Dimensions (UK) Limited

Dimensions 7 School Drive

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

This inspection took place on 20 October 2016 and was unannounced.

Dimensions 7 School Drive is a care home for up to five adults. The service specialises in providing support to people who have learning and physical disabilities.

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. 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.

People were kept safe from potential abuse and harm by staff who understood how to identify the various types of abuse and knew who to report any concerns to. Staff were trained and supported to meet the needs of people who lived at the home. Employment checks had been completed on staff to make sure they were suitable to work at the home. They were supported in their roles and attended training which was relevant to the needs of the people they cared for.

Staff were aware of any risks to people and were available when people needed assistance, so that risks to people's safety were reduced. People's medicines were managed safely. We saw medicines were stored correctly in locked cabinets and there was a clear process for recording and daily checks were in place so that all medicines could be accounted for.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their rights. Staff asked people for their permission before care was provided and gave people choices about their support. Where people had not got mental capacity the provider had engaged relatives and best interest meetings to represent people's wishes.

People were provided with support to maintain good health and nutrition. We saw people had food and drink they enjoyed. The advice of appropriate health care professionals was sought and followed where needed. People's individual needs and preferences were kept under review.

Staff had caring relationships with people and knew each person's individual preferences and needs well. Relatives felt staff treated their family member with kindness and they felt involved in their care. On many occasions staff respected people's privacy and personal space. However we heard some staff did not always respect people's dignity, over lunch time some staff discussed people's care in front of other people living at the home. The registered manager took action and addressed this lack of respect with the staff members concerned. Staff worked flexibly to provide people with good support. They encouraged people to maintain relationships that were important to them.

Relatives and people living at the home were assisted in how to make a complaint or raise a concern and

felt happy to discuss it with the registered manager.

The registered manager and the provider demonstrated good management and leadership. The quality of the service was audited and action was taken where improvements were needed. There was open communication between the registered manager, relatives and staff. Relatives and staff were comfortable to make suggestions for improving people's individual care and were listened to. Staff understood what was expected of them and were supported through training and discussions with their managers. Regular checks were undertaken on the quality of the care by the provider and registered manager and actions were taken to develop the home further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good

This service was effective

People were supported by staff who knew people's individual preferences and how to look after them. People were supported to have enough to drink and eat so they remained well. Staff supported people to access to health services so their well-being was maintained.

Is the service caring?

Good

This service is caring

People were helped to maintain and develop skills and independence. People were supported to have a community presence and maintain or develop relationships.

Is the service responsive?

Good

The service was responsive.

People's care needs were recognised and responded to by staff who knew them well. People's relatives were encouraged to develop and review their care plans with staff so they received care which met their individual needs as their needs changed. Relatives were confident action would be taken if they raised any concerns or complaints.

Is the service well-led?

Good

This service is well –led

People were able to approach the registered manager and the provider at any time. People and their families benefitted from a

management team that regularly monitored the quality of care provided.

Dimensions 7 School Drive

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 took place on 20 October 2016 and was unannounced. The inspection team consisted of two inspectors.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to end to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. Healthwatch is the local consumer champion for health and social services. We used this information to help us plan this inspection.

During the inspection, we were unable to acquire feedback about the quality of the service directly from people using the service. This was because people had complex communication needs. We used other methods to help us understand the experiences of people using the service. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives by telephone, four care staff, two agency staff, the assistant locality manager and the (locality manager) ,who is also the registered manager for this service. We also looked at a range of documents and written records including two people's care records, staff training records and the recording of incidents and accidents. We also looked at information relating to the administration of medicines and the monitoring of service provision.

Good

Is the service safe?

Our findings

People's relatives told us their family members care and support needs were met by staff who knew how to keep them safe. One relative told us, "The staff are very astute, they make sure my [person's name] is kept safe." We saw through people's facial expressions and body language they were relaxed in the company of staff.

Staff we spoke with knew how to recognise and report abuse, so they could take action if they were concerned a person was at risk of harm. A staff member told us, "If I thought someone had been harmed I'd report it immediately to the registered manager or Local Authority or Care Quality Commission (CQC)."

The registered manager knew the reporting processes they should follow if they suspected or if it was reported to them abuse had occurred. They showed us how they had notified CQC about a recent safeguarding incident and what action they had taken to ensure lessons were learnt to prevent a reoccurrence and keep people safe.

Staff were able to identify where people needed support with their behaviour. We saw staff supported people in the way their risk assessment guided them to. For example we saw staff supported a person successfully with patience and paced approaches to help them manage their behaviour. We saw the person responded to this approach and this was well detailed in their care plan. The risk of incidents had reduced as a result of this strategy.

