

Dimensions (UK) Limited

Dimensions Fir Lodge 91 Bloomfield Avenue

Inspection report

91 Bloomfield Avenue

Bath

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Date of inspection visit: 1 October 2015

Date of publication: 03/11/2015

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 inspection took place on the 1 October 2015 and was unannounced. When the service was last inspected in July 2013 there were no breaches of the legal requirements identified.

Dimensions Fir Lodge 91 Bloomfield is registered to provide care and support for up to five people with a learning disability. The home is located in a residential street in Bath. The five people who currently reside at the home have all lived there for a number of years.

A registered manager was in post at the time of inspection. 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.

Summary of findings

People were unable to tell us of their experience of living in the house. We found that people's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user safely when there was evidence that they lacked capacity to make informed decisions themselves.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. We received positive comments from people we spoke with about the staff. One visiting health professional commented, "The staff are very friendly and promote an encouraging environment. They have a desire to facilitate independence and skills building. They're very receptive to ideas and how things can change."

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Arrangements were also in place for obtaining people's feedback about 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?

The service was safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Good



Is the service effective?

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



Is the service caring?

The service was caring.

People we spoke with provided positive feedback about the staff and told us they were caring.

People's privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan had personal profiles which included what was important to the person and how best to support them.

Good



Is the service well-led?

The service was well-led.

People were encouraged to provide feedback on their experience of the service and the provider monitored the quality of service provided.

To ensure continuous improvement the registered manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Good



Dimensions Fir Lodge 91 Bloomfield Avenue

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 1 October 2015 and was unannounced. The last inspection of this service was in July 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff, the deputy manager and the registered manager. We also spoke with two visiting health professionals. On the following day we spoke with one relative of a person who received care from the service.

The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with generally felt the staffing level was appropriate. There were sufficient staff to help people and we observed people having 'one to one' time with staff. The deputy manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service. We were told that extra staff would also be utilised if required, such as taking people away on holiday. This information was confirmed by members of staff we spoke with.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The provider's safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and felt that they would be listened to. One member of staff told us that they would be prepared to approach members of the senior management team if concerns were unresolved. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns confidentially about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told that staff files were held in head office and they contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they were received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical conditions well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

To ensure staff followed correct procedures, the management of medicines was audited on a weekly basis. The audits reviewed the current stock and medication administration sheets. They also reviewed medication administration and handling procedures. The audits were designed to identify any potential concerns which required action.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as utilising the home environment, use of the mini-bus, personal care, managing finances and using the kitchen and meal preparation area. Assessments were reviewed and updated, mostly on a monthly basis. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe when they went out in the van. Potential hazards were identified and control measure instructions were provided such as the need for staff to be present at all times. Practical instructions were also detailed enabling the person to be independent, as far as possible.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with

Is the service safe?

the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager.

Is the service effective?

Our findings

People received effective care and people we spoke with gave positive feedback about the staff that supported the people living at the home. One relative commented, “The staff make you feel welcome. X is so happy and content living there.” Health professional comments included, “It seems quite a relaxed service” and “The staff are very friendly and open and they include service users in meetings. They have a desire to facilitate independence and skills building.”

The provider ensured that new staff completed an induction training programme which prepared them for their role. New staff attended an initial one day induction that included learning about the provider and the expectations whilst in employment. The remaining induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The registered manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person’s needs, new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, basic life support and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people had been provided for staff, such as epilepsy awareness training.. We were also told by the deputy manager that staff will be attending Strategies for Crisis Intervention and Prevention (SCIP) training. SCIP training focuses on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such

as mandatory training, the people that staff supported, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible, the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented,; “It’s about giving people as much opportunity to make decisions for themselves.”

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate and to enhance their understanding of the person’s requirements, staff utilised a number of techniques such as using simple sentences and using Makaton. Makaton is a language programme which uses signs and symbols to help people to communicate. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues, such as medication reviews, decision making agreements involved the appropriate health professionals, staff and family members. We were told that the latter were invited to attend such meetings but did not necessarily attend all the meetings.

People’s rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people’s support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person’s best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

Is the service effective?

The food was nutritious and served at the correct consistency, according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food each person should consume. The deputy manager told us the people who lived at the home were due for an eating, drink and swallowing assessment by a speech and language therapist. The people who used

the service required assistance to eat and drink safely. We observed that staff provided the appropriate support in accordance with the care plan guidelines. People were encouraged to eat a healthy, balanced diet and their food choices were respected. One person particularly liked cakes and they were supported to bake cakes at the house.

Is the service caring?

Our findings

The people we spoke with provided positive feedback about the staff and told us they were caring. The relative we spoke with felt that there was a lot of staff, “Coming and going but they all seem really nice.” They told us, “They encourage and enable independence. They help X and let him do the things he wants to. I have a good relationship with the staff.”

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. The staff played the music they liked, took them out and joined them for tea sitting in the garden. One person had a seizure whilst in their room. The member of staff was calm and provided reassurance to the person until they recovered and ensured they were safe.

Care plans contained detailed, personal information about people’s communication needs. This ensured staff could meet people’s basic communication needs in a caring way. For example, one person’s plan advised that the person will try different and varied signs to help staff members to understand what they are saying and how they used their own variance on Makaton. . Makaton is a language programme which uses signs and symbols to help people to communicate. The plan enhanced staff understanding of the person’s needs. We observed staff communicating with

the person using their own version of sign language. Staff were able to understand the person’s needs and requests for the day. Staff we observed were patient and fully engaged with the people they were caring for. With the music playing and assisting with household tasks such as laying the table for dinner, there appeared to be real team spirit.

