

Dimensions (UK) Limited

# Dimensions 53 Cambridge Road

## Inspection report

53 Cambridge Road  
Southampton  
Hampshire  
SO14 6UT

Tel: 02380554855  
Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dimensions 53 Cambridge Road is a residential care home providing personal care to five people living with a learning disability and/or autistic spectrum disorder. Accommodation was provided over two floors of a converted residential building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The home was near to local amenities and fit with local residential buildings.

### People's experience of using this service and what we found

Some improvements had been made since the last inspection, however we found the service still did not consistently assess risks to people and implement management plans to manage those risks. Fire management actions were not always carried out or evidenced in line with requirements. Medicines were now stored securely, and the stocks were managed effectively.

There had been another change in registered manager since the last inspection, and the current registered manager had come into post shortly before this inspection. Though there was a service improvement plan in place, this had not identified all issues we identified in risk management and documentation and had not ensured action was taken in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements were required in evidencing assessments for specific decisions.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were caring and kind. We received positive feedback from a relative and visiting professional about the approach staff took and about positive interactions staff had with them. Staff fed back positively about the management of the service and improvements made since the last inspection.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made, however we identified that systems had not been embedded which meant there were some continued breaches of regulation.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dimensions 53 Cambridge Road

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

Dimensions 53 Cambridge Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the provider's action plan in response to the last inspection. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We spoke with one visiting professional. We made observations in communal areas of the home and of staff interactions with people.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection we identified a breach of regulations as risks were not always managed appropriately. We had found not all risks to people were assessed fully, there were not always appropriate management plans in place and risks were not managed in the least restrictive way.

Although actions were taken to address specific concerns, at this inspection we found that not all changes in people's risks were managed effectively.

- People's risk assessments and management plans were not always up to date or in place. One person did not have an up to date, appropriate risk assessment in place of access to the community. They were at risk as they did not have an awareness of road safety. Some staff told us they did not feel comfortable supporting the person into the community.
- Staff had not been fully trained in techniques of de-escalation and physical intervention and, when asked, were unsure what actions they could take in the community to keep this person safe. Staff had undertaken the first day of their training and another day was booked. During the inspection, the registered manager put in place a risk assessment and management plan to support staff while they were waiting to complete their training.
- One person was at risk of constipation. They had a protocol for using a medicine for this, however the person's GP had stopped this medication. Their care plan stated their bowel movements should be monitored and the GP alerted should they show signs of constipation, however the daily records showed this had not been escalated when the person became constipated.
- Records did not demonstrate that all fire systems checks were checked in line with recommended frequency. This included checks of fire alarm activation points and alarm tests. This put people at increased risk in the event of a fire as the provider could not be assured that all alarms and activation points were effective.

Failure to appropriately assess and manage risks to people's safety is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At the last inspection we identified a breach of regulations relating to medicines. This included; medicines not being stored securely, stocks not being monitored effectively and people with 'as required (PRN) creams

not having detailed protocols for their use. At this inspection we found some issues had been resolved but further improvement was required.

- At this inspection, we found that medicines were now stored securely, and stocks were managed effectively. People received their medicines as prescribed. Medicines administration procedures had been updated to have two staff checking administration and stocks to reduce errors.
- Medicines storage temperature checks were not reliably recorded with a maximum safe storage temperature for medicines in stock. However, there was no evidence that medicines had been stored outside of manufacturer recommended temperatures.
- One person had a protocol for use of as required medicines in their records, however the medicine was no longer prescribed. There was no evidence that this medicine had been given since the change in prescription. Other protocols were in place and appropriate.

Systems and processes to safeguard people from the risk of abuse

- Staff had training in safeguarding and understood how to identify possible signs of abuse or neglect. Staff felt confident to report any concerns and that these would be taken seriously.
- People's risks relating to exploitation had been considered and there were appropriate measures in place to keep them safe.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe. Since the last inspection, the service had shown there were not enough staff overnight to support people in an emergency through evacuation tests. The registered manager had secured funding for an additional member of staff to be available overnight. Staff told us this had improved staffing at night and they felt people were safer overnight.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment where they have worked in health and social care settings and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The home appeared clean, and people were protected from risks of infection. Staff had training in infection control practices and had hand washing facilities and personal protective equipment, such as gloves and aprons, available to them.

