

Dimensions (UK) Limited

Dimensions 21 Fairfield Close

Inspection report

21 Fairfield Close, Worcester
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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

The inspection took place on 29 September 2015 and was unannounced.

The home provides accommodation for a maximum of five people requiring personal care. There were five people living at the home when we visited. A registered manager was in post when we inspected the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe around staff and looked to staff for reassurance. Staff responded to people by offering support to people in a variety of ways which included tactile reassurance, smiles and hugs.

Staff understood people's health risks and how best to care for them. Staff understood people's individual health needs and staff were always available to people should they require support.

Staff recruitment ensured staff backgrounds had been checked so that it was safe for them to work with people.

Summary of findings

People's medications were reviewed daily by staff so that people received their medication as it had been prescribed. The registered manager also completed their own checks of people's medication to ensure people received the correct medication.

Staff were supported by regular supervision and received the training necessary to do the job. They were offered further training in areas where people would benefit from the additional learning such as enhanced communication techniques.

People's care and support was offered in a way that was in line with legal requirements relating to how people can consent. The registered manager acted in accordance with what was expected of them.

People received nutritious meals that they chose. People who required a special diet were also supported to receive these.

People received care from staff that they liked and who understood their preferences. People were offered choices about their care and people indicated their preferences in a ways that was appropriate to them.

People were cared for by staff that understood how to care for people with dignity and who helped to maintain their independence. Staff recognised that that people's needs were different and responded accordingly.

People were supported to pursue interests that they liked. People were offered choice about things they should like to be involved in or decline if they wished. People were supported to maintain relationships and friendships with people that were important to them. Friendships with people living at the service as well as people living at the provider's other services were also encouraged and supported.

People and staff liked the registered manager. Staff described an easy and open relationship with the registered manager where issues important to them could be discussed.

The registered manager understood the providers' expectation of standards of care at the service. The registered manager worked with the provider to meet these standards by completing the necessary checks to ensure standards could be measured.

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.

People were comfortable around care staff. Staff understood their roles and responsibilities in keeping people safe. People received their medications as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew how to care for people and understood their health needs.

Good



Is the service caring?

The service was caring.

People liked the care staff that were caring for them. People were cared for by staff that understood how to care for people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People chose activities to participate in that they liked. People and their families understood how they could complain.

Good



Is the service well-led?

The service was well led.

People benefitted from care where the quality of care was regularly reviewed and updated.

Good



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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 29 September 2015 and was unannounced. There was one inspector in the team.

We 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.

As part of the inspection we met with people who lived at the service and used different methods to gather their experiences of what it was like to live at the home. We also spoke with two care staff, one relative and the registered manager.

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 reviewed care records, the complaints folder and communication books. We also looked at the systems in place to ensure that the service was well led. We therefore also reviewed minutes of staff meetings as well as checks the registered manager and provider made of the service.

Is the service safe?

Our findings

People at the service responded warmly to staff. We saw people smile and look to staff for reassurance by reaching for tactile contact. Care staff responded by giving hugs and touching people's arm to comfort people. One relative we spoke with said their relative was "safe" with the staff at the service.

People were cared for by staff who understood how to keep people safe. Staff described to us how they kept people safe and that they could recognise what abuse meant and who this should be reported to. Staff described to us training they had received on the subject and could also describe to us what it meant to safeguard people who used the service. For example, one staff member told us about what it meant to protect people from financial abuse. Notifications we reviewed as part of the inspection also confirmed that the registered manager understood their obligations with respect to keeping people safe.

People had access to care staff should they require support. We saw people within close proximity of staff at all times. Whenever a staff member left a room, another staff member would come in so that people were not left unsupported at any time. Staffing levels were reviewed by the registered manager and were determined by people's needs. For example, one person had recently moved in and staffing needs were reviewed and adjusted accordingly. We asked relatives about staffing levels. One relative told us they thought there were enough staff.

People's health and risks to their health were understood by staff caring for them. Staff at the service knew each person and the symptoms associated with any health

conditions they needed to be aware of. For example a number of people at the service lived with epilepsy. Care staff understood how each person's seizure was likely to present. Care staff could also identify what action needed to be taken by them. Staff undertook a handover when there was a change in shift. Staff clearly relayed how people had been that day, anything to be concerned about as well as any jobs that needed doing to better support people.

