Dimensions (UK) Limited

Dimensions Woodview 97 Wantage Road

Inspection report

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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

Summary of findings

Overall summary

Woodview is a short break service run by Dimensions and is registered to provide personal care and accommodation for up to five adults with learning difficulties at any one time. People could have respite for a few hours a day or up to a week. At the time of the inspection there were five people using the service for varying periods of time. The service also provides emergency placements if required. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The service continued to be responsive to people's changing needs and staff ensured people had support that met their needs. The management team acknowledged that access to activities outside of the service were impacted upon by not all staff being able to drive, and therefore, take people out. However, the provider was taking steps to recruit staff that could drive so people could out more. People and their relatives knew how to make a complaint but told us they hadn't needed to.

The service continued to have systems in place to safeguard people. Individual risks were assessed, recorded and managed to keep people safe from avoidable harm. Medicines were managed safely. The premises were kept clean which protected people from the risk of infection. Staffing levels were assessed for each person to ensure their needs were safely met. Equipment and premises were regularly checked to ensure the environment was safe. Where incidents or accidents occurred, these were used to make improvements to minimise risk of occurrence.

People continued to receive effective support from suitably trained and skilled staff. People had their needs

assessed fully before being supported by the service. People's nutritional and hydration needs were met and choices offered. Staff told us and records confirmed staff were well supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service support this practice. Health advice and treatment was sought appropriately.

The service remained caring. People were greeted warmly when they arrived and looked relaxed and settled. Staff were committed to deliver good quality care to meet people's needs; both physical and emotional. People's privacy and dignity was respected at all times and terminology in care records was respectful.

There was no registered manager, however the service remained well managed. 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. At the time of the inspection the service was run by an acting manager who had applied to become registered with the Care Quality Commission.

There was a positive, open culture that valued people, relatives and staff. The provider had effective systems in place to ensure people experienced good quality care. The staff worked well with professionals to ensure a holistic approach to meeting people's needs.

Further information is in the detailed findings below.

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 remains Good

Good

Is the service effective?

The service remains Good

Good

Is the service caring?

The service remains Good

Good

Is the service responsive?

The service remains Good

Good

Is the service well-led?

The service remains Good

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 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 announced, planned comprehensive inspection which took place on 13 and 20 April 2018. We informed the provider we would be visiting as we needed to ensure that there would be staff and people in the service in order to undertake the inspection. As the service is a respite centre, people are often out during the day. The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We did not ask the provider to complete 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.

Throughout our inspection we spent time observing care throughout the service. We spoke to three people and five relatives. We also spoke with the acting manager, the assistant manager, and three support workers.

We looked at records, which included four people's care and medicine records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service. We received no feedback from these.

Good

Our findings

The service continued to provide safe care to people. People told us they felt safe when asked. One person said, "Yes I feel safe". A relative said, "I have no concerns about [person's]safety when they are there".

We reviewed people's risk assessments and saw ways to manage risks had been documented and staff were aware of these. Although the information was in the support plan about risks, there was not a clear and immediate overview about all risks. For example, information about allergies was documented under different sections but not immediately identifiable on first looking at the support plan. The management agreed to review this and implement this in people's plans. We saw a clear one page profile had been put in place on the second day of the inspection.

People received their medicines as prescribed. Medicines were stored safely and if needed refrigerated as per manufacturers' guidance. Medicine administration records (MAR) were fully completed and showed when medication had been given to people. We saw one person needed covert medicines. Covert means administering the medicine in food to either disguise it or to ease administration. This person's GP had agreed the medicine to be given covertly. However, advice from the pharmacist had not been sought about the safety of putting it in food and whether this would affect the medicine. The assistant manager immediately made contact with the pharmacy and when we returned on the second day of the inspection, this had been actioned and measures were in place.

The provider had safeguarding systems, policies and procedures in place and staff were aware how to raise and escalate safeguarding concerns. One staff member said, "If I felt somebody was at risk I'd report it". Staff were confident the acting manager or assistant manager would act promptly if any concerns were raised.

