Dimensions (UK) Limited

Dimensions 6 Sadlers Lane

Inspection report

6 Sadlers Lane
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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

This was an unannounced inspection which took place on 10 August 2017.

Dimensions- 6 Sadler's Lane is a residential care home which is registered to provide a service for up to four people with learning disabilities. Some people had other associated difficulties such as being on the autistic spectrum. There were three people living in the service on the day of the visit. All accommodation is provided on one floor in a domestic sized dwelling.

At the last inspection, in September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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 service remained safe. People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely. The service had a stable staff team. However, if they did recruit new staff they had systems in place to ensure, that as far as possible, staff recruited were safe and suitable to work with people. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise.

The service continued to be caring and responsive. The small, committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a wide variety of activities, according to their needs, abilities, health and preferences.

The registered manager was on extended leave but remained highly thought of and respected. The interim manager was described as approachable and supportive and there was a team in place to support them. The quality of care the service provided continued to be assessed, reviewed and improved, as necessary.

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 continues to be effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service continues to be responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Dimensions 6 Sadlers Lane

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 inspection was unannounced and took place on 10 August 2017. It was completed by one inspector.

The provider did not receive a provider information return (PIR) to send back to us. Consequently, they were unable to provide key information about the service, what the service does well and improvements they plan to make in advance of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the three people who live in the service and a person who was to move into the service, imminently. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with two people who live in the home, the other person was at day services. People had limited verbal communication but were able to express their views by facial expression and body language. We spoke with three staff members, one of whom was the assistant locality manager for the service who assisted with the inspection. We requested information from other professionals and received two positive responses. Additionally, we spoke with some family members after the inspection.

Good

Is the service safe?

Our findings

People continued to be kept as safe as possible from any form of abuse or poor practise. Staff continued to receive training in safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. A family member told us they felt their relative was safe and well cared for. There had been one safeguarding referral since the last inspection in September 2015.This had been appropriately dealt with and the appropriate authorities had been involved. People's finances were kept safe by a variety of methods including family and Court of Protection involvement. Each person had a financial care plan which described people's expenditure (called budget lines), how finances were managed and how they accessed their money.

People indicated, by body language and facial expression they felt safe in the service. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals.

People and staff remained protected by general health and safety and individual risk assessments such as fire safety and use of the specialist bath. People had an individual risk analysis, assessments and management plans which were incorporated into care plans. These provided staff with the information to enable them to provide care in the safest way possible. Examples included epilepsy, physical and emotional abuse and sharing living space. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. No medicine administration errors had been reported in the previous 12 months.

The service continued to provide enough staff to meet people's needs and keep them safe. There were, generally, a minimum of two staff during the day and one waking night staff. These were to be increased when another person moved into the service. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours, bank staff and agency staff, as necessary.

Good

Is the service effective?

Our findings

The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Support plans provided information to ensure staff knew how to meet people's individual identified needs.

People had five separate files which covered all areas of care, including healthcare and support plans. The support plans included a one page profile to enable staff to see 'at a glance' any vital information. The health care plan noted all aspects of their health needs. These included a record of treatment, a medical profile and a health action plan. Referrals were made to other health and well-being professionals such as dietitians and specialist consultants, as necessary.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made three DoLS referrals which had been authorised by the local authority (the supervisory body). Applications were made appropriately and met legal requirements but were awaiting up-dates. Best interests meetings were held, as necessary, for decisions such as medical treatment and records were kept of the decision making process.

People were supported to make as many decisions and choices as they could. People's individual communication methods were identified and understood to enable staff to interpret, as far as possible, people's choices and decisions.

People, generally, did not have behaviours which caused distress or harm. However, if people did become anxious behaviour plans were developed to inform staff how to support people with this. However, we saw one behaviour chart which did not 'match' daily notes. The senior staff member undertook to investigate and rectify this issue.

