Dimensions (UK) Limited

Dimensions 42 Jubilee Road

Inspection report

42 Jubilee Road
Mytchett
Camberley
Surrey GU16 6BE
Tel: 0300 303 9001
Website: www.dimensions-uk.org

Date of inspection visit: 20 October 2015
Date of publication: 09/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out on the 20 October 2015. Dimensions 42 Jubilee Road provides accommodation for up to five people with learning and physical disabilities. On the day of the inspection there were four people who lived at the service.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager is also the provider for the service.

Where people were unable to make specific decisions for themselves staff had not always acted in line with the Mental Capacity Act 2005. Some decisions had been made without their being a meeting to decide it was in their best interests.

Summary of findings

Some aspects of recording and reporting of incidents needed to be improved as the registered manager had not always notified the CQC appropriately of incidents . Record keeping in relation to incident and accidents was not recorded so analysis could be completed.

People told us they felt safe and were supported by staff who knew what do if they had concerns about any aspect of the care and treatment that was provided. Risks assessments had been completed fully where appropriate so that people were protected from the risk of avoidable harm wherever possible.

There were sufficient numbers of staff who had been through a robust recruitment process to ensure they were suitable to work with people. The staffing levels were consistent and people were not left waiting for support when they needed it.

People received their medicines when they needed them and there were clear records kept of when they had been administered. All medicines were stored securely and staff had received appropriate training in this area.

Staff told us they received training that was specific to the people who lived in the service and that this enabled them to provide effective care. Health professionals confirmed that they thought staff were knowledgeable about people and their needs. People were able to access external health services appropriately and with staff support, for example GPs or dentists . People's health was maintained and they were able to enjoy healthy and nutritious meals. Where people had specific dietary requirement this was known by staff and appropriate action taken.

People were cared for by staff who involved them in their care and treated them with dignity and respect. The atmosphere in the home was warm and relaxed and staff clearly knew people and their needs well.

Care plans were clear and detailed and reviewed regularly by staff. There were assessments carried out that clearly recorded how people wanted to be supported and gave a good view of what the person was like and what was important to them. Activities were varied and tailored to what people wanted to do.

There was an effective system of monitoring the quality of the service and making improvements where shortfalls were identified. Staff told us they felt supported in their role by the registered manager. Feedback had been obtained from people and their relatives about the quality of the service and this was being analysed by the provider.

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?
The service was safe.

There were up to date risk assessments for people and guidance for staff on how to help protect people from harm.

There were sufficient numbers of staff deployed to keep people safe. There were recruitment checks were undertaken before staff began working which helped to ensure only suitable staff were employed.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Good

Is the service effective?
The service was not always effective.

People's capacity to make decisions had not always been assessed appropriately in relation to the Mental Capacity Act 2005.

People were supported by staff who knew them well and had received appropriate training that was specific to the people they supported. Staff had regular supervision and support from their manager.

People's health and care needs were met and they had access to health care professionals who said staff supported people well.

People had a healthy and nutritious diet and were supported appropriately at mealtimes.

Requires improvement

Is the service caring?
The service was caring.

Staff were aware of people's personal preferences and were cared for by kind, respectful staff who maintained people's dignity.

People were offered support in a way that promoted their independence.

People and those that mattered to them were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

Assessments of people's needs and detailed plans of care were available for staff that ensured that people's needs could be met.

Good

Summary of findings

People were involved in a range of activities and were supported by staff to access the community.

There was a complaints procedure that people understood. People were supported by staff if they wanted to raise any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Some incidents had not been appropriately reported to the Care Quality Commission.

The quality assurance systems in place were effective. Feedback from people was used to identify and address short falls and improve the service.

Staff felt supported and valued by their manager. There was a comprehensive range of policies and procedures available to help support staff provide good quality care in a consistent way.

Dimensions 42 Jubilee 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.

This was an unannounced inspection which took place on the 20 October 2015. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that we ask the provider to complete to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager and one member of staff. We were unable to speak to people at the service as they were unable to verbally communicate with us. Instead we spent time observing the interactions between people and the staff so that we could understand their experience of the care they received. After the visit we spoke with one relative, two health care professionals including a dietician and an epilepsy nurse to obtain feedback on how the service was run.