There continued to be enough staff to meet people's needs. Staffing levels were determined by people's needs as well as the number of people using the service. Comments from people and relatives included, "I have no concerns about the numbers of staff". People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

People were protected from the risk of infection by a clean and tidy environment. Staff were aware of the provider's infection control polices and adhered to them. Food hygiene training had been delivered to staff. Equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations.

The service received and reviewed external safety alerts. The provider learnt from incidents and accidents that had been identified as potential risks to services at a national level. These are often referred to as 'Never Events'. Never events are serious incidents that are preventable because errors are clearly identifiable, preventable, and serious in their consequences, such as incidents from choking. This learning was shared with all services so that staff were aware of how to minimise these risks. The provider had systems to record all accidents and incidents. We saw samples of accidents forms and noted appropriate action had been taken where necessary.

Good

Our findings

People were referred to the service from the local authority. The service was given a copy of the person's assessed needs. Other information was then gathered by the service. The person and their families were asked for information. Services that knew the person well were visited, for example, the person's day service. This enabled those that knew the person well to contribute to information so that the person would be well supported and have continuity. This ensured that people's needs were fully assessed to achieve the best possible outcomes.

People continued to be supported by skilled and knowledgeable staff. The service continued to ensure that newly appointed care staff had a thorough induction period which gave them the skills and confidence to carry out their roles and responsibilities. A member of staff said, "Yes I felt prepared for my role. I like to get stuck in but I wasn't allowed to!" Staff told us and records confirmed they received training relevant to their roles and regular staff supervision was taking place. Staff had also received training in delegated health tasks, such administering emergency epilepsy medicines. This ensured that people who had complex health needs could be supported effectively.

People's nutritional needs were met. Information was recorded about any dietary needs and support, such as people at risk of choking. People were able to choose which foods they enjoyed. One person said, "I like pizza. I help to cook sometimes".

People had access to health professionals whilst visiting for respite. Records confirmed people were supported by appropriate professionals such as GP's. We also saw that advice had been sought and recorded from professionals such as speech and language therapists in respect of dietary needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We always offer people choice, even if they are non-verbal". We saw information recorded that stated [person] can make day to day decisions with support. Would need support for bigger decisions such as hospital treatment".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

acting manager was aware of the process and all relevant applications had been submitted and were being monitored to ensure the least restrictive practice was happening whilst awaiting approval.

Good

Our findings

The service continued to be caring. People and relatives were positive about the service. Relative comments included, "Always been very happy with the service. No problems at all", and "[person] loves going there. Never any trouble at all." We saw many of examples of staff providing a caring approach; offering food and drinks and sitting and spending time with them. A member of staff said, "I feel like I'm doing something positive; I love it".

There was a notice board with photographs of all the staff on duty for the following week. We were told that people in the service often helped to arrange these. This meant that people would know who would be supporting them if they were in the service on those days. This is important for people who may need pictorial information about which staff are supporting them on which days.

People were supported by committed staff that built positive working relationships with people. Throughout the inspection we observed staff being kind and caring to people they supported. A member of staff was chatting to a person who was visiting the service throughout the day. The person said they wanted to go to the shops and the member of staff went with the person. When the person was getting ready to go home, the support worker asked what they wanted to do next time they visited. The person said he wanted the support worker to have breakfast with him, which they cheerfully agreed to do.

Staff provided emotional support if people were upset. One staff member said, "A person who was in for respite had a bad dream. I went to see them and they wanted a hug. I gave (the person) a hug and they said "I missed you". The staff member said they reassured the person by saying they were only down the corridor. A person we spoke with said, "I cry a lot and [staff] cheer me up".

People's dignity and privacy was respected and promoted. A member of staff said, "Obviously it's their dignity you need to protect; I draw the blinds, shut the door, and cover their body to keep their privacy. I do what I would want done for me".

People were supported to be independent and the support they had was led by them. We saw one person liked to independently take their medicines. The person had been assessed as needing support, but there was guidance about making sure the person could do as much themselves such as tipping medicines into their hands to take.

