didn't like new people working there, but assured us that new staff were due to start employment soon. The manager told us when new staff started they were going to be sensitively introduced to the home, they would ensure that on each shift familiar staff would be on duty to work alongside new recruits to minimise the impact on people living in the home. They tried to use the same agency staff where possible to minimise the disruption to people living in the home. Agency staff working in the home, were asked to complete an induction procedure to the home, however from the records we saw two agency staff had not been signed off as completing the induction despite working shifts in the home. This was brought to the attention of the manager. There was two agency staff working on shift on the day of our inspection.

A relative we spoke to told us this the use of agency staff was of concern to them because their relative had complex health needs and felt it was important to have experienced staff support them. They told us "Sometimes, when I visit I only recognise one member of staff". They were also aware the manager was addressing the problem and hoped to resolve the situation with new staff

being employed.

We looked at the recruitment files of two staff currently employed by the provider, to ensure staff checks had been conducted. Records showed that the staff employed were of good character and suitable to work in the home.

Staff were able to describe and show an understanding of how to report different types of abuse that the people they support could be at risk of. A member of staff told us they would immediately report any concerns to the manager, local authority safeguarding or Care Quality Commission. Staff told us they had received training in safeguarding people from the risk of abuse; the training records confirmed this was the case.

Relatives told us they were involved in their relative's care plans and the formation of risk assessments to keep people safe. Risk assessments were in place for a variety reasons from using equipment to helping people to be moved safely, to individual health requirements such as diabetes care.

Requires improvement

Is the service safe?

Staff knew how to report accidents and incidents and the importance of following these procedures in order not to put people at unnecessary risk. The manager monitored all accidents and incidents and had a system in place where the quality team at head office monitored them. Accidents and incidents were investigated and lessons learnt to avoid again. A relative confirmed that this was the case because their relative had fallen out of bed, the incident was investigated and new risk assessments were put in place. The relative told us they felt that "Lessons had been learned" and there had been no further incidents.

Good

Is the service effective?

Our findings

Relatives told us they did not have any concerns with the ability of staff to meet their relative's needs. Although they did raise concern they thought the use of agency staff meant they may not know their relative well and understand their needs. The registered manager acknowledged this, so tried use agency staff on shift alongside very experienced staff, so people living in the home would be reassured.

Staff we spoke with told us they had received induction training when they had started working at the home. This included an opportunity to shadow more experienced staff on shift before working on their own. Where required staff received specialist training for specific health requirements for people, such as epilepsy and diabetes care. Staff training needs were discussed at regular supervisions in order to reflect on practice, plan and support people's requirements.

Staff were knowledgeable about their work and took pride in trying to get the best outcomes for people they supported. A staff member told us "They saw their post as a role model for all staff working at the home" and "They would be happy for their relative to live at the home". They were able to tell us about people's specialist dietary needs in order to keep them healthy. For example they told us about someone's diabetic care and the importance of maintaining their blood sugars. Another person with epilepsy required emergency medication; staff were able to describe how they administered it and how to report it.

We saw from care files people had access to a variety of health care professionals as required, such as GP's, podiatrists, opticians and dentists. We saw one person had developed tooth ache and an emergency appointment with the dentist had been made promptly in order to stop the pain.

People we spoke with said they enjoyed their meals, food was home cooked and people were given choice. People were asked what they would like to eat, they were encouraged to sit at the table and join in conversation, if people chose not to this was respected. Staff monitored people's food and fluid intake to make sure that people were eating and drinking enough. People were weighed regularly to pick up any risks of weight loss or where some people were on a calorie reducing diets, their weight loss or gain could be monitored. Where people were in danger of becoming under- weight they had been prescribed food supplements to meet their nutritional needs.

We saw staff asked people who lived at the home for their consent before assisting them in their daily routines. One person was asked whether or not they wanted to attend a drumming lesson. Staff acknowledged it was important to promote people's rights to make choices. Where it was thought people didn't have the capacity to understand or make decisions, they requested the help of relatives and advocates to help make decisions in their best interests following the principles of the Mental Health Act (MCA) 2005 to make sure people's rights to make decisions were upheld.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the current Deprivation of Liberty Safeguards (DoLS) guidance. They had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people for their own safety were being advised by staff not to leave the home alone. This advice was given in people's best interests. The registered manager had completed DoL referrals for people .Staff we spoke with had the knowledge about whose care and support may be restrictive and told us they were following each person's care plan and risk assessments. Staff did this, whilst waiting for the assessments to be made by the local authority.

Good

Is the service caring?

Our findings

People living at the home told us they liked the staff and they were kind to them. One person told us, “They are nice”. Relatives told us their relative got on well with the staff, another said “staff were very welcoming” when they visited. A relative told us how a member of staff had gone out of their way to organise a particular activity in order to fulfil one of their relative’s ambitions.

We saw staff communicated with people they supported in a positive way, friendly and often smiling when they spoke to them. The home was decorated in such a way to make it homely and people’s bedrooms were personalised to their choice. For example in the lounge we saw photographs of the people living there and possessions that were important to them.