We looked at a sample of records of people who used the service including one care plan, medicine administration records, two recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

We last inspected the service on the 16 December 2013 where there were no concerns identified.

Good

Is the service safe?

Our findings

One relative told us that they thought their family member was "Completely safe" living in the service and would know if they were unhappy. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said they would feel comfortable referring any concerns they had to the manager or the local authority and CQC if needed. There was a safeguarding adults and whistleblowing policy in place and staff had received safeguarding training. There were flowcharts in the office to guide staff and people about what they needed to do if they suspected abuse.

Risks to people were assessed to help protect them from harm. There were detailed and informative risk assessments in each person's care plan that were reviewed regularly or when needed. Where a risk had been identified a control measure was recorded for staff to help reduce the risk. The risk assessments included bathing, challenging behaviour, nutrition, mobility, protecting people from abuse and activities. One person was at risk when having a bath. Measures including ensuring that staff supported the person at all times. Another person was at risk of challenging behaviour. There was detailed information for staff on how to reassure this person and how to manage this behaviour to keep them safe. We observed staff supported one person around the service.

Accidents and incidents with people were recorded on the service computer with a written copy kept in a file. The information included detail of what happened, who was involved, who had been informed and what actions were taken. However it was noted that there was no evidence of the review of these accidents and incidents to identify any trends and what steps were taken reduce the risk of this reoccurrence. The registered manager told us that due to the size of the service and the fact staff knew people well there was no official recording of any trends and the incidents that occurred were as a result of people's conditions. We saw that the accidents and incidents recorded were mainly around the management of people's behaviours.

The environment was set up to keep people safe. The building was secured with key codes to external doors. Windows restrictors were in place to prevent people falling out of windows. The communal areas were free from obstacles which may have presented a falls risk. Equipment was available for people including specialist beds, hoists and specialised baths. However we did notice that there were areas around the service that required some improvement. We saw that there were cracked tiles and chipped flooring in one of the bathrooms. The extractor fan in the kitchen did not look clean and the flooring and cupboards in the kitchen required updating. We spoke with the registered manager about this who said they would address these areas.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. If people needed to be evacuated another provider service had arrangements to take people in. There were personal evacuation plans for each person that were updated regularly.

People were supported by staff who had undergone recruitment checks before they started work. After the inspection we were provided with evidence of staff recruitment files. Evidence included records of any cautions or conviction, one or two references, evidence of the person's identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

The relative we spoke to told us that there was enough staff working to keep people safe. People were supported and kept safe as there were sufficient numbers of staff deployed at the service. On the day of the inspection we saw four members of staff. Two remained in the service with two people whilst two supported two people with the activities externally. People were being supported in a timely way. We did not see any occasion where people were left unsupported by staff. The registered manager said that on occasion they needed to use agency staff to cover staff absence but that this did not happen a lot which we confirmed by checking the staffing rotas.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions to staff stating what medicines needed to be administered to people. In people's Medicine Administration Record (MAR) they had a photo of each person at the front to help prevent people receiving the wrong medicine. The MAR charts had been completed correctly with no gaps. There was clear instruction to staff on how to administer medicines and highlighted any

Good

Is the service safe?

allergies. There was guidance to staff on 'As and when' medicines which was kept in people's care plans. The registered manager told us that audits were undertaken around medicines but this was not always formerly recorded. They told us that they would ensure this was done in the future.

Requires improvement

Is the service effective?

Our findings

People were not supported by staff who understood their responsibilities around the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that the only MCA assessment that had taken place was around one person's decision to stay at the service.The registered manager did not understand the need to assess people's capacity around individual decisions that needed to be made for example with medicines and finances.

The registered manager said that they had made all the applications they needed to Surrey County Council where people that lacked capacity where they felt their liberty may be restricted. However there were no MCA assessments around people's capacity to consent to the front door being locked. There was one person on covert medicine (this is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication.) however there was no evidence of any discussions with the persons GP that it was in their best interest to have medicine in this way however there was a record from the GP advising on how to give the medicine.

