Dimensions (UK) Limited

Dimensions Baily Thomas House Haysoms Drive

Inspection report

Baily Thomas House
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Date of inspection visit:
30 October 2019

Date of publication:
09 April 2020

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

About the service:

Dimensions Baily Thomas House is a 'care home' registered to provide accommodation and personal care support for up to six people living with a learning disability, or autistic spectrum disorder. People may also have physical disabilities or show distressed or anxious behaviours, and some people had limited verbal communication.

The service primarily operates as a respite service but at the time of the inspection some people were living there longer term whilst awaiting accommodation and support to be organised for them elsewhere. On the day of the inspection five people in total were using the service.

Dimensions Baily Thomas House also provides day services for people living elsewhere within the community. As these day services do not provide personal care and accommodation for people this falls outside the regulation of The Care Quality Commission (CQC) and so did not form part of this inspection.

People's experience of using this service:

Dimensions Baily Thomas House is used flexibly by 32 people in total throughout the year, who self-book accommodation for respite care. Some people used the service regularly each week, others for a short period of time on one occasion. People told us they valued the services provided. One relative said, "It feels a very happy place" and "they try their best to be flexible, to help meet our needs as well as (name of person)."

Since the last inspection a new manager had been registered. The registered manager had a clear understanding of the development needs of the service, and had been working on service development plans, training plans for staff and re-establishing the staff team.

Effective quality assurance systems were in place to assess, monitor and improve the quality and safety of the services provided. People and their relatives were regularly consulted on the operation of the service and asked to make comments or suggestions on how it could be improved, including through social events such as coffee mornings.

Risks to people were assessed and guidance available in people's care plans on how to reduce risks and maintain continuity of care. The service understood one of the biggest risks to people's well-being was the interface between services, home and ensuring clear communication about people's needs. Relatives completed documentation before each stay to record any changes in people's needs. Care plans were all being reviewed to ensure they were all up to date and comprehensive, reflecting every element of people's needs and lifestyle. Plans also reflected professional guidance and involvement from community teams, including for example photographs of how to support the person to move and be positioned.

The service ensured changes in best practice guidance were implemented to help make improvements in people's lives. For example, outcomes for people using the service for respite were in line with the principles and values of Registering the Right Support guidance. This meant people had opportunities to continue to be involved with their local community, and experience as many activities and choices as possible.

Risks to people's health, safety and wellbeing were assessed and acted upon. Risk assessments gave staff clear direction on how to minimise risks for people. Risks from the environment were managed.

People living at the service were protected from abuse because staff had received training and were confident in raising concerns about people's wellbeing. Safe medicines practice was understood and used. Families ensured information on any medicine changes were shared with the service.

People's rights regarding capacity and consent were understood and information was available to help people understand their rights and how to keep safe. The service was acting on advice to make applications for Deprivation of Liberty Safeguards for each person to ensure their rights were protected while at the service.

Staff were provided with the training, supervision and support they needed. There was a thorough recruitment process which updated checks such as police record checks regularly, to ensure staff remained safe to work with people. Relatives told us there had been a higher turnover of staff which had led to the use of more agency staff, but this was settling with a new staffing team in place.

Staff were positive about the people they were supporting. We saw people engaging with staff with good humour and respect.

More information is in the full report

Rating at last inspection: This service was rated as good at their last inspection (report published on 26 June 2017).

Why we inspected: This inspection was scheduled based on the last inspection date and rating of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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 safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
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 well-led Details are in our Well-Led findings below.	Good

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Dimensions Baily Thomas House 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:
We gave the service 24 hours' notice of the inspection. This was because the service is small, occupancy varies each day, and we wanted to be sure there would be people and staff at the home to speak with us.

What we did:
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.

As part of the inspection we spent time with four of the people who were using the service. We spoke with the registered manager, and four members of staff. We looked at three people's care records and two staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies, and looked at other systems, including for medicines management.

As some of the people staying at Dimensions Bailey Thomas House had difficulties communicating verbally, we spent time during the inspection visit conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their experiences at the service.

Following the inspection, we spoke with two relatives by telephone about their experiences of using the service.