People’s privacy and dignity was maintained at all times. Staff told us they always considered the person’s privacy. A staff member described what action they took to ensure they upheld people’s privacy and dignity. They provided examples of how people preferred their personal care routine to be conducted and told us, “I will only be there if I need to be there.”

Staff demonstrated they had a good understanding of people’s individual needs and told us they understood people’s preferences. Staff were very knowledgeable about people’s different behaviours and specific needs such as how a person liked to be shaved and their preferred night time routines. The level of detail provided by staff members was exacting and reflected in the person’s care plans.

The staff members enabled people to be independent, as far as possible. When they spoke about the people they cared for they, expressed warmth and dedication towards people. People were provided with activities, food and a lifestyle that were in line with their choices and preferences.

People were given the opportunity to pass on their feedback in surveys that were sent out by the service. Feedback on staff was also sought from family members as part of the staff appraisal system.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the home and they received the support they required.

People's needs had been assessed before they moved in to the service. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month and a formal review was held once a year. Reviews included comments on 'what is working', 'what is not working' and 'how do I want to change things'.

Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary.

On the day of our inspection a visiting health professional was in the process of implementing a communication passport for one person. The passport will act as practical and person-centred way of supporting the person. The passport will describe the person's most effective means of communication and how others can best communicate with and support the person. Another health professional was also reviewing a person's behavioural patterns in certain social settings. They told us, "X shows happiness and contentment. The staff that support X are fantastic and eager to help. They're an enabling service and very receptive to ideas. They very much want to support X and will incorporate this into people's plans."

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person, this included having a diverse programme of activities. An action plan was implemented to enable the person to engage in the

activities they liked to attend such as visiting their relative regularly, attending a local day service, taking photographs and being included in decisions on all aspects of day to day choices.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. One staff member told us about a recent visit to the swimming pool as a person had requested to go there as they had not been swimming before. Following the implementation of an appropriate risk assessment the staff member took the person swimming as, "They liked to give new things a go."

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection, people were engaging in different activities such as attending the day service, taking tea in the garden, staying at home listening to music and a day trip to Weston-Super-Mare. People also engaged in other activities such as attending a local jazz club, visiting the local garden centre, going to the pub and cinema trips. One person told us their relative was very active and always engaging in lots of interesting things. Their relative also had a personal assistant who took the person out once a week for an activity of their choice.

People maintained contact with their family and were therefore not isolated from those people closest to them. One relative visited weekly and another person saw a close relative regularly at the local day service. A staff member told us that the service enabled a person to maintain regular contact with their relative as they drove them every three months to visit them. One relative we spoke with felt the level of communication between them and the service was generally good and they confirmed that they were contacted and offered the option of attending care plan reviews relating to their relative's best interests. They also told us that they could visit the home any time that was convenient to them.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

Is the service responsive?

People were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. One relative also told us, "X would tell me if they were distressed or dis-satisfied." Easy read

information was provided for individuals in a way that they may be able to understand, such as in pictorial and symbol formats. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Is the service well-led?

Our findings

The relative we spoke with was aware of the who the manager was in the service and told us that in addition to the support staff, the manager communicated well and often called with updates on their relative. The service also issued an informative family newsletter. The newsletter identified changes that were occurring with the company and also advised people of the Commission's new inspection methodology and regulations. It also highlighted where actions had been taken in response to raised issues.

People were encouraged to provide feedback on their experience of the service and monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives if they wished to give their views. The most recent annual review identified the issues people were most pleased with such as staff enabling people to do the things they wanted and they were supported to stay safe at their home. The survey also identified things that people were worried about. The provider published the results of the survey and provided assurances that would do something about the things that people were worried about. One of the issues they have implemented is to involve people who use the service or their representatives during the interview assessment process.

As part of the internal quality assurance audit family members were asked to participate in the family involvement feedback process. Comments included: "The family member described the quality of support given to the person supported from the support staff as really good they look after the person supported. The person

supported is happier in themselves. When asked as to how the service needs to be improved to raise the quality of support the family member said the most important thing is for staff just to carry on."

The provider has a family forum which put together a vision of how the provider would work with families. The recent published newsletter identified the work that had been achieved so far and the work that still needs to be taken forward. An example of what they said they would do was to provide useful and practical information booklets. This resulted in the forum developing a series of factsheets, a guide to the Mental Capacity Act and booklets to help families understand person-centred reviews. There was a clear emphasis on being open and transparent and the need to continually strive to improve.

Staff described the registered manager as supportive. There were methods to communicate with staff about the service. The manager told us that staff meetings were held approximately every month. Minutes of the meetings demonstrated that there standing items discussed every month such as safeguarding, whistleblowing policy, Mental Capacity Act 2005 principle, 'people we support' and Core Brief. 'Core Brief' is a monthly newsletter issued to all staff which included provider information on such issues as organisational work streams and future planning. This meant that staff were informed about the proposed future strategic development of the provider.

To ensure continuous improvement, the registered manager conducted regular compliance audits. They reviewed issues such as, planning and delivery of support, observations of support, training and health and safety. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that training was up-dated and signed-off within appropriate time limits.