When one person returned from their activity, they were welcomed by the staff and offered a drink. They sat with staff at the kitchen table discussing what they had or had not liked about the mornings events. The person responded by smiling and laughing, showing they were enjoying the conversation with staff.

Staff showed us they had a good understanding of each individual person’s needs and tried to involve them as much as possible in their care planning. Where it was thought people couldn’t state their wishes, a relative or advocate was asked to become involved in the development of their care plans to represent them

Staff spoke affectionately about the people living at the home and knew their preferences, for example they could describe a person’s favourite radio show and attempted to tune the television channel to for them to listen to it. Staff were familiar with people’s backgrounds and family circumstances, so were able to mention relatives by name in conversations with the people they support.

Staff knew that one person liked to spend time in their bedroom and this was respected.

Staff showed us it was important to provide care and support people were comfortable with. For example on return from an activity one person was offered a sandwich, but was not keen to eat it, so a member of staff asked if they would prefer a hot meal instead. This member of staff sat at the table next to the person to assist them to eat it, making it a positive social experience. The person then ate the whole of the meal.

Staff had the knowledge to meet people’s needs and was mindful to try to maintain people’s independence. One person was asked what time they would like their tea, they looked at their watch and answered, staff then agreed.

We saw staff were very discreet in attending to people’s personal care needs in order to not make people feel uncomfortable or embarrassed. A member of staff walked over to a person sitting in the lounge and quietly asked them if they needed the toilet. So not drawing unnecessary attention to the person or others sitting in the lounge.

Good

Is the service responsive?

Our findings

Relatives told us they thought their relatives were happy living at the home. A relative told us that "It was much better than the previous home their relative had lived at." People felt staff knew their preferences and respected them. One person chose to spend time in their room listening to their music rather than socialise with other people living in the home, and staff supported this person's own preferred routine.

Relative's we spoke with confirmed they had been invited to reviews and felt their contribution was valued by the staff and management. Relative's told us they were included and well informed about any care and support their relative required.

We saw examples of how staff met people's preferences as identified through the care plan. One person didn't respond well to unfamiliar staff and would put themselves at risk of self- harm, so the manager had allocated staff, which they had a good working relationship with, to work with them, so avoid anxiety and self-harm.

Staff we spoke to described how they were able to deliver personalised care and support to people living at the home. Staff told us when they came on shift they had a handover to check for any up-dates or changes in people's support. Care plans and risk assessments that had been reviewed were discussed prior to staff starting their shifts and daily notes recorded what had happened each day.

People living at the home were given opportunities to do activities they enjoyed. One person showed us the photographs of the day they flew in a light aircraft. They also told us they enjoyed cutting tree branches out in the garden from the daily notes we could see this had happened. Relatives told us they usually telephoned before visiting their relative because they were always out.

Relatives told us they had opportunities to give their views and opinions on care and support. Annual customer satisfaction questionnaires were sent out, but a relative commented they would have liked some feedback of the results from management.

People and relatives told us they knew how to complain and felt confident they would be listened to. One relative told us although they hadn't made a complaint for a few years now, last time they did, the incident was investigated and an apology given. They were happy with the outcome.The manager showed us how all complaints and compliments were logged on the computer and monitored by the provider's quality department to identify any trends

Requires improvement

Is the service well-led?

Our findings

The registered manger showed us how they assess and monitor the quality of the service people received to show us how regular checks and audits had led to home improvements. The manager was able to show us checks in area such as health and safety, care plan and medicine audits (but these were carried out by senior support staff). The operations manager also visited the home on a monthly basis to audit the home and the quality department auditor visited quarterly to audit on behalf of the provider.

Although the medicine audits had been conducted, they had failed to be effective in identifying risks and safety measures regarding people's medication. We discussed these concerns at the time of the inspection with the registered manager and were assured that these would be rectified and a staff meeting the next day. Concerns raised would be discussed and action taken.

We saw that daily records were not always completed fully, signed and audited. Therefore didn't reflect all the activities and events for people.

People living at the home and their relatives told us they felt comfortable to approach the registered manager to discuss any concerns. Relatives told us they thought the care their relative received was of a good quality.

We did note that the home had an increase of staff leaving the service which had caused one relative some concern. When we discussed this with the manager they told us they were aware of why staff had left and had already recruited new staff to replace them. The manager had conducted staff exit interviews to explore why staff decided to leave their employment and identify any trends.

Staff told us they felt supported by the manager and enjoyed their jobs. Staff were aware of their responsibilities. They felt that supervisions were at time for them to reflect on their practice and request further training and development opportunities. We saw that regular staff meetings had taken place, to discuss the future developments of the service to ensure all staff were kept informed.

The manager and staff showed that they were responsive in making improvements in the home environment as on the day of our inspection a new hallway carpet was being fitted. This was in response to the bathroom floor being flooded and damp floorboards needed replacing.

During the inspection the manager took an open and transparent approach to our findings and assured us that the issues we had identified would be rectified immediately.