

Dimensions (UK) Limited

# Dimensions 58 Church Lane East

## Inspection report

58 Church Lane East  
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Date of inspection visit:  
08 May 2019

Date of publication:  
05 June 2019

### 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 58 Church Lane East is a residential care home that was providing personal care to four people. The premises were a converted three storey domestic premises with access to above ground level by stairs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, choice, control and independence. People receiving the service receive planned, and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

A relative told us, "[Loved one] loves it there."

People were cared for safely by sufficient numbers of suitable staff who understood the risks for each person. People received their medicines from trained staff.

Staff ensured people's care and support was planned and delivered in line with current legislation and best practice.

People were supported by staff who were appropriately supported in their role.

Staff ensured people were given choices about their food and drinks.

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 practice.

People received kind and compassionate care from staff who cared about them and their welfare.

People benefited from positive relationships with staff, a number of whom had worked at the service for a long time.

Staff ensured people received responsive care, individualised to their needs and interests. Staff supported people to access a range of activities, of interest to them.

The service was well-led, and staff were motivated and clear about their roles and responsibilities.

The registered manager was working with staff to ensure they consistently recorded the temperature of the room and fridge where medicines were stored as required.

The registered manager took relevant action to ensure all staff followed the provider's dress code regarding their nails.

Rating at last inspection:

At the last inspection the service was rated good (10 March 2017).

Why we inspected:

This was a planned inspection to check that this service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## 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 ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Dimensions 58 Church Lane East

## **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:

This inspection was completed by one adult social care inspector.

Service and service type:

This service supported people with learning disabilities and/or autism. The service was registered to support five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, choice, control and independence. People receiving the service receive planned, and co-ordinated person-centred support that is appropriate and inclusive for them.

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:

This inspection was completed on 08 May 2019 and was unannounced.

What we did:

We did not request a Provider Information Return prior to the inspection, instead we gathered this

information at the inspection. Providers are required if requested to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. As people living at the service could not fully share their experiences with us, we spent time observing the care provided to them. Following the inspection, we spoke with two relatives and an advocate. We also spoke to three care staff, the assistant locality manager and the registered manager. We reviewed two people's care plans and two staff files. We reviewed people's medication records, staffing rosters and records related to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "Oh yes, definitely [Loved one] is safe there." Staff had undertaken the provider's safeguarding training which they updated annually. They also had access to relevant policies, procedures and contact numbers for guidance. Staff demonstrated a clear understanding of the safeguarding processes, their role and duty.
- The registered manager had not needed to raise any safeguarding alerts, but was aware of the process to follow if necessary.
- Processes were in place to ensure people's monies were stored safely and could only be accessed by authorised personnel.

Assessing risk, safety monitoring and management

- People's care plans identified potential risks and appropriate measures were in place to manage any identified risks, including any equipment required. Staff were able to tell us about the specific risks to individuals and what action they needed to take to minimise the risks. We saw staff followed the risk management guidance in people's care plans.
- The registered manager told us people were encouraged to take positive risks, for example those that potentially benefited the person, by following a risk assessment and with appropriate staffing. This ensured people were able to take part in activities such as swimming. A relative told us, "Staff understand the risks." Staff confirmed they felt confident in managing potential risks to people with the information provided.
- Where people experienced behaviours which could challenge staff, there were clear guidelines in place to inform staff about how to support the person safely. There was information for staff about how each person's autism impacted upon them and their behaviours, to aid their knowledge and understanding.
- Relevant safety checks on the building and utilities had been completed for people's safety as legally required.

Staffing and recruitment

- One person's relative told us there were sufficient, suitable staff at the service.
- There were enough staff rostered to meet people's needs at all times and to enable them to participate in activities, including during the evening. There were sufficient staff to cover the one to one hours commissioned for one person.
- The registered manager told us they had focused on recruiting staff to the service and there were currently no vacancies. This was important, as people living with autism benefit from consistent staffing by staff who have established stable working relationships with them.
- A staff member was named as the team lead for each staff shift and their role was to allocate staff responsibilities. There was also a senior manager on-call, so staff could access guidance as required.

- The provider followed rigorous recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited.