People were involved in choosing menus and any specific needs or risks related to nutrition or eating and drinking were included in care plans. The service sought the advice of dietitians or speech and language therapists, as necessary and offered food in the way they were advised. Whilst the food people were given was varied and healthy, the menu 'guide' did not always reflect this. The senior staff member undertook to review the 'menu plans' to make sure they reflected the provision of a varied and healthy diet.

People's needs were met by staff who had access to training to develop the skills and knowledge they needed to meet people's needs. Seven of the nine staff had attained a health or social care qualification. A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool.

People were offered care by a staff team who felt they were well supported by the registered manager and management team. Staff received regular one to one supervision and an annual appraisal.

The service had adaptations to meet the needs of people. For example, a special bath and mobility equipment. The house was very clean and tidy, however areas of the home were tired and in need of attention. The sitting room and hallway carpet was stained and 'looked' very dirty (although it was cleaned regularly) and the seating in the lounge was in poor repair. These issues detracted from the pleasant, hygienic and homely environment staff were striving to provide. There was only one proper office chair to serve two desks, one with a computer. This may be a health and safety issue for staff.

Good

Is the service caring?

Our findings

People continued to be supported by a small and caring staff team. People indicated by smiling and nodding that they liked living in the home. A family member told us the staff were, Great" and supported the person to visit their family regularly.

People received care from a small staff team who had built strong relationships with them and were knowledgeable about people's individual needs and personalities. People were seen to be comfortable and confident in staff presence.

People had detailed communication plans to ensure staff understood them and they understood staff. The plans described, in detail, how people made their feelings known and how they displayed choices, emotions and state of well-being. People's identified methods of communication were used so that staff could interpret how people felt about the care they were receiving and the service, in general.

People were treated with the greatest respect and their privacy and dignity was promoted. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and daily notes were written respectfully.

Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included explanations of the key worker system, different people's responsibilities and people's support agreement.

People's equality and diversity needs were met by staff who knew, understood and responded to each person's diverse physical, emotional and spiritual needs. Support plans included special needs (if any) people had to support their culture, religion or other lifestyle choices.

People's records were kept in an office which was locked when no staff were present. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's current and changing needs. We observed the staff team recognising and responding immediately to people's body language and behaviour when they needed assistance.

The service continued to complete a full assessment of the person prior to them moving into the service. The person and other relevant people were involved in the assessment process, which included visits to the service and getting to know the staff team and people who lived there. Detailed support plans were developed from the assessment. Support plans were reviewed, formally, a minimum of annually and whenever necessary. The service responded to changing needs such as behaviour or well-being.

People's care remained totally person centred and support plans were detailed and personalised. Support plans ensured that staff were given enough information to enable them to meet specific and individualised needs. They included sections such as my favourite routines and my community connections.

The service continued to provide people with a flexible activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went to organised day care activities a minimum of twice per week, with staff accompaniment, as necessary. People were offered outings, day trips and short holidays and were encouraged to participate in community activities of their choice. Appropriate risk assessments were in place to support the activity programme.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that people would need support to express a complaint or concern, which staff were aware of. No complaints or compliments had been received since the last inspection in September 2015.

Good

Is the service well-led?

Our findings

People continued to receive good quality care from a staff team who were well-led. The registered manager was on extended leave but an experienced and qualified registered manager from another service had oversight of the service. The interim manager was supported by a management team. Whilst the management team was complex consisting of the registered manager and several assistant 'locality' managers staff were confident they knew who to approach for support. They said they could always speak to a member of the management team or the out of hours 'on call'.

People continued to benefit from a good quality service. The service was monitored and assessed by the manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Quality audits were completed by the provider's compliance team which included a person who uses another of the provider's services. Annual service action plans were developed from listening to people and staff and from the formal auditing processes.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their reviews, at monthly key worker meetings and at resident meetings. Staff meetings were held regularly and minutes were kept.

The service continued to ensure people's records were detailed and up-to-date and reflective of their individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. The management team understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.