Dimensions (UK) Limited

Dimensions 1 Betjeman Court

Inspection report

1-3 Betjeman Court
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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The home provides accommodation for up to five people who have a learning disability. There were four people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

At the previous inspection no improvements were identified.

People were not able to talk with us about their care and treatment due to their complex needs. We observed how people interacted with staff. We saw that people were comfortable and confident when they engaged with staff. Staff demonstrated they understood people's needs and told us about each person in detail and with an understanding of people's preferences.

Relatives told us they were very happy with the overall care and treatment. Our observations and the records we looked at supported this view.

Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

We saw that people's privacy and dignity were respected. We saw that the care provided took into account people's views and input from their relatives. Guidance and advice from other professionals such as social workers had also been included.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection three people were currently being assessed for DoLS.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and a chiropodist.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with both internal and external training that reflected the care needs of people who lived at the home. Staff told us that they would raise concerns with the registered manager and were confident that any concerns were dealt with appropriately.

The provider had taken steps to assess and monitor the home which took account of people's views, those of relatives and other professionals. These had been used to make changes that benefitted the people living at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The Mental Capacity Act (2005) code of practice was being met. People received care and treatment from staff that understood how to keep them safe and free from potential abuse.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home.

Is the service effective?
The service was effective.

Good

People's needs, preferences and risks were supported by trained staff that had up to date information specific to people's needs . Staff told us and we saw that the information in the care records were consistently followed.

People told us that they enjoyed their meals and had a choice about what they ate to meet specific dietary needs.

Is the service caring?
The service was caring.

Good

Our observations and feedback from relatives showed people received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences.

We saw that staff spoke with and provided care to people whilst being respectful of their privacy and dignity.

Is the service responsive?
The service was responsive.

Good

People were supported by staff or relatives to raise any comments or concerns with staff and these were responded to appropriately.

We saw that people were able to make everyday choices. We saw people engaged in leisure pursuits , such as reading, interacting with staff and accessing the community.

Is the service well-led?
The service was well-led.

Good

Relatives and staff were very complimentary about the registered manager and told us they listened to their views and were approachable.

Staff told us they enjoyed their job and were supported and trained appropriately to provide care to people who lived at the home.

The registered manager and providers monitored the quality of care provided. There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of one inspector.

Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

During the inspection, we observed three people who lived at the home, spoke with five care staff and the registered manager. We spoke with two relatives by telephone.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, staff duty rosters, two staff files and audits about how the home was monitored.

Good

Is the service safe?

Our findings

People were encouraged to take part in daily living tasks and activities. Staff knew how to keep people safe and reduce their risk as they had a good understanding of each person's abilities. For example, we saw one person prepare their meal with direction and support from a member of staff.

Staff were able to monitor people's safety from a suitable distance and respected people's choice of where they wanted to go. We saw that staff encouraged people to take positive risks. For example, throughout the day we saw that one person enjoyed spending time in their room alone and one person like being outside in the garden. Staff knew where people were and provided constant checks to ensure people were happy and safe. We observed that staff respected people's choice to be on their own once staff had checked them to ensure people were safe.

All staff we spoke with told us they knew how to keep people safe and encouraged them to be involved in their day to day lives. One member of staff told us, "Where someone is able to do it, we encourage them to do it". Staff told us they were confident to report any signs of abuse. They were clear that they would report concerns to the registered manager or area manager. We reviewed information sent to us by the registered manager, which demonstrated the correct procedures had been followed. For example, contacting the local safeguarding team and making a positive move for one person when the home had no longer been able to meet a person's physical needs.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw that one person's eating had been identified as a risk. The plans in place told staff how to support them and staff confirmed the support that person had needed.

We looked at how the requirements of the Mental Capacity Act (2005) were being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We saw in two care records that mental capacity assessments had been completed and included what areas of care these related to, for example personal care. We also looked at the arrangements the provider had in place for Deprivation of Liberty Safeguards (DoLS).

We saw that the registered manager had asked the local authority for further advice. All people had now had applications submitted as the registered manager felt they had restrictions on their liberty. The registered manager was awaiting the authorisation outcome. People who lived at the home were supported by staff who knew when an application needed to be made. This ensured that staff were able to identify restrictions to people's freedom.

Training had been provided to all staff in understanding the Mental Capacity Act. All staff we spoke with told us they knew to refer any concerns regarding people to the registered manager. The registered manager and provider knew of a judgement made by the Supreme Court in March 2014 about how the DoLS legislation was to be used. The judgement meant that restrictions that previously would not have needed DoLS authorisation would need to be reviewed by the funding authority.