#### Using medicines safely

- People had medicines care plans and risk assessments in place. They received their medicines from staff who had undertaken relevant training and completed medicine competency assessments. Staff had ready access to the provider's medicines policy for guidance. Staff had guidance for when to administer medicines people were prescribed 'as required.'
- Staff were observed to administer people's medicines hygienically and safely. They then signed the person's medicine administration record, to evidence what medicines people had been given.
- People had annual medicine reviews, to ensure they only took medicines which were absolutely necessary and not to control their behaviours, in accordance with national guidance.
- Staff had not consistently ensured they had recorded the temperatures of the room and the fridge where people's medicines were stored as there were gaps in the daily records. Medicines need to be stored at the correct temperature to ensure their effectiveness. We spoke to the registered manager who was able to demonstrate this was an area they had already identified with staff at their team meeting on 15 April 2019. They were working with staff on this to ensure temperatures were recorded daily.

#### Preventing and controlling infection

- The premises appeared clean, and processes were in place to ensure they were cleaned regularly. Staff were seen to support people with their hand hygiene. Staff wore the gloves and aprons provided for people's personal care and food preparation.
- One staff member was observed to have long, acrylic nails which were not in accordance with either national guidance or the provider's dress code. We brought this to the registered manager's attention. Following the inspection, they provided written evidence of the actions taken to address this.

#### Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns or safety issues. Processes were in place to document and review any incidents, in order to identify any changes required. Staff were informed of any changes required to people's care at their shift handovers and meetings following any incidents.



# 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

Good: 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

- A relative told us, "They look after [loved one] well." People's care and support was planned and delivered in line with current legislation and best practice. The provider's policies and procedures reflected current guidance. People's care plans documented the support they required and the desired outcomes. People enjoyed a good quality of life.
- Staff ensured they obtained copies of any assessments from agencies involved in the person's care, to inform their care planning.
- The provider issued newsletters to keep staff updated with developments in practice and staff could access information and updates via the provider's staff portal.

Staff support: induction, training, skills and experience

- When staff started their role, they told us they received a comprehensive induction. This involved reading people's care plans, shadowing more experienced staff and the completion of the Care Certificate. This is the industry standard induction for those new to social care.
- Staff completed the provider's required training, which covered a range of topics relevant to the provision of people's care and their human rights. In addition, staff underwent training relevant to the needs of the people they supported, for example, autism, to increase their understanding and awareness.
- Staff received regular supervision and were supported in their on-going professional development. The registered manager told us three staff were currently undertaking professional qualifications in social care. People were supported by staff who were appropriately supported in their role.

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

- A relative told us, "They have good food." Staff involved people in decisions about what they wanted to eat and drink. Staff sat down with people to plan their choice of meals, with the use of pictorial meal cards, to enable them to make their choices. People were offered a range of foods, to promote a balanced and nutritious diet.
- People sat down and had breakfast together. The table was well laid, to create an attractive environment for eating. People were encouraged to serve their cereals themselves, to promote their independence. Staff consulted people about their food and drink choices. Meals were relaxed and unrushed.
- Staff documented what people ate and drank to enable them to monitor that people had sufficient for their needs. People's weight was monitored to ensure they remained healthy. Staff understood potential risks to people associated with their eating and ensured they followed the guidance provided.

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

- People had health passports in place, in the event they needed to go into hospital. These ensured essential information about the person and how to support them was readily accessible.
- Staff sought and followed guidance from relevant health professionals for people as required, such as the speech and language therapist.
- Staff maintained a record of when people's health appointments were due. They also supported them to attend and noted any relevant information which needed to be taken into account about the person's care. Staff ensured people received an annual health check as per good practice guidance. People were involved with relevant healthcare professionals as required.

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

- A relative told us, "It is a nice environment, there is plenty of space and the garden." The service was secure, spacious and there was a secure garden.
- Since their appointment the new registered manager had considered how the internal space could best be utilised for people. As a result, activities resources had been re-located into a downstairs room for people, to make them more visible and accessible. They had also arranged improvements to the fencing at the front of the property. Two people had been involved in decisions about the redecoration of their bedrooms.