Good

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 Good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

•□The service was managed in a way that protected people from abuse and highlighted any concerns over people's wellbeing. Where concerns were identified the service took appropriate actions to help protect people. For example, the service was awaiting repairs to an area of fencing. Until this had been replaced they had decided they were unable to keep one person safe, so were unable to offer them support.
•□Systems were in place to guide staff on how to report concerns. Training had been undertaken in recognising and reporting abuse, both online and then face to face in October 2019. Staff confirmed they were aware of how to raise and report any concerns and would feel able to do so.
•□Where people were identified as being vulnerable, care plans and risk assessments identified agreed strategies with the person to minimise risks wherever possible. Staff could tell us how people with impaired verbal communication would express unhappiness or discomfort.
•□Safe staff recruitment systems were in place, including regular disclosure and barring service (police) checks.
•□There were enough staff on duty to ensure people had access to care that met their needs, provided support for opportunities for people to be active and protect them from risks. Additional recruitment was underway to provide a full complement of staff. The service had recently been using some agency staff in the meantime to provide cover. A relative said "It's really nice now the team is settling, and they are getting new staff in place."
•□Staffing levels were altered daily to ensure people's individual and group needs could be met. For example, some people staying would need one to one or two to one support at all times; the following night people staying might be more independent. With the exception of emergency stays, the service had an advanced booking system so could ensure in advance enough staff would be available. Relatives told us they made bookings up to a year in advance, and the service made every attempt to meet their requests.

Assessing risk, safety monitoring and management

•□Risks to people from their care or long-term health conditions were identified and mitigated wherever possible. Full assessments were undertaken for the person's first stay and updated for each new visit, with information provided by the person or their relations. Risk management and reduction strategies were included in people's care plans to ensure staff were aware of people's needs and wishes for their care.
•□Risk assessments covered areas such as swallowing difficulties, moving and positioning and epilepsy. Some people using the service had complex moving and positioning needs, and equipment, specialised

nutrition and skin care needs or sensory impairments. The service ensured the equipment people used at their home was replicated within the service to help ensure continuity. For example, a sleep system providing support for one person who used the service regularly was in place in the room they used. Support for the service included specialist input from community medical staff, and guidance on the use of equipment, such as for nutritional delivery systems.

• Protocols were in place to guide staff on what actions to take for example if a person had an epileptic seizure. This included when to give the person additional medicines and when to seek emergency support.

• Risks to people from the building were assessed and managed. This included people being protected from risks from hot surfaces, hot water and electrical appliances. Accommodation was purpose built and all on one level, with spacious adapted bathing facilities and communal areas. External doors were alarmed, to alert staff to people leaving the building unescorted.

• Equipment in use was serviced and tested regularly to ensure it was safe to use.

Using medicines safely

• Medicines were managed safely, and people received their medicines as prescribed. Guidance was available for staff on the safe use of 'as required' medicines, and staff would not administer medicines until they had been trained and supported to do so safely. Where the service completed medicine administration charts for the person when they came to stay, this was done by two staff to reduce the risk of errors. Medicine stocks were checked after each administration. Checks were made on each new stay on the current medicines the person was receiving, to ensure there had not been changes since they were last at the service.

• The service followed and championed good practice guidance and campaigns for medicines such as STOMP (Stopping the over medication of people with a learning disability or Autism).

• There was a clear policy for medicines management. Medicines were stored safely and kept in their original dispensed packaging to reduce risks on transfers between people's home and the service.

Preventing and controlling infection

• The service had policies and practice guidelines in place to manage the risks of cross infection. All areas of the service were clean and odour free, and appropriate systems were in place for the disposal of clinical waste. Where individual people were at or presented specific risks from or to infections, plans and risk assessments were in place to address this. Where people used a sling as part of their moving and positioning support they bought in their own, which helped to reduce any risks from cross infection.

• One person's room was regularly monitored to ensure it remained safe and hygienic. Guidance was in place to support the person to maintain this.

Learning lessons when things go wrong

• Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. The regional manager for the organisation 'signed off' any incidents, which allowed for external scrutiny of any actions taken. The registered manager undertook a debriefing for staff and people if needed, to ensure any lessons were learned.

Good

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 Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

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

•□Assessments were carried out of people's needs and used to devise holistic care plans in line with best practice guidance. The service had been developed to provide short term respite for people, and so as far as possible, plans were aimed at replicating people's preferred home routines, activities and support.
•□Providing respite stays helped ensure people could remain living in their own homes and follow their chosen lifestyles for much of the time, which was in line with best practice guidance such as Registering the Right Support. One relative told us "We want to keep looking after (person's name) for as long as we can. Respite is important to us all to help us do this, and we feel comfortable knowing he is here."
•□Assessments were regularly updated and supported by reviews and referrals to specialist community services, such as occupational and physiotherapists and dieticians. These helped ensure the service could meet people's needs.