We saw capacity assessments had been made where people did not have the capacity to make a specific decision to enable their care to meet their needs. We saw that the provider had held a meeting to included relatives, social workers, health care professional and staff to reach a decision about what was in the person's best interests.

We looked at the number of staff on duty and if there were sufficient numbers to keep people safe and meet their care needs. We saw that people were supported by staff that had time to respond to their individual needs and care for them. We saw that there were enough staff to monitor people and assist people with tasks and leisure activities. During our observations people were supported by staff to clean their home, attend medical appointments and go with staff on walks to the local shops. Staff told us that there were enough staff to meet the social and care needs of people who lived at the home.

The registered manager told us how they ensured they had enough suitable staff on each shift to meet the needs of people who lived at the home. They kept a review on people's needs, listened to staff feedback and looked at what people needed support with.

Good

Is the service effective?

Our findings

During our observations staff demonstrated that they had been able to understand people's needs and had the knowledge to respond accordingly. We saw that staff took account of people's personalities and routines when talking with them and were able to tell us about the person's life history. All relatives that we spoke with told us they were confident that their relative's needs were met. One relative said, "They deal with everything for [person], and involve me if needed".

We observed people having breakfast, snacks and their afternoon meal. Staff ensured that people had a choice of food and showed people visual choices to help them make a decision about what they wanted to eat. For example, one person was offered choice by a staff member showing them a tin of soup, ravioli or bread for a sandwich. We saw one person spending time planning their evening meal menus for the following week which was displayed in the kitchen. Staff confirmed that they followed this, however were able to change a meal at the person's request. One staff member told us, "We can all plan something and then on the day fancy something else".

We looked at people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. The records showed that people also got to see other health professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with speech and language specialist, dieticians and dentists. This meant that staff had the information available to support people's nutritional needs.

People were supported to attend consultant reviews, dentist, opticians, social workers and other health professionals in support of the care received at the home. Staff told us and we saw that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the doctor for an appointment. During the inspection we saw that one person was supported to attend a GP appointment with a staff member. All relatives we spoke with told us they felt confident that people's health needs had been met.

All of the staff we spoke with told us that they felt supported in their role and had regular supervisions with the registered manager. One staff member told us, "The support is good here and I am happy to ask for support if I feel I need it". This helped to ensure staff felt supported in delivering care to people.

Staff received regular training and future training courses had been booked, which reflected the needs of people who lived at the home. For example, subjects included healthy eating, diabetic awareness and moving and handling. One staff member said, "There is always training, and I cannot think of anything further I need at the moment". Another staff member told us, "I know how to look after the people here, if I needed to know anything I would ask for further training and that would be looked at".

Is the service caring?

Our findings

People looked happy, were smiling and laughing with staff and were comfortable and relaxed in their home. We saw that people were confident when approaching staff for requests or support. Staff held conversations with people whilst being mindful of people's humour and preferred communication style. For example, using objects for reference and hand gestures.

We observed that staff were aware of people's everyday choices and were respectful when speaking with them. Staff ensured they used people's names, made sure the person knew they were engaging with them and were patient with people's communication styles.

We listened to staff as they provided care and support to people who lived at the home. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. Relatives we spoke with told us they felt the staff were caring. One relative said, "I am very happy with the staff".

The registered manager showed us feedback of compliments that they had received from relatives in June 2014. These said, "I can only be positive; they are nice people who take care of [person]. [Person] is well looked after", "I am involved very much so," and "We attend an annual review meeting…you have a chance to say things".

We spent time in the communal areas of the home and observed the care provided to people. We saw that staff had a kind and caring approach towards people they supported. For example, the staff provided constant checks and reassurance to people. Staff were seen to listen to people's choices, respond to them and engage people in their daily lives and chores. One member of staff said, "I enjoy spending time with them and doing activities with them. I am taking two people to the zoo for a day trip". One staff member said, "I mainly support one person, which is great. You get to know them really well and it's good for them".

We found that staff had a good knowledge of the care and welfare needs of the people who used the service. All staff we spoke with told us about the care they had provided to people and how this met their individual health needs. Two staff members told us about how they discussed people's needs when the shift changed to share up to date information between the team. One member of staff said, "At the start and end of each shift we talk about each person and any changes". Another staff member said, "We record any changes to people's care on the daily notes and contact the GP if needed. We are able to do that".

We saw that people were supported in promoting their dignity and independence. For example, staff helped people to prepare their own meals and offer guidance and support to clean their home. We saw that staff always knocked on people's doors before entering and ensured doors were closed when people wanted to spend time in the bathroom or in their room. One member of staff said, "We know their risks and abilities and we support them so they can do things on their own or with us". Another said, "We involve them in day to day things and their monthly reviews".