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

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. 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.
- Staff worked within the principles of the MCA and the Deprivation of Liberty Safeguards. Staff had completed MCA training and understood its application in their day to day work with people. Staff ensured where any other decisions needed to be made for people such as the flu jab, legal requirements were met.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- A person's relative told us their loved one was well cared for by staff. Their feedback included, "Staff are lovely. They are happy and always talking to [Loved one]" and "[Loved one] loves it there." An advocate said, "Staff are caring, they are good with them."
- We observed staff treated people with kindness and compassion. People were seen to be relaxed and comfortable in the company of staff, whom they clearly liked. Staff spoke to people politely and respectfully. They did not rush people and waited for them to respond.
- Staff marked and celebrated significant events such as people's birthdays. This ensured people felt valued and special.
- People's care plans instructed staff about how best to communicate with each person. Staff ensured when they communicated with people they bent down to their level, if the person was sat down. They used short, simple sentences and instructions, which people could understand. Staff told people what they were doing and if something was not possible, the reason why. This enabled people to make sense of their world.
- Staff told us how people's body language and vocal noises, gave them cues to what the person wanted or felt, for example, if they were happy, agitated or in pain.
- Staff told us they read people's care plans thoroughly when they started. Staff, including new staff, had a good understanding of people's preferences and interests. A person's relative confirmed, "Staff know what [loved one] likes." A staff member told us how a person really enjoyed their showers. They said, "I ensure [person] is not rushed, I put music on the phone, [person] giggles as [person] showers. You can see from [person's] eyes how [person] is enjoying the activity."
- Staff showed concern for people's welfare. A person tripped, and staff responded immediately to reassure them and check they were alright.

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

- Staff were observed to constantly involve people in day to day decisions about their care. They provided people with choices about what they wanted to do, when and how. Staff understood both the importance of, and how to involve people in decisions.
- Staff also recognised and respected people's right to say no. If a person did not respond or react to a suggestion, staff respected their right to choose.
- Staff had completed equality and diversity training, to ensure they understood how to respect and promote people's rights.
- The registered manager told us how two people had just had their bedrooms decorated with their involvement. We saw each person's room was individualised and reflected their personal interests.
- Two people had legal advocates in place to represent their interests. These people met with their

advocate regularly. The registered manager told us how a person had also been referred for a lay advocate, to represent their views and interests generally.

#### Respecting and promoting people's privacy, dignity and independence

- People's care plans informed staff of how to uphold their dignity. Staff understood the importance of upholding people's privacy and dignity during the provision of their care. Staff told us the measures they took to support people with personal care in a dignified manner.
- Staff were observed to ensure people were provided with clothes protectors if required, whilst they ate their meal. People were seen to be well groomed and well dressed, which a relative confirmed.
- There was a mix of male and female staff employed, to enable people to have a choice where possible of whether they wanted male or female staff to provide their care.
- People's relatives were made to feel welcome within the service and were able to visit as they wished.
- Staff had undertaken training in how to protect people's records. These were stored safely, to ensure only authorised people could access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: 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

- Care plans reflected all aspects of people's emotional, mental, physical and social care needs. They included their needs in relation to their protected characteristics as defined by the Equality Act 2010.
- People's care plans reflected their preferences, interests, religious needs, what was important to them and their aspirations. They documented how to support the person. Staff had a well-developed understanding of each person. An advocate commented, "Staff know them well and how they react to things." People were seen doing things noted in their care plan as important to them, such as listening to music.
- Staff ensured people's care plans were regularly reviewed and updated between reviews as required. People's relatives and representatives were invited to reviews. A relative confirmed, "We get information about reviews."
- Staff ensured people's care plans reflected their strengths and levels of independence. We saw staff encouraged people to have as great a level of independence as possible. For example, they encouraged people to join in meal preparation and made hot drinks alongside them.
- People's care plans noted their community connections. For example, where they went in the community and the facilities they accessed. This demonstrated people had community presence and were not living in isolation from their local community.
- The registered manager understood the importance of maximising the quality of life for each person. An advocate told us how the registered manager had pushed for some people to increase their day service attendance, to increase their level of activities. The registered manager had also been innovative in creating further opportunities for people's social engagement. For example, a person regularly met with a person from another service for social interaction. The registered manager had encouraged staff to explore new opportunities for activities with people.
- Staff supported people to follow their interests and take part in activities they chose, and which had meaning for them. For example, one person enjoyed football and had recently attended a match. They also liked cars and had been taken to visit car museums. One person had an external worker who took them out to do one to one activities.
- There were sufficient staff who could drive to enable people to be driven to activities where required and for days out in the service's vehicle. This enabled people to enjoy trips further afield, such as the beach.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Staff told us they used pictorial 'cue' cards with some people as required to communicate information to them, such as whether they needed to use the bathroom or were hungry.
- Staff had recently begun to keep people's notes electronically. This ensured they were, secure, immediately accessible and legible.