Staff support: induction, training, skills and experience

•□Staff received the training and support they needed to carry out their role. Staff told us there was "loads of training, anything you could want they will get", and that there were always more senior staff to ask for any advice they needed. We saw staff working and communicating confidently with people being supported.
•□A training matrix and individual staff training programme was undertaken to ensure staff had the skills and experience needed to meet people's needs. Agency staff were checked to ensure they had the appropriate skills before working at the service.
•□Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. The registered manager told us they carried out regular spot checks of staff, including at night, to ensure people were being supported in line with their care plans. All staff had access to a training portal, and online policies and procedures at any time.
•□Staff would be expected to have completed the Care certificate qualification prior to supporting any person on their own.

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

•□People were being encouraged to make healthy eating choices, in line with their preferences, but the service acknowledged for most people their time at Dimensions Baily Thomas House was only a small part

of their nutritional intake. This meant they could be a bit more 'flexible' with healthy eating choices. So, on the day of the inspection one person had requested and was enjoying a burger from a local takeaway, which they were thoroughly enjoying.
•□Where people needed specialist diets or nutritional support systems these were provided.
•□Mealtimes were flexible, as some people needed to be ready early the day following a stay to go to college or a day service, while others might be happier with a 'lie in'. Some people were able to access the services' kitchen to help with the preparation of snacks and drinks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•□Following taking recent advice the service was making application for a DoLS authorisation for each person using the service. This was to cover areas of restriction, such as locked external doors, or other restrictions on people's liberty.
•□Where best interests' decisions had been needed, these were recorded and carried out following discussion with people supporting the person such as their family. This would cover for example where the person was not able to give their consent for their care, such as the use of a wheelchair lap strap or taking medicines.

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

•□Where specialist assessment or support with planning and delivering care was needed this was accessed. People's care plans showed evidence of multi-agency working to help ensure for example where people had specific needs, staff had been trained to support them.
•□Some people were in receipt of nursing care from community nurses in their own home. Where this was the case, the service ensured this continued while the person was at Dimensions Baily Thomas House.

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

•□Dimensions Baily Thomas House had been purpose designed as a respite unit, which opened in 2004. Each person had an ensuite bedroom. Corridors and doorways were wide and spacious to enable people to move around with larger wheelchairs. All accommodation was on one level. Bathrooms and toilets were bright, and communal areas comfortable. The main lounge area also had some gym equipment in place for people to use, and there were attractive gardens with activity equipment. Some areas were now needing decorative attention, and the registered manager told us these were on a service improvement plan for the coming year.
•□Where people's rooms had needed individual changes, these had been made. For example, one person

liked to sleep in an enclosed bed sleeping system like they had at home. This had been provided and helped keep the person safe and comfortable.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood people's needs and were kind and compassionate in the way they supported them.
- We saw people being supported and guided gently and in a positive way by staff. Where people showed signs of becoming focussed on actions that were known to lead to them becoming anxious staff confidently diverted them into more positive responses.
- Staff spoke about people positively, acknowledging their strengths and personal qualities. We saw an appropriate use of physical touch, with people seeking out staff for contact and conversation about their day.
- One person said, "Staff are OK" and laughed. Another person made joking disparaging comments about the staff member present, and then laughed with the staff member about what they had said. This demonstrated a comfortable relationship, with gentle teasing and good-humoured banter from both sides.
- Relatives told us "(person's name) is always happy when he is here; If he's not happy we would pick it up" and "I'd give it 10/10."
- The provider organisation was involved in supporting people living with learning disabilities within the wider community. This included providing opportunities that were made available to people using Dimensions Baily Thomas House, including a formal winter ball. The registered manager told us how much people enjoyed attending this.

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

- People's communication needs were identified, and their communication supported, using pictorial aids, gestures or easy read documentation where needed. This included for example how people might communicate consent to care, or express unhappiness. For example, one person's plan indicated they expressed a lack of consent by making their body stiff and not lifting their legs.
- We saw evidence people's wishes were respected. For example, one person had showed they were not comfortable being supported by a particular member of staff, so the service ensured the staff member did not work with the person again.

•□The registered manager acknowledged it was difficult to have regular meetings with people as a group, as the patterns of people staying were so varied. However regular coffee mornings were held to encourage people and their families to visit and make suggestions over the service and any changes that could be made. When 'house' meetings were held they were at times when the service could ensure as many people as possible were able to attend.
•□ Care plans included information about people's personal, cultural and religious beliefs where these were known. The service respected people's diversity and was open to people of all faiths and belief systems or none.
•□People were protected in line with the Equality Act (2010). The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Information in an easy read format was available in the service on supporting and promoting people's equality and diversity. All staff had received training in respecting equality and diversity.