Staff understood how to report accidents, incidents and knew the importance of following these procedures to help reduce risks to people. We saw where accidents and incidents had taken place these had been reviewed to help prevent these from happening again. For example where an incident had occurred involving a specialised piece of lifting equipment, all staff were reminded how to follow the correct procedure to keep the person involved safe. The registered manager had investigated and notified CQC about this incident.

When we asked relatives about their opinions of the staffing levels in the home. One relative told us "This is my only concern, although staffing levels are good, they could be better. Staff are always very busy." When we discussed this matter with the registered manager they told us, people's needs were being reassessed by the relevant local authority.

During the inspection we saw staff were responsive to people's needs and preferences. However staffing levels meant on occasions, two out of the three staff on duty were required to assist a person with personal care. This meant other people had to wait a short time before their individual needs could be responded to. When we discussed this with the registered manager they told us, they had already taken action to address people's needs alongside the numbers of staff required to meet people's individual needs. They told us, people's needs were being reassessed by the relevant local authority.

We asked staff members about staffing numbers, they told us at the present time the registered manager

was trying to recruit new staff, but due to difficulties recruiting new staff; there was a reliance on the use of agency staff. They told us how the registered manager made sure there was always a member of permanent staff available on shift (who knew people living at the home) with agency staff to help people feel safe and secure. The registered manager described a variety of ways they were trying to attract new staff with the right skills. This included a "meet and greet session", for people living in the home to meet the candidates, before an offer of employment was made.

Staff told us about the checks that were undertaken before they were able to work at the home. We saw the registered provider had checked staff had suitable employment histories, references and Disclosure and Barring Service (DBS) disclosure in order not to put the people they supported at unnecessary risk.

People's medicines were safely and securely handled, stored and disposed of. Staff were trained in administering medicines to people, and records showed that their competency was regularly reassessed. We saw members of staff give people their medicines, they explained to them what the tablet was for and offered them water to assist them swallowing. There was guidance for each person's medicines including how they preferred to be supported with their medicines. Where people had been prescribed PRN (when necessary medicine) guidance was available to staff as when and what circumstances it should be given. For example some people had been prescribed emergency medicines to meet their particular health needs. We looked at guidance for people with epilepsy and saw it stated how long staff should wait before administering it if someone should have a seizure. We saw staff were aware they must take this medication out with them when taking the person out on an activity. There were systems in place to show these safety measures were put into practice as staff had signed the medicine out and recorded it as back in on their return.

People's medicine records were fully completed and up-to-date. Two staff signed for each administration, which helped minimise the risk of errors. We found no discrepancies between medicines records and remaining stock, indicating people received their medicines as prescribed. Staff showed us daily and weekly recorded checks of all medicines, and on-going stock records for separately-boxed medicines. This was to ensure action was taken in a timely way if medicine errors were noted, as another method of making sure people received their medicines as prescribed safely to meet their health needs.

Good

Is the service effective?

Our findings

All the relatives we spoke with felt staff had the right skills to care for their family members. People were supported by staff that had completed training to meet their needs. Staff said they felt supported in their work and one staff told us. "I've had received lots of training, which has helped me support people with their special needs". Records of staff training reflected that staff had received a range of required training such as specialist training to assist people in moving, with the aid of equipment enable them to carry out their roles. We saw staff followed these practices when assisting people throughout the day of our inspection. For example we saw staff using the specialist equipment when assisting a person with their personal care.

The registered manager told us, "Staff who were new to the caring role, were required to complete the "care certificate". This sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve to ensure they understood the requirements of their role. A recently recruited staff member confirmed they were undertaking this training, to support them in being more confident when meeting the particular needs of people who lived at the home.

Staff told us they received regular one to one meetings with senior staff in order to discuss their role, any development needs and any other matters relating to working at the service they wished to talk through. The frequency of the support staff received was in line with the provider's own policies and included an annual appraisal. These arrangements assisted staff to reflect upon and further develop the effectiveness of their practice across the year for the benefit of people they cared for.