Improving care quality in response to complaints or concerns

- People were provided with a copy of the provider's complaints policy, in an accessible easy read format. This was also clearly displayed on a noticeboard for people. Staff told us people could raise any issues they wanted to. Staff held monthly meetings with people and these were an opportunity for people to raise any issues they wished. No complaints had been received by the service.

# 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

Good: 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

- A relative told us about the service, "It is well managed, and the deputy is nice." An advocate said, "[Registered manager] seems proactive with good ideas."
- The provider had clear expectations of staff, as outlined in their staff code of conduct and values. The provider's values were: ambition, respect, courage, integrity and partnership. The registered manager told us how the provider's values were embedded within the service from the initial recruitment of staff. This ensured staff with the 'right' attitudes were appointed. The staff code ensured staff's behaviours were in line with the provider's expectations. It also set out staff's rights and how to raise any concerns they might have through the whistleblowing process, which staff were familiar with. Staff were seen to apply the provider's values and the staff code in their day to day work with people.
- The registered manager managed three services for the provider, but ensured they spent regular time at the service. In their absence the assistant locality manager worked regular shifts alongside staff. There was good management oversight of the service.
- The registered manager had good oversight of the culture of the service. They were experienced and understood the key challenges for the service, such as staffing. Since their appointment, they had ensured the service was now fully staffed, to ensure continuity for people.
- Staff felt well supported, respected and valued in their role. They enjoyed their work and told us it was a good team to work with.

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

- Records showed where issues had needed to be addressed, such as ensuring medicine storage temperatures were recorded daily. The registered manager had been open and clear with staff about what they needed to do. Team leaders had allocated tasks for daily completion. Staff each had their own objectives within the service, to ensure there was clarity about their requirements and responsibilities. Staff had a clear understanding of what was expected of them.
- The registered manager understood their legal responsibilities. They knew when to submit notifications of significant events to CQC. They felt well supported in their role by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We spoke with a relative who told us they were happy with the communication from the service. They were kept updated about their loved one and their views were sought through the local review process and

questionnaires sent from the provider.

- People's views were sought as staff provided their care. Staff were constantly gauging and reacting to people's expressions and vocalisations. People's views were also sought through the monthly 'house' meetings and meetings held to evaluate the menus. Meetings were used as an opportunity to identify new activities within the community people would like to try or engage with.
- Staff had monthly meetings where their views and ideas were sought. Staff views were also sought through surveys. Staff ideas were built into the service improvement plan.
- Staff had ready access to the provider's policies which were regularly reviewed, to inform and guide their practice as required.
- The service was close to the town centre, which enabled people to access a range of local facilities.

#### Continuous learning and improving care

- Processes were in place to monitor performance and drive improvements for people. Staff completed daily and weekly checks. These encompassed areas such as medicines stocks and signatures.
- There was an overarching service improvement plan which was reviewed and updated monthly. Improvements made for people, included the redecoration of two bedrooms, the moving downstairs of the activities room, to make it more accessible for people, an increase in activities and external improvements.
- The service was also monitored externally by the provider's quality assurance and health and safety teams. This ensured they had oversight of the quality of the service provided.

#### Working in partnership with others

- The service worked in partnership with key organisations such as health and social services to support care provision and joined up care for people.
- Staff worked in partnership with other services people attended or accessed such as day services or additional one to one support, to ensure these were co-ordinated and organised for people. In addition, staff worked with non-statutory agencies, to ensure people could access services such as advocacy.