Dimensions (UK) Limited

Dimensions 36 Harvey Road

Inspection report

36 Harvey Road
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Ratings

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

Overall summary

This was an unannounced inspection and took place on 16 January 2015.

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Whitton area.

During the visit, we spoke with relatives, two care staff, the registered manager and a member of the organisation's management team.

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 and associated Regulations about how the service is run.

In September 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Relatives told us that when they visited people seemed very happy living at the home and with the service provided. There were activities to choose from, they felt safe and the staff team and organisation really cared.

Summary of findings

The atmosphere in the home was light, friendly and people enjoyed doing activities and interacting with staff.

The records were kept up to date and covered all aspects of the care and support people received, their choices and activities they did.

The home was well maintained, furnished, clean and enabled people to do as they pleased. It provided a safe environment for people to live and work in.

The staff we spoke with where knowledgeable about the people they supported, the way they liked to be supported and worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual.

There were varied activities that took place during the inspection. People did not comment on the activities but were enjoying them with lots of smiling and laughter.

People's care plans contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

People's relatives were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives were positive about the choice and quality of meals provided.

The staff were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work at Harvey Road. They had access to good training, support and there were opportunities for career advancement.

Relatives said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 effective safeguarding procedures.

The home had improved its practice by learning from incidents that had previously occurred.

The home was well staff with a well-trained team and manager.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's support needs were assessed and agreed with them and their relatives.

People had access to community based health services.

Food and fluid intake and balanced diets were monitored.

People underwent mental capacity assessments and 'Best interest' meetings.

Good

Is the service caring?
The service was caring.

Staff provided good support .

People's opinions, preferences and choices were sought throughout our visit.

People's privacy and dignity were respected and promoted by staff.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system.

Good

Is the service well-led?
The service was well-led.

The home had a positive and enabling culture at all staff levels of seniority.

We saw the management team enabled people to make decisions.

Staff said they were well supported by the manager and organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good

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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 checked 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 and took place on 16 January 2015.

The inspection was carried out by an inspector.

There were four people living at the home. We spoke with one person using the service, two relatives, an advocate, two care staff and the registered manager. This was because two people were out and another did not have well developed communication skills.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems, and maintenance and quality assurance.

We looked at the personal care and support plans for two people using the service.

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 with us.

We contacted local authority commissioners of services to get their views.

Good

Is the service safe?

Our findings

People's relatives said they thought the service was safe. One person told us, "I am very well looked after." Another person said, "A safe place to live." Relatives said they had never witnessed bullying or harassment at the home.

There were policies and procedures that enabled staff to protect people from abuse and harm. They included treating people the equally, giving them the same attention and as much time as they required to have their needs met. Staff said they had received induction and refresher training in these areas and this included assessing risk to people. We had a full understanding of what constitutes abuse and the action they would take if they encountered it. Their response was in line with the provider's policies and procedures.

There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff were aware of how to raise a safeguard alert and the circumstances under which this should happen. They had received appropriate training.

There was a thorough staff recruitment process that records showed were followed. It included scenario based questions to identify people's skills and knowledge of learning disabilities. There was a staff handbook that contained the organisation's disciplinary policies and procedures. The home's staff had been criminal record checked.

The staff rota showed that the staffing levels enabled staff to meet people's needs flexibly. The staffing levels during our visit enabled people's needs and activity preferences to be met safely.

The philosophy of the organisation was that people would be empowered to make their own decisions and choose their own activities and life style. It was not risk averse but was within an acceptable risk environment that minimised control by staff and the home, promoting freedom of choice. The system of support was called 'Just enough' and aimed to provide support that met needs and enabled people to do chosen activities with minimal interference giving them control.

People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to understand people's needs, their preferences, and choices and respect them. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people were able to access facilities in the community such as shops, the library and pubs.

We looked at two people's care plans. They contained risk assessments that enabled the people to take acceptable risks and enjoy their lives safely. There were risk assessments for all activities and aspects of people's daily living. These included communication difficulties, sensory impairment, sense of danger and handling money. There were also health related risk assessments for areas such as falls and choking.

The risks assessments were reviewed annually or as required, adjusted when needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible. This was governed by people's capacity to do so and therefore some risk assessments were reliant on staff observation and relative's contributions. An example of this was risk assessments for people to attend the hydrotherapy pool at Teddington and the music therapy sessions at the Richmond Music Trust. Two relatives confirmed they were invited to review meetings.

The staff said they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. They told us they knew people living at the home very well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

There were building risk assessments including fire risks that the home had completed. Equipment was regularly serviced and maintained.

We checked the medicine records for all people using the service and found that all the records were fully complete and up to date. This included the controlled drugs register. Medicine was regularly audited, safely stored and disposed of as required.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. Relatives said people made their own decisions about their care and support and that they as relatives were also able to be involved. They said the type of care and support provided by staff was what people needed. It was delivered in a friendly, enabling and appropriate way that people liked. One relative told us, "Very, very pleased how he is looked after."