The staff told us the appropriate pre-employment checks had been completed. The registered manager said these checks helped make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

During the inspection we heard the fire alarm tested. Staff reaction to the alarm was appropriate and staff understood what to do. Staff had also been informed of emergency evacuation plans in the event of a real fire and understood what needed to be done.

People were helped by staff to take their medicines. Staff explained to people what they were doing when administering their medicines. People engaged with staff as they were taking medicines by smiling or showing positive facial expressions. Staff also understood each person's symptoms for extra pain relief. For example, one person asked for help when they described having a headache. Care staff knew the person had been unwell and the person's preference for taking the medication. For example, staff knew whether people liked to take soluble or regular tablets. Medicines were checked daily to ensure each person had received their medication as prescribed.

Is the service effective?

Our findings

Staff we spoke with confirmed they received support from the registered manager to understand their role. Staff gave examples of how they had regular supervisions meetings where they could discuss anything they were unsure about or required clarification. Staff also told us about training they had received to better support people. For example, one staff member told us about training they were about to receive to further improve their communication techniques. The staff member described how a new person had moved to the service and staff wanted to engage with the person further. Staff confirmed they could ask for additional training should they require it. The registered manager also confirmed that staff training was monitored using an online system and deadlines for the re-training of staff were flagged up for the registered manager's attention.

Staff understood the importance of ensuring people were able consent to the care and treatment they received. Staff told us they would speak to the registered manager if they were unsure about people's ability to make a decision. We reviewed how the registered manager protected people who were not always able to make decisions for themselves. We saw in three people's care records that the registered manager had undertaken capacity assessments and where appropriate involved the necessary people to make a decisions in the person's best interests. For example, one person's diet had become a concern and a best interest decision was made with respect to changing diet options available to the person for more healthier meals.

We also saw that some people were supported to make important decisions for which they had capacity to do so. For example, one person had asked staff to make a will and staff had helped the person follow the relevant legal processes.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not unlawfully restrict their freedom. Staff we spoke with understood about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoL applications and was waiting further confirmation from the local authority. They understood the process and were aware of how to access any further support.

People we spoke to were supported to make choices about the food they ate. We saw staff offer people choices. One person was shown plates for the person to indicate their preference as they were not able to communicate verbally. One person chose to have breakfast at 10:30 and staff were seen preparing the cooked breakfast of the for persons' choice. Staff understood each person's dietary needs and how best to support them. For example, one person required a softened diet whilst another required a specially prepared meal. Staff understood what times people required their meals and how their nutritional needs needed to be met. We also saw people had regular access to a variety of drinks throughout the day.

People were able to access a variety of appointments with medical professionals. One relative we spoke with told us their family member saw the GP and that help was sought when needed. We reviewed three care records and saw that people had attended medical appointments as letters from hospital confirmed they had attended. We also heard staff discuss a person's appointment with the doctor and how best to support the person so that they could attend their appointment.

Is the service caring?

Our findings

People told us they were happy with the care staff that supported them. People were relaxed and happy around staff and regularly chatted to them or engaged them in conversation. People laughed and joked with staff and appeared at ease with them.

We saw numerous examples of staff using gentle and tactile methods of reassurance to help soothe people. We saw staff regularly engage with people and understand their facial gestures. For example, one person had been sitting in the sunlight and staff saw that they were bothered and quickly pull the blinds to protect them from the sun. Staff then asked the person if it was better for them and they responded positively. We observed another example where a person had returned from a walk exhausted and had fallen asleep on the sofa. Staff got the person a pillow and blanket to help make the person more comfortable.

People were supported to be involved in their care in a variety of ways. For example, some people had been asked about decisions about funeral arrangements when the time should come. We saw where people had relatives overseas, relatives had been consulted and invited to contribute to the decision making. People were involved in their care in a way that best suited their care needs. For example, one person required Makaton and staff used this to involve the person. Another person required staff to come up close and clearly speak in front of them, and staff were observed doing this. People were consulted about when to go out for

a walk. A person indicated they were getting restless and preferred to go at that time rather than later. People had been involved in decisions about the colour of their bedroom as well as where they chose to spend their time. For example, some people preferred to stay in their bedroom whilst others liked to be in the communal lounge.

People were supported to maintain their dignity by staff who helped people retain their independence. For example, one person required support to drink and staff were seen to patiently support the person complete their drink and allow the person to dictate the pace at which they wanted to drink. We also saw staff intervene and support a person who had been given a beaker that required replacing. The staff member immediately went out and bought another one that the person could use. We spoke to staff about what it meant to treat people with dignity. Staff confirmed their understanding by explaining to us how this was applied to the care they gave. For example, one staff member told us people needed to be cared for based on their individual needs and preferences. We saw staff involve people in what they did by explaining it to them so people felt a sense of independence despite being supported.