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Whilst reviewing records we saw people had expressed choices about their care or information had been obtained from relatives or staff who knew the person well. People had been involved in their monthly reviews with their key worker and had made decisions about what had worked well and what they would like to change next month. For example, people had been supported to make changes in how they spent their time and obtain new belongings for their rooms.

Is the service responsive?

Our findings

People had their needs and requests met by staff who responded appropriately. For example, people were supported to go to for a walk to the local shops on request or get themselves a drink or snack. One staff said, "Day to day, people will express want they want or need, so we go with that. Some can use words and others have certain hand gestures". Another staff member said, "We know them well and we notice any changes and will respond to those. If someone is not well we can call the doctor".

People who lived at the home had been involved in recruiting new staff members. Two recently recruited staff members had met all people at the home before they began working with people. Staff skills had been assessed and were looked at when matching people with two 'key workers'. The registered manager explained that a 'key worker' had dual responsibility to provide continuity of care, lead on the person's care and review and update the care plan for that person.

All staff had a one page profile about their skills and personal attributes which the registered manager used to match staff to people at the home. The one page profiles had also been sent to families so they knew who worked at the home. One of the two relatives we spoke with told us they thought these had been very useful.

During our inspection we observed people involved in pursuits that reflected their interests and their activity objectives recorded within their care plans. For example, evening discos, college courses and hydrotherapy pools. People's interests had also been supported within the home and garden with the addition of a summer house and trampoline.

Two relatives told us they were kept informed and updated when their relatives health needs changed. Relatives also told us that the registered manager and staff were approachable and would action any request they may have. For example, one relative felt a larger car would benefit their relative due to their mobility needs and equipment. The registered manager was currently testing a larger car as a result. We also saw feedback from one relative that said, "They give me a ring every now and then if I have not been touch. If anything's wrong they call me. They invite me to meetings".

People's views about the home and their care and treatment were asked for individually at the end of each month. Comments had also been sought from relatives from surveys and annual reviews. People's needs had also been considered during staff appraisals and supervisions. For example, staff had considered how one person had been more active in the afternoons so planned activities for later in the day.

We spent time with two people who wanted to show us their rooms. These contained personal items such as photographs, pictures and decoration. The registered manager told us that all rooms were redecorated for people on admission and people were encouraged to personalise their rooms. This meant that people's room were personal to them.

Although the provider had not received any written complaints since 2011, staff and relatives told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. All relatives that we spoke with said the registered manager and staff were approachable. One relative said, "I am happy with the staff and would have no issue asking or telling them something". The complaints policy was also available in an easy read pictorial format to make them more accessible for people.

We looked at three people's records which had been kept under review and updated regularly to reflect people's current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. This ensured that people received care and treatment that met their needs and considered other health professional views.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. Two relatives that we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. One relative we spoke with told us: "I feel [person] is fully supported at the home".

People were listened to by the provider and had been involved in their reviews. People's feedback had been used to develop their goals and care needs. The provider also held quarterly 'Everybody counts' meetings. One person had been nominated from each of the provider's homes in the region to attend a meeting where they fed back about aspects of the home. For example, we saw that people had been positive about a recent summer fete and the registered manager was looking to implement other events as a result of this feedback.

The provider had recently sent an annual questionnaire to relatives to assist in monitoring the quality of the service. We saw that there were several compliments that relatives had sent regarding the care and treatment that had been provided. Relatives that we spoke with told us that their views and opinions had been considered. For example, they had been part of the annual review of their relative. There were no comments that required action as a result of this survey.

We saw the provider had systems to monitor the quality of care. They had their own internal quality monitoring team which undertook their own inspections in the home. We saw any gaps identified from these inspections were recorded and passed to the registered manager for action. In addition, the registered manager provided their own monthly report that included when and how they had made the improvements.

We also saw monthly audits were undertaken to monitor how care was provided and how people's safety was protected. For example, care plans were audited to make sure they were up to date and had sufficient information that reflected the person's current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. For example, making the garden a more accessible and usable space for people.

The registered manager had monitored and reviewed the service through monthly audits. These audits looked at the environment, medication, infection control, and an analysis of incidents, accidents and falls. We found the provider had analysed these incidents and put measures in place to reduce the potential of further incidents reoccurring.

Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member person said, "You can talk about things at these meetings that affect you. We also make sure we discuss the service users and their care". We saw that these discussions were recorded in people's care folders to help when reviewing their care.

One staff member said, "We can speak to the manager at any time". All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. The registered manager told us that they had good support from the provider, and the staffing team.