Staff were fully trained and received induction and annual mandatory training. The induction was on line and required tasks to be completed. New staff also spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The training matrix identified when mandatory training was due. Training included infection control, challenging behaviour, medication, food hygiene, equality and diversity and the 'Just enough' support system that the organisation used. Local authority training courses provided some of the training. There was also access to specialist service specific training such as epilepsy and mental health awareness. Monthly staff meetings included scenarios that identified further training needs and also focussed on communication. Experiences were also shared with other homes within the organisation. Two monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff at the home demonstrated a variety of communication techniques that was very successful. These ranged from communication tools to objects, symbols and pictures so they could make themselves understood better. They also attended weekly people we support meetings.

The home carried out a pre-admission assessment, with the person and their relatives that formed the initial basis for care plans. The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

During our visit people chose the meals they wanted, there was a good variety of choice available and the meals were of good quality. A relative said "The meals are very good quality." Someone else said "People enjoy their meals." People chose the meals using pictures, tablets and during weekly house meetings. Meals were timed to coincide with people's preferences and activities they were attending. Meals were monitored to ensure they were provided at the correct temperature and preferred portion sizes were included in the care plans.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interest meetings were arranged as required and renewed annually or as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Mental capacity was discussed during staff meetings to enhance knowledge.

People's consent to treatment was regularly monitored by the home and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home had de-escalation rather than restraint policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans and any behavioural issues were discussed during shift handovers and during staff meetings.

Good

Is the service effective?

The care plans had documented situations were behaviour specific to a person may be triggered and there were separate challenging behaviour care plans for each person that detailed the action to be followed under those circumstances. They also monitored the affect behaviour had on other people using the service.

The home did not use volunteers, although relatives visited frequently.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance such as the National Autistic Society.

Good

Is the service caring?

Our findings

Relatives told us that people using the service were treated with dignity, respect and compassion by staff. They did not just meet basic needs, rather they listened to what people said and valued their opinions. They provided support in a friendly and helpful way. One relative talking about their relative told us, "(The relative) is so happy, relaxed and always smiling." Another person said, "Over the years we have been in many places and this is by far the best". Someone else said, "People are looked after so well."

During our visit staff were skilled, patient and knew the people, their needs and preferences well. People's needs were well met and they were supported to make as many decisions independently as possible. They were asked by staff about what they wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and home meetings.

The staff training matrix recorded that staff received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, fun atmosphere that people enjoyed due to the approach of the staff.

Activities were a combination of individual and group with a balance between home and community based. Each person had their own individual activity plan. A relative said, "There is always plenty for people to do." The home had a local community map that outlined places of interest, how long it would take to get to them and what type of transport was needed. People chose if they wanted to do them individually or as a group. The activities included cafes, pubs, garden centre, library and shopping. Other activities included hydrotherapy and music therapy at the Richmond Music Trust.

Relatives confirmed that they were aware there was an advocacy service available through the local authority.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People's relatives said that they were asked for their views formally and informally by the organisation, home's management team and staff. They were invited to meetings and asked to contribute their opinions. During our visit people were asked for their views, opinions and choices. Staff enabled them to decide things for themselves, listened to them and where required took action. Staff were available to them to talk about any problems and wishes they might have, as required on a one to one basis. Needs were met and support provided promptly and appropriately. One relative said, "I always get a prompt response." Another said, "Good communication with the home, I sit down with the keyworker and get responses."

We saw that there was enough staff to meet peoples' needs. They did this in an appropriate and timely way. People were given time to decide the support they wanted and when. The appropriateness of the support was reflected in positive body language of people using the service. If there was a problem, it was resolved quickly, in an appropriate way.

People and their relatives were asked and encouraged to attend meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify any changes in performance positively or negatively.

They and their families and other representatives were fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

People and their families and other representatives were fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff added to the assessment information.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working, once they had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met. A relative said, "Very helpful and keeps me informed".

The support plans were part pictorial to make them easier for people to use. They were based on the organisation's 'Personalisation journey' that focussed on the principle of providing as much freedom of choice, with least staff intervention within a risk assessed environment. They recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

At home people enjoyed sensory and beauty sessions, block beads, cooking and puzzles. Joint activities took place with other people living in homes within the organisation and people were looking forward to the post Christmas party.

People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

Good

Is the service responsive?

People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

Relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were attended to during our visit.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. There was an 'In touch website where people and their relatives could contribute and access information about what was going on in their lives and within the organisation. Quarterly 'Everybody counts' people's councils took place with regional representatives that was video conferenced. The representative visited each home to get people's views. There were six monthly care reviews that people were invited to, monthly house meetings and annual placing authority reviews and surveys of people and their relatives. People were also asked to contribute to annual staff appraisals.

Good

Is the service well-led?

Our findings

Relatives told us that they were made to feel comfortable by the manager, staff and organisation and were happy to approach them if they had any concerns. One relative told us, “Good communication with the home.” Another relative said, “There is always someone to tell me what is going on and the manager is available to answer any queries”. During our visit there was an open culture with staff and the manager listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at the home. A staff member said, “I like working here; the manager’s listen and help us”. Another member of staff told us “The training is good, there are opportunities for promotion and the support we get is what we need.”

There was an ‘Aspire’ career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There were regular minuted home and staff meetings that included night staff and enabled everyone to voice their opinion.

The records we saw demonstrated that regular staff supervision and appraisals took place with input from people who use the service.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the organisation.

The home used a range of methods to identify service quality. These included quarterly compliance audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These focussed on different areas at each audit. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.