As there was no evidence that people's capacity had been assessed this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of staff ensuring that people consented to the care they were providing.

The relative we spoke to told us that the staff were good at their jib and lookm after their family member "Very well". Health care professionals that we spoke with felt that staff understood the needs of people who lived at the service. One told us "I always feel that the carer understand what's needed." They told us that when they see the person the member of staff always has accurate and full information on the person to assist the health care professional with their support and advice.

People were supported by staff who were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training needs the member of staff may need.

Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Training included moving and handling, epilepsy, managing challenging behaviours and first aid. One member of staff said "Its fantastic training, some of the training is on-line and I have learned such a lot, I have undertaken epilepsy and autism training." One health care professional we told us that they had no concerns over the care that people received or staff's knowledge.

Feedback from the relative we spoke to about the food was positive, they told us that staff took action to ensure that their family member had food that was suitable for them. People were supported to eat and drink enough and maintain a balanced diet. We spoke with one health care professional who told us that they were contacted by staff at the service when they had a concern around a person's diet. They told us that they felt staff followed any support plan they provided and that they could see this had positive results for people who lived there.

We saw that staff engaged with people during meal time, offered choices and provided support to eat their meal if needed. Staff had records of people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional.

People had access to a range of health care professionals, such as the dentist, chiropodist, dietician, continence nurse, GP and epilepsy nurse. The health care professionals

Requires improvement

Is the service effective?

we spoke with were complimentary of the way staff ensured that people had access to the external clinical support. One health care professional told us that when they called the service staff were able to give good explanations of people's health and said they never had any problems getting the information they needed. Another health care professional said that people were always supported by staff to appointments and that appointments were never missed.

Good

Is the service caring?

Our findings

The relative we spoke to said that staff were "Caring" with their family member and "Took the time to get to know them". Health care professionals told us that they thought the staff were caring at the service. One told us "I see staff have very much respect for people." They told us that the service was nice and homely and saw that staff had "Good rapport" with people. Another health care professional told us that on one occasion a person became anxious and the member of staff was able to reassure the person. Health care professionals told us that it was obvious to them that staff knew and understood people there.

People were being supported by staff in caring way. We saw staff being caring towards people and demonstrated affection and kindness. One person wasn't able to communicative verbally however staff spoke to them and asked them questions in a way that allowed them to respond using body language. It was obvious from the conversations that staff had with people that they knew them and what their likes and dislikes were. One member of staff said people in the service really enjoyed each other's company.

We saw that people were offered choices in what they wanted to eat and what they wanted to wear. One person was being shown different choices of clothes to wear for the day. One person made a choice to stay in bed longer each day and staff told us this is what they enjoyed doing. We heard staff greeting people in a cheerful and happy manner. We heard one member of staff say "Good morning, how are you all, are you all ready to go out?"

People and their relatives were given the opportunity to be involved in their care. The relative we spoke to confirmed this. The care plans were written in a person centred way and you could see that people's preferences had been taken into account. Where appropriate relatives had also been included in the care planning. For people who were unable to verbally communicate staff used sign language or pictures to assist them. Residents meetings took place where discussions included what additional sensory items people wanted how they wanted the home to be decorated.

People were treated with dignity and respect. We saw occasions where staff were seen to be respectful and polite to people. One member of staff gave examples of how they ensured someone's dignity and respect. They told us "I would make sure the door is shut when giving personal care." We saw evidence of this during the inspection.

People were made to feel as though they mattered. We heard staff constantly talking to people, describing what they were doing, or about to do and informing the person what was going to happen next. They made sure people were totally included with what was going on.

Good

Is the service responsive?

Our findings

People were able to make a complaint if they needed to and in a format that they could easily understand. For example where people needed support to understand how to do this there was a specially adapted pictorial version available that was easy for them to read. There had not been any formal complaints made by people about any aspect of the service and the registered manager told us that they would try to resolve issues as they arose first. We saw from regular residents meetings that people were supported to make a complaint if they were unhappy about any aspects of their care.