Relatives described being able to visit whenever they chose. One relative told us they regularly phoned staff to gain an update on their family member but also felt they could choose the time they wished to visit. People were supported to contact family members through phone and email.

Is the service responsive?

Our findings

People and relatives told us they helped staff understand the care people wanted. People's needs were assessed when they first moved into the service and were regularly updated after that. One person had recently moved to the service. One relative told us their family member visited "Two or three times so that staff understood what they needed to do." A relative described how staff worked with family members and the person's previous service to ensure the person's care was continuous. Staff also described how they worked with the family member to ensure they understood the person's preferences.

People were supported to participate in a number of interests of their choice. People were supported to attend hydrotherapy, cookery as well as light and sound sessions. For example, one person enjoyed watching DVDs whilst another person liked listening to music. One relative we spoke with told us their family member was involved in lots of activities and enjoyed the activities they were supported to attend.

People were supported to maintain friendships with other people at the service and at the provider's other homes. For example, one person had visited the set of 'Coronation Street' with a friend from another location. Another person told us about a holiday to Spain with a friend from the same location. People living at the service spoke affectionately about the friends they lived with.

Staff understood how to care for people and were familiar with their likes and dislikes. For example, one person liked to engage in light hearted chatter with staff and staff were seen to regularly engage with the person. Another person indicated by responding positively to staff questions that they wanted to go out for a walk, staff then supported the person to go out for walk.

People's care was updated based on the feedback people and their relatives gave. One relative told us that they hadn't complained but felt able to raise any concerns should they need to. We asked to review complaints but the registered manager had not received any. We saw that there was a system in place for recording any complaints should there be any and that the registered manager understood how to respond to complaints. The registered manager told us about how understanding people's needs allowed them to help shape the care that was delivered. For example people had responded positively to a staff member who had previously been employed through another care provider and after appropriate checks the staff member was now employed permanently because people had said they liked them.

People were also supported to attend meetings that the provider arranged called, "Everybody Counts" meetings. The meetings supported people to discuss changes that might affect their care such as changes in the way people's finances were calculated. The provider also used the session to gain feedback about the quality of care people received.

Is the service well-led?

Our findings

People were seen regularly chatting with and smiling with the registered manager. Some people engaged in light hearted chatter whilst others showed the registered manager things they wanted them to acknowledge, which they did. Relatives we spoke with were familiar with the registered manager and felt able to discuss any issues they may have.

Staff enjoyed working at the home and one staff member told us they “loved” working there. Care staff described having a good relationship with the registered manager who one staff member said was “a great manager.” One staff member told us they “Worked well together”. Staff told us they found the registered manager approachable and supportive.

Staff were able to access the provider’s intranet site which contained all the information that was important to staff. Staff were able to review their own records as well as access opportunities that had arisen. Staff told us they were happy with the information they were given which enabled them the opportunity to develop their careers. Staff also told us they had regular team meetings. Staff told us the registered manager involved them in discussions about people’s care as well as ask them for suggestions for how things could be improved for people. Staff felt comfortable offering suggestions based on their knowledge of people they had spent time getting to know and caring for.

Staff told us although they had a good relationship with the registered manager, they knew how to escalate concerns

should they need to do so. Staff described having access to both the registered manager and regional manager should they require it. Staff also told us they understood the whistleblowing policy and understood they could report any concerns they had.

The registered manager reviewed incidents that had occurred and copies were sent to the regional manager for their review also so that any trends in incidents could be reviewed and investigated further if needed. The registered manager told us they felt supported and could speak to the regional manager if there were any concerns. The registered manager described regular meetings for managers of the providers’ different locations in order that staff could share experiences and best practice.

People’s care was regularly reviewed by the registered manager to ensure that people received high quality care that met their needs. For example, care plans, medicines people received as well as the environment were all reviewed. This ensured that the registered manager had an understanding of the service they were managing.

The provider reviewed the quality of care at the service through a number of different focussed audits. For example, the registered manager described different audits that took place throughout the year. We reviewed the location’s most recent audit which gave the location a score in different areas. Whilst nothing of concern had been noted it did allow the registered manager to understand how they were performing and any areas of improvement that might have been suggested.