Learning lessons when things go wrong

- Staff felt confident to report errors or incidents and that these would be managed fairly. Incidents were reported and reviewed to ensure actions were taken to reduce the likelihood of reoccurrence.
- Incident trends were reviewed to see whether any wider actions were needed to support people. Any learning from incidents was shared with staff. For example, a medication incident had occurred involving an agency member of staff who was working overnight and did not know how to contact out of hours for support. The out of hours protocol had been updated and displayed around the home and agency workers were no longer working alone overnight.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found a breach of regulations. We found that risks were not always managed in the least restrictive way which deprived some people of their liberty unnecessarily and people's capacity to consent to restrictions had not always been assessed. We found that staff were not aware who had an authorisation of deprivations on their liberty and that some authorisations were out of date. At this inspection we found improvements had been made and the requirements were now met, though some improvements in documentation were still required.

- We identified one person was at risk due to declining to take their medicines. The service had not assessed the person's understanding of the impact of not taking their medicines. Therefore, staff had not considered other options to ensure the person received their medicines as prescribed. An assessment was carried out following the inspection and a decision was made in their best interest.
- One person's capacity assessment for their decisions related to their everyday care could not be found in their records. The registered manager felt this had been completed, though this could not be located during the inspection. However, this was sent to the inspector following the inspection.
- People had up to date authorisations or applications under the Deprivation of Liberty Safeguards, where applicable. Risks were managed in a least restrictive way which gave people maximum choice and control.

- Staff had training in mental capacity. Staff understood who was at risk and lacked capacity around significant decisions, they knew how to promote choice in people's everyday lives.

Staff support: induction, training, skills and experience

- Staff had not completed training in de-escalation and physical intervention, though they had completed one day, and the second day was booked. Some staff told us they were unsure how to manage a person in the community and told us they were unwilling to take him out as they were unsure what to do if he put himself at risk. Staff had completed other training deemed mandatory by the provider.
- Staff told us they had a thorough induction when they started and otherwise felt confident to carry out their role effectively. Staff told us they had support from the new registered manager who was ensuring they had regular supervision. Staff had access to training which reflected their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had implemented an electronic system for recording daily support activities. There had been a delay in use by this service, however the registered manager was supporting staff and had ensured they had training in the system's use.
- Behaviour support plans reflected best practice guidance in supporting people whose behaviour may challenge staff or other people when at home. Support plans reflected the guidance of healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We identified one person's bowel movements were not being effectively monitored and signs of constipation had not been escalated to their GP in line with their support plan.
- Professional guidance was reflected in people's support plans and there was clear positive working with other services, such as learning disabilities teams, to ensure people had access to the right support to meet their needs.
- People had access to other healthcare services, such as the dentist, optician and podiatrist. People were supported to attend appointments as needed.

Adapting service, design, decoration to meet people's needs

- The premises were suitable to meet people's needs and reflected their preferences. There was suitable space for people to have private time and be social with other people living in the home.
- Equipment was provided to meet people's needs. The service had bought a specialised chair to support someone up from the floor, should they fall, so that the service would not need to call an ambulance each time to help them up.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Staff knew people's preferences and ensured they had meals which they enjoyed. Staff encouraged people to eat in the dining room so that meals were a social event.
- People could get themselves snacks and drinks and were supported to cook, where appropriate. People's risks of choking were understood by staff and people had a diet which reflected their needs and guidance from other professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, patient and showed compassion towards the people they supported. Staff knew people well and understood how best to work with them, understanding their individual needs and preferences.
- One person told us, "[All the staff are] nice. It's nice here." One person's relative said, "[Loved one] is happy and that is the most important thing. [Loved one] gets on with the other people. All the staff I have met are kind."
- We received positive feedback from a visiting professional. They told us, "I have seen positive interactions and good relationships between staff and people. Staff are friendly and encouraging. [People] seem happy and comfortable from their body language."

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to express their views about their care. Staff asked people if they enjoyed different foods or activities or looked for non-verbal signs of people's reactions.
- There were annual reviews to look at people's support needs and update any plans for the coming year. These involved people, their loved ones and professionals to support making any decisions about the future.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and as individuals. Staff were respectful of people's personal space and gave them privacy when they needed it.
- Staff promoted people's independence in every-day activities and supported them to do things for themselves, where they were able.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans and the care provided met their needs and reflected their preferences. Support plans identified the skills the person needed from staff and how staff could best meet their needs. For example, one person's support plan identified "I need support from staff experienced in dementia support, someone who can drive, who is caring, patient, calm and likes music."
- People could choose what they wanted to do, what to eat and where to go. People had activities available in the home to keep them occupied which reflected their interests. One person told us about their planned activities that they were looking forward to, and which staff were going with them. Another person in the home was interested in getting a job and the service was supporting them to find out about possible paid roles, such as one for the provider.
- People were supported to access their local community and their community connections were documented in their support plans. For example, one person went to a local barber regularly for their hair cut. People accessed local day centres and activities which interested them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and how to explain things in a way they could understand. The provider had developed easy-to-read versions of policies and procedures.
- Two people in the home used Makaton. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties. Staff told us one person was helping them learn more Makaton signs and the provider was looking to get further training for staff, where needed.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships with people in their home as well as in other homes provided by Dimensions, day centres, and with their friends and families.
- When one person was in hospital, staff supported another person to visit them as they had formed a close friendship. Staff helped them make a 'get well soon' card to take with them.