People were supported by staff who were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted on them so that staff could understand and respond appropriately to people. Care plans also contained relevant information on all aspects people's lives which included their medical history, mobility, communication, and essential care needs. From this there had been specific information drawn up that included people's sleep routines, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. These plans provided staff with detailed information so they could respond positively, and provide the person with the support they needed in the way they preferred. One member of staff said that they would ensure they kept up to date with the information on people in their care plans so that they would be aware of any change in their needs.

Staff completed a handover between shifts with the team leaders so that they were kept up to date with how people were feeling. At the handover there were discussions about all aspects of peoples care and support and any particular concerns about people were also spoken about to ensure that the staff coming on duty had the most current information and would know what to do if people's needs had changed.

We saw that daily notes were written by staff throughout the day to ensure there was a clear record of the care and support that people received. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. We saw from the minutes in August 2015 that there were discussions around one person's needs changing and the need to record another person's food intake.

People were supported to enjoy a range of activities. One relative told us that their family member went on "Lots of outings". Care plans for people detailed with they liked to be involved in and what activities they enjoyed. On the day of the inspection two people were out on an activity with staff. There was a weekly plan of activity drawn up with the agreement and input of each person, we saw there were a number of different activities that people enjoyed which included attending discos, going to clubs, walking in the countryside and shopping.

For those people that stayed in we saw staff engaged with them with games and discussions. One member of staff told us that they had introduced additional activities for people which included music and swimming. They said "Trying things that they have never done before especially one to one activities because they really enjoy their own time." They told us about how people were being encouraged to take part in cooking and were able to explain who liked doing what in the kitchen so that they were able to increase their independence. Later in the day, the two people who had remained in the service during the morning where taken out by staff for a walk. We saw one person had their coat ready, which staff told us indicated they were keen to go and the other chose what they wished to wear for going out.

Requires improvement

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We did note that some of the incidents and accidents that had been recorded should have been notified to the CQC. We spoke to the registered manager about this who said that it was a mistake on their part and would ensure that all appropriate notifications were sent it. Other events had been informed to the CQC which related to safeguarding concerns that the Local Authority raised which have since been resolved.

In some areas there was not effective recording of information. There was a lack of evidence in relation to how patterns or trends of incidents and accidents were monitored by the registered manager. They told us that they did not routinely record these so there was a risk that learning from these events would be missed.

The health care professionals that we spoke with felt the service was managed well. They told us that documentation in the service was always in good order and it was always clear from people's records what care had been given.

Staff said that they felt supported. One member of staff said that they "Feel fantastic with the support (from the manager)." They said (the manager) supports me and backs me all of the way."

The registered manager told us that staff meetings did take place. We saw the minutes of the meetings that staff discussed changes in the service, additional courses that were on offer for staff and changes to policies that staff needed to be aware of. We saw that staff took the opportunity during these meetings to congratulate other staff on their successes and were thanked by the manager for their support and good work.

Effective management systems were in place to assess, monitor and improve the quality of service people received. Systems were in place to monitor the quality of the service that people received. The regional manager would visit the service to complete audits every other month to ensure that standards of care were maintained and improved upon were needed. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it was identified that one person needed a new chair. As a result an occupational therapist was contacted and consulted which resulted with a new chair being ordered for the person.

During one audit it had been identified that paper work needed to be archived so that records were kept in good order and not become difficult to find, we saw this had been done when we inspected. In addition to this staff undertook internal audits in relation to aspects of the home that needed to be monitored to keep people safe. There were regular water temperature checks, first aid kit were looked at regularly to ensure that any equipment that needed to be replaced was done so.

Quality questionnaires for people and relatives were completed so that their views could be gathered and acted upon to improve the quality of the service. At the time of the inspection the results of these were in the process of being analysed by the provider so we were unable to see comments that had been made. There were several compliments about the quality of the service that had been received which were on display in the office for staff to see.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered provider had not ensured that people's capacity was assessed and consent was obtained before care was delivered.