Staff practices we saw reflected how they successfully used their knowledge and skills to meet each person's individual needs. For example, staff were aware of how important it was for some people to follow their particular chosen routines, which helped people to avoid potentially stressful situations. Another example we saw was the way in which staff correctly followed good hygiene practices when working in the kitchen so people were protected from the risk of acquiring an infection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and demonstrated understanding of MCA principles. One staff member told us, "I know when someone does not want to do an activity I can tell through their body language so respect that." We saw staff used different methods of checking with people to make sure they were happy to receive the care and support planned. We saw from people's care file where best interests decisions were made on people's behalf these were recorded. A meeting was held for one person in respect of a proposed healthcare appointment because they were unable to consent to attend themselves. This meeting had included a relative, the registered manager and health professionals which showed the MCA principles were being applied to staff practices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had appropriate policies in place and had produced guidance for staff on working in line with the MCA. People using the service had a DoL in place so they received the care to meet their individual needs and their safety was maintained. Staff used the least restrictive approaches when providing people with support. For example, there were no restrictions on people's choice to access any areas in the home.

People received the food and drinks they preferred and were supported to ensure their nutritional needs were met. We sat with people whilst they were having their lunch with their permission and it was clearly enjoyed by all. Staff told us they took it in turns to cook for people and staff showed they were aware of people's likes and dislikes. Drinks were freely available, these were offered to people throughout the day and people were supported by staff to have enough to drink so they remained well.

Staff knew if people needed any particular assistance to have the right things to eat and drink, or any particular dietary requirements. We saw records which showed us staff worked with health professionals where people needed particular types of support in order to have enough nutrition in ways which were safe for them.

People's health needs were understood by staff as in people's care files there were detailed risk assessments for staff to follow in order to keep people safe. For example some people were at risk of choking when eating. The registered manager had enlisted the advice of the speech and language therapist who had written guidelines and trained staff to minimise the risk of people they support choking on their food. The registered manager had put in place a rule that at every meal time at least one specially eating and drinking trained member of staff would be available to support people to keep people safe. We saw this rule was followed on the day of our inspection visit. Staff assisted people to eat their lunch and chatted with them as the meal progressed. Staff were heard to provide people with encouragement and with reassurance they did not have to eat what they did not want. When one person felt poorly and had a lower appetite than usual we saw a staff member make the person some soup as an alternative. The member of staff explained they thought it would be easier for the person to digest. We saw the person was able to eat and enjoy the soup.

All the people living at the home had a "health action plan", to plan and record any medical intervention required such as healthcare professionals, well person checks, dental and doctor's appointments. People were supported to maintain good health and to access healthcare services as and when required. People's records showed when staff saw a change in the person which indicated they required assessment by a healthcare professional. For example one person had been identified as looking poorly so the local doctor had visited and prescribed antibiotics. A relative told us, "They ask me and discuss with me if ever [person's name] requires any medical attention."

Good

Is the service caring?

Our findings

We were told by a relative people using the service, were well cared for and had a good quality of life. They said, "This was apparent from the long period of time their family member had lived happily at the home".

We saw staff were kind, caring and supportive to people and people responded well to them. People smiled at staff, or laughed and displayed positive body language which indicated they were at ease with them.

People received support in a caring way which was sensitive to their needs. During the inspection we saw staff spoke with people politely and gently. They did not rush people and gave them time to respond. Staff were seen to position themselves at the person's height when speaking with them and to sit beside them when helping people with their meal. However there was a time during the day when we heard staff discussed the needs of people in front of other people, so not always respecting their right to dignity and privacy. We shared our findings with the registered manager who assured us this would be addressed with all the staff members concerned, to prevent this practice happening again.

We saw people's support plans reflected how they wanted their support to be provided and staff involved people in decisions which affected them. A person's care plan reflected they liked to be offered a shower rather than a bath. Staff were able to describe to us people's preferences. Care plans and daily records confirmed people's preferences were accommodated and people were supported in the way they wished.

People's rooms had been personalised to their taste. People were seen to spend their time where they wished either in the communal areas or in their rooms. We saw photographs of people living at the home around the communal areas, staff told us this was to make "It feel homely".

Staff told us they looked for non-verbal clues to make sure people were happy. We saw one staff member showed people objects to choose from so they could be sure people were supported to make their own day to day decisions, such as what to eat. Another staff member told us where people could not make their own day to day decisions they supported people based on their known preferences. The staff member told us this included calling people by their preferred names.

Staff gave us examples of how they sensitively supported people to maintain their dignity. These included making sure people had privacy and were not interrupted during personal care.

Care plans documented people's communication needs and how staff should ensure these were met. The care plans explained what people's different actions meant, what they needed staff to do for them and how the person could be helped. One person liked to go out regularly and go bowling and trips into town. We saw this happened during our inspection as staff supported by taking the person to go out into town for a drink and a haircut.

Good

Is the service responsive?