Improving care quality in response to complaints or concerns

- The service had an easy-to-read complaints procedure and policy for people and their relatives. Complaints received had been managed in line with the policy and responded to appropriately.

#### End of life care and support

- No-one living at the service was receiving end of life care at the time of the inspection. There were no advanced care plans in place in records we reviewed. Advanced care plans look at capturing people's wishes such as when they would wish to go to hospital or prefer to be treated at home, their spiritual beliefs and needs and their wishes around where they would wish to spend their final days.
- The registered manager explained people's views and wishes around their end of life care were being explored. Following the inspection, the registered manager sent a template which would be rolled out to provide greater information on people's wishes in this area.
- We spoke with one person's relative who told us they were beginning to think ahead for their loved one and would like to have a plan in place. We fed this back to the registered manager who obtained a suitable advanced care and end of life care planning template and booked reviews to begin to complete these.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we identified a breach of regulations as the registered manager had failed to notify us of a reportable incident. At this inspection, there was evidence the service had reported any incidents appropriately to CQC and was no longer in breach of this requirement.

At the last inspection we also identified a breach in regulations related to records and quality assurance. We found that records were not always accurate and complete, and out of date information had not always been removed. This meant support plans were not always clear for staff. We had found the provider's quality assurance measures were not sufficient to identify and address the issues we found at the inspection. At this inspection, though some improvements had been made, the provider continued to fail to meet this requirement.

- Records were not always complete and up to date. Out of date information had not always been removed from people's files.
- For example, one person had a protocol in their record to manage risks of them leaving the premises without staff. This was no longer relevant as the person no longer attempted to leave the property. This was removed by the registered manager at the inspection. Some people's capacity to make specific decisions was not recorded.
- Fire safety records were not consistently completed and were not always clear, such as checks of fire alarm activation points which did not rotate through activation points and were not completed every week. Fire safety equipment checks were ticked monthly but were not dated to evidence checks were one month apart. There was no space to record any actions required or the staff member who carried out the check to ensure any faulty equipment was identified and acted upon.
- An out of date, contradictory fire evacuation plan was present in the fire file. This was removed by the registered manager during the inspection.
- Medicines storage temperature checks were not reliably recorded with a maximum safe storage temperature for medicines in stock.
- Quality assurance processes did not ensure issues were identified and acted upon promptly to reduce risks to people. For example, the service improvement plan identified a risk assessment was required for the person accessing the community. This was identified on 21 September 2019 and the due date had passed.

- The service improvement plan included an action noted to complete a constipation screening tool for all people. This was marked as "check 23/09 to see if this is in place." And had not been marked completed. One action, relating to ensuring mental capacity, deprivation of liberty and best interests had been considered for all people, had a target date of 27 September 2019 for the two people we reviewed, this had not been completed to ensure their mental capacity and best interests were fully explored and documented.

- An action was identified relating to ensuring the fire alarm and emergency lighting system is maintained, service and tested in line with the policy. This was marked "green", however in our inspection we identified this was not always completed in line with requirements relating to the fire activation points.

The service failed to maintain up to date, complete and accurate records. Quality assurance measures were not sufficient to ensure all required actions were identified and completed in a timely way. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a service improvement plan in place, recognising the works required to ensure improvements were completed and had made some improvements to the quality of records and in implementing the electronic daily recording system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt there had been an improvement in the culture in the home, particularly in the support they received and in the oversight of day-to-day activities. One member of staff told us, "I am usually sceptical about change but [the registered manager] is professional and doing it in the right way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour to be open and honest should something go wrong. One person's relative told us the service had alerted them straight away when their loved one was involved in incidents related to another person and had acted appropriately to resolve the issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Reviews of people's support involved people, their relatives and loved ones, other professionals and staff who knew them to reflect their wishes in how their support was delivered.
- Where people did not have family or people close to them to support them, they had access to independent advocates to support them to express their views.
- The service had "resident meetings", which were identified as monthly, however these did not occur every month. When they did occur, people had the opportunity to feedback to staff about their care and their wishes.

Working in partnership with others

- The service worked with other professionals and organisations to ensure people had access to support which met their needs. The service maintained a good relationship with the local authority and we received positive feedback from a visiting professional.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not ensure all risks to the health and safety of people were assessed and managed appropriately.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always up to date, accurate and available. Quality assurance processes did not ensure issues were identified and acted upon in a timely way.</p>