Good

Our findings

The service continued to be responsive. However, we had some feedback from relatives we spoke with that that there were not many opportunities for people to go out in transport to access activities further away, such as trips out for the day. One relative said, "They don't go out much and mainly stay at the service. It would be nice if they could go out more". Another relative said, "Now summer is coming along I hope they'll go out more. At one time, they did a visit to the zoo but that was a long time ago". We discussed this with the management team who acknowledged that a shortage of staff drivers did impact upon this. This was being addressed in recruitment and it was hoped that more trips out would be arranged when there were more drivers to take people out.

People had access to activities when in the service. There were games, crafts and other activities and people had the chance to either take part or not as they preferred. Events were also organised, sometimes in conjunction with other local services such as a Christmas party and a Halloween party. Fundraising activities also took place such as the Macmillan coffee morning. People continued to access activities they enjoyed when they were having a break, such as evening clubs.

People were treated as individuals. The provider's initiative called 'Activate' involved working with a person to set specific, individual goals to improve person centred care. The person was then supported by the support team to achieve their goals through active support and positive behaviour support. The management team were planning on developing these with people who visited for respite so people could set some goals such as doing different activities or gaining some independent skills.

People's care records contained information about their life histories, choices, preferences and how to best support them. We saw information had been recorded about people's families and who they lived with and what interests they had such as football teams or hobbies. This was alongside people's care needs such as support needed to manage diabetes or epilepsy. Support plans also had information in about which staff would match well with the person, for example, interests and personality. This meant staff were provided with an overview of the whole person rather than just care needs, enabling person centered care to be provided.

People's communication needs were recorded. For example, any hearing or sight problems and whether the person communicated verbally or by other means. The service had a large amount of Picture Exchange Cards (PECs) to help people who could not communicate verbally. There was also information in an accessible format on issues such as medicines and safeguarding. One person had their activities in pictorial

form. There were signs about how the person would communicate such as touching their elbow for a biscuit or clenching their fist for drink. This ensured that people were assisted to communicate their needs clearly to staff to overcome any barriers that may be present. Good communication is key to reducing feelings of frustration of not being understood.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. Complaints were dealt with directly but monitored and reviewed by the provider to ensure they were dealt with in line with policy. We heard that with good communication, many issues avoided problems escalating to formal complaints. A relative said, "I've never needed to complain but would know how to do so if necessary".

Good

Our findings

The service continued to be well led. There was not a registered manager in post. The CQC had been notified about alternative management arrangements from October 2017 in the absence of the registered manager. At this inspection, a new acting manager was in post that had started the process to become registered with the CQC. 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. The acting manager was being supported by the operations director and the assistant manager, who had worked in the service for some time.

The service was supported by the organisation's vision and strategy to deliver quality care and support, and promote a positive culture to achieve good outcomes for people. A member of agency staff said, "I enjoy working here. People are treated as individuals". The provider had ensured information on equality, diversity and human rights was prominent in service delivery. There was a 'Welcoming Diversity' policy relating to people and staff and also an Equality and Diversity Advisor. This meant the provider had taken measures to ensure all staff worked to promote people's and staff member's human rights.

The provider had a strong performance framework to monitor quality performance, risks and ensure regulatory requirements were met. Systems had been developed to monitor all aspects of the service delivery and we saw evidence of various audits taking place. These included care plans, accidents and incidents, staff training and health and safety. Where action had been identified action plans were developed. For example, the assistant manager had identified shortfalls in risk management and was reviewing all risk assessments and updating support plans. We saw that updating support plans and risks were being reviewed at the time of the inspection. On the second day of the inspection, we saw that the discussion we had concerning covert medicines had been added to the Service Improvement Plan.

Staff were encouraged to attend staff meetings and told us their views were sought and that they were kept updated. They also said the team worked well together. One member of staff said, "The other staff are really nice, really helpful. If I have any problems I can call them".

The provider sought feedback from people and their families. People were able to take part in an 'Everybody Counts' meeting where feedback could be sought in areas such as activities. The organisation also used national feedback to focus on priorities such as improving the health of the people supported, and hate crime and voting.

The provider ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local health and social care teams to ensure people were safe.

The service worked in partnership with other agencies such as the police. We heard that when in training, police officers visited the service to meet with people and to improve their understanding of the needs of people with learning disabilities.