Our findings

Staff we spoke with demonstrated consistent knowledge of people's individual needs and preferences. Staff were able to describe the interests and preferences of the person they were key worker for. For example a staff member told us, they had helped a person attend a ballet and a local cinema because this is what they enjoyed doing.

A relative told us, they thought staff tried hard to involve their relative in activities. They told us "They took [person's name] to the cinema, days out and ice-skating, they loved it."

A staff member described how the use of agency staff had impacted on people's activities, because they were not able to escort people outside of the home. They told us ,they hoped it would be a temporary measure, as one person had to miss one of their swimming sessions last week. They told, us the permanent staff had recognised this and decided worked flexibly to try to minimise any disruption to people's weekly activities.

Staff told us, how they reflected on the needs of people living at the home during their one to one meetings with the registered manager. We saw staff shared information about people's support and care needs at hand over meetings between shifts, which included details about people's food and drinks choice. Staff also shared any changes in people's medical conditions and what interesting things people had done during the day.

We saw from people's care files people's cultural and religious beliefs had been considered and care and supported adapted to meet these needs. We saw people were supported to attend religious ceremonies if they so wished.

People had review meetings within the last year at which they and other relevant people involved in their lives attended. These reviews were centred on each person, using tools such as "What's important to and for me". These plans helped to generate an outcome for meeting each person's particular needs and named responsibility to when it should be completed by and by whom. Goals were set at the meeting and signed off by the registered manager when they had been completed. Records and feedback showed these were being attended to, for example, to pursue people's specific health checks and to undertake more activities. A relative commented they had been involved in the decisions and reviews and felt the staff worked well with them to support their family member. They told us how one person wished to go ice-skating and this had happened.

We saw there were procedures in place to listen and address concerns and complaints. The information of how to complain was in a variety of formats including an audio version, and easy read format to meet people's different needs. A relative told us "I've not made a complaint for many years now, but know to make an appointment with the registered manager if I do." The registered manager told us they had not received any complaints in the last twelve months but would use any feedback from people as an opportunity of learning.

Good

Is the service well-led?

Our findings

All the staff we spoke with were confident the registered manager would take action if they had any concerns for people's well-being. Staff described the registered manager as supportive, and said they were always able to contact the senior team at any time if they needed any advice on how to support people. Staff told us, they understood what was expected of them as they had regular training and meetings with their managers to discuss their caring roles. One staff member told us, "The registered manager and deputy manager have worked here for many years they know the needs of the people who live here well so can offer advice if I need it. They are very approachable".

There was an open and inclusive approach to running the service provided to people. Staff said they were confident they could speak to the registered manager if they had any concerns about another staff member's performance. Staff said positive leadership at the home reassured them they would be listened to and that action would be taken if they raised any concerns about poor practice.

We saw through people's facial expression and body language they liked the registered manager and staff.A relative told us "I always speak with [assistant locality manager's name]. They know my relative well and sought out anything [relative's name] needs."

The registered manager described how the provider looked to develop staff knowledge and skills through their own "Aspire programme". Staff were encouraged to identify their own additional training needs. The registered manager gave us an example of; one staff member was undergoing training to become a "dignity champion" for the home, to promote good privacy and dignity practices within staff team.

The registered manager told us they felt supported by the provider, and gave us examples of how they worked with the provider so people's experience of care would continue to be developed. This included support for resources so the home environment was improved, and so equipment needed to care for people would be obtained. The registered manager also explained they were encouraged to keep up to date with their own development.

We saw people and their relatives had been consulted about their views of the quality of care they received annually and review questionnaires for staff. Advocacy is sought when required to assist people to share their views. The responses received were all positive.

The registered manager told us about the monthly checks they did to make sure people were receiving the right care. These included checking people had received the correct medicines, people's care plans were up to date and people were supported to manage their finances. We saw these audits had been effective as they had identified a medicines error, which had been dealt with promptly to ensure the person involved was not put at unnecessary risk.

Accident and incident records were stored on the provider's computer system. The registered manager told us this enabled direct scrutiny from senior managers and the provider's health and safety team. The records

included actions taken to minimise the risk of reoccurrence, such as referrals to healthcare professionals and staff competency assessments.

We were shown quarterly reports of the provider's quality auditing team, the results showed a high score and any deficits required action to be taken, with the date when it should be completed. For example the quality audit had identified some staff were due to have supervisions. The registered manager had responded and showed us these dates had been arranged over the next few weeks to make sure staff had on-going support to fulfil their roles and provide high quality care.