Respecting and promoting people's privacy, dignity and independence

•□People's right to privacy and confidentiality was respected. Personal care was only given in private and confidential information maintained in the office. Staff did not discuss other people's care in front of people and were respectful of people's dignity.
•□People's independence was encouraged and promoted wherever possible. Care plans highlighted what people could do for themselves to maintain their independence.

Good

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

•□The service was in the process of re-writing and updating all care plans, which were maintained in paper copy at the service. They were shared with people and families at the time of booking a stay to confirm if they were still current or if changes were needed. This helped ensure any changes in staffing levels or equipment could be planned for.
•□Plans covered all areas of need, including oral healthcare, moving and positioning, healthcare and social opportunities. Where appropriate people's goals were included.
•□Plans reflected people's strengths and personalities. For example, one plan included a section entitled "What we like about (person's name); (Person's name) is funny, (Person's name) has a good sense of humour and is very sociable."
•□Independence support plans included details of how best to prompt the person to carry out their care themselves. Clear plans, including photographs if needed were available to detail complex positioning needs.
•□A new computerised care planning system was being implemented. It was envisaged relatives (as appropriate) would be able to access this system to ensure all information about the person was updated and accurate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

•□People received care and support in a way that was flexible and responsive to their needs. Plans were as far as possible designed to help replicate and continue people's lifestyle choices and patterns, to avoid disruption. So for example, people would continue to attend their chosen day services, hobbies, clubs or activities while at Dimensions Baily Thomas House. One person told us they continued to do their own laundry while at the service. A relative told us how their relation continued to attend day services five days a week, while at the service. They enjoyed swimming, arts and crafts and gardening.
•□Some people had been attending the service since it first opened, and so were very familiar with the organisation. For example, one relative said their relation had "their own band of friends" at the service, which helped reduce risks of social isolation. Relatives also recognised the importance to the person of maintaining contacts and spending time away from their parents. One said "After all it is only natural at his

age to not to want to be with his parents all the time."

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.

- All policies and procedures were or could be made available in an easy read or pictorial formats to meet people's needs. For example, information on hate crimes, rights and relationships was available in an easy read format.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. No formal complaints had been received since the last inspection.
- Information on how to raise any concerns was available in a pictorial format to support people's understanding. People and relatives were also encouraged to give feedback, either positive or of concern directly to the service or to the organisational head office if they felt unable to do so at the service. Relatives said they would be comfortable doing so.

End of life care

- No-one using the service was considered to be approaching the end of their life. Policies and protocols were in place to manage risks from a sudden deterioration in known health conditions, including emergency support.

Good

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 Good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Since the last inspection a new manager had been registered. The registered manager had a clear understanding of the development needs of the service, and had been working on service development plans, training plans for staff and re-establishing the new staff team. Staff told us they were positive about the changes taking place. One said, "management are really accessible" and they "make us feel valued on a personal level - every person by their name".
- The service had a clear culture of putting people and their needs first. Person centred support enabled people to maximise the opportunities available to them and continue to lead full and active lives.
- Information about the organisational structure, ethos and philosophy for 2020 was on display. This included areas of priority for development, organisation, engagement, personalisation and people.
- The service informed relatives of any concerns, for example if an accident had happened, and fulfilled their duty of candour. Notifications had been sent to the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was based at Dimensions Baily Thomas House and was supported by a larger organisation and regional manager oversight. In house there was a clear staffing structure with levels of delegated authority and decision making.
- On call senior management staff were available to support at any time. Regular staff meetings were held, the last in September 2019, which helped everyone understood changes taking place at the service. Staff had access to senior staff at head office outside of the service's management structure to raise any concerns.
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided. External audits were carried out without notice and covered areas such as medicines, first aid, care planning, and training. Action plans and an annual development plan were in place to identify improvements for the coming year, such as repairs to the external fencing, and internal renovations and repairs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

• The registered manager was continually working towards improvements. They updated their practice through eLearning, and regular local monthly manager's meetings. Training was also delivered by the provider, for example on future changes to the DoLS framework.
• Systems were in place for people, relatives and visiting professionals to be involved in having a say about the operation of the service. Basic questionnaires were circulated with booking plans, and the feedback was audited, analysed and results made available. Action plans were drawn up if needed, along with information about any changes made as a result.