Dimensions (UK) Limited

Dimensions Baily Thomas House Haysoms Drive

Inspection report

Baily Thomas House
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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

Care service description.

Dimensions Baily Thomas House Haysoms Drive is a respite service for up to six people at a time with a learning disability. People may have associated physical or behavioural difficulties. The service supports a total of 50 people through planned and agreed respite stays.

Rating at last inspection.

At the last inspection in October 2014, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met relevant fundamental standards.

People felt safe and well cared for by staff. Where risks were identified, appropriate steps had been taken to minimise these. Medicines were managed so as to reduce the risk of errors, given the frequency of their transfer between people's homes and the service. Potential new staff were subject to a robust recruitment process. Once appointed, staff received a thorough induction and training to equip them with the necessary knowledge and skills and were provided with ongoing support and development opportunities.

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 were supported to be involved in day to day household activities and tasks and had access to a variety of activities and external day services and other resources.

People, relatives and external care professionals felt staff provided consistent and caring support and they worked effectively with external care and health services where necessary. People's rights were protected and staff always sought consent before providing care. People's dignity and privacy were maintained in the way staff provided their support. The building was suitably adapted to meet people's physical needs and was fully accessible to those using wheelchairs.

The service was responsive to people's wishes with regard to their respite stays and the level of care people wanted. It had provided support in an emergency at times. People and their families were involved in planning their care and care plans were positive and enabling. Staff worked calmly and effectively with people, supporting and respecting their individuality.

The service was well led. People, families and professionals all praised the approach and flexibility of the

registered manager and staff. The operation of the service was monitored effectively and people and their families had opportunities to contribute their views about it.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service continues to be caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Dimensions Baily Thomas House Haysoms 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 checked 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 was a comprehensive inspection which took place on 24 and 25 May 2017. The inspection was announced because some of the people supported lived with Autism and might become distressed if the service did not have time to prepare them for the process. People were often out attending external activities as well, so we wanted to ensure we would be able to meet some of them. We therefore gave the registered manager 24 hours' notice. The inspection was carried out by one inspector. We last inspected the service in October 2014, at which time it was rated good.

Prior to the inspection we reviewed all the current information we held about the service and used this to help us plan the inspection. This included notifications that we received. Notifications are reports of events that the provider is required by law to inform us about. We also reviewed the last inspection report and contacted a representative of the local authority for their feedback.

During the inspection we spoke with the registered manager, the assistant manager and two of the care staff.

We carried out informal observations of the interactions between people and the staff providing their support to help us understand the experience of people who could not talk with us. We spoke to two of the people supported about their experience in the service and to three relatives.

We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including health and safety certification,

recruitment records for two recent staff and medicines recording.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People said they felt safe and well cared for. Relatives said people were safe in the care of the service and that staff looked after them well. One said, "She is safe, she likes it there." Another told us, "[Name] is safe and cared for."

Where safeguarding issues had arisen these related to the behaviour of people which put others or themselves at risk of injury. People were kept safe because each event was managed appropriately by staff to defuse the situation and keep them as safe as possible. The service had worked openly and proactively with the local authority safeguarding team. A representative of the local authority told us, "There is good communication from all staff when things are going well and when they are not. The staff are creative with solutions to enable people to be as independent as possible but also safe."

People were still kept safe by appropriate staffing levels, which varied depending on their assessed support needs. Where necessary people received one-to-one or two-to-one support. The mix of people attending respite stays was managed to avoid any known personality clashes. Owing to the varied night time staffing, it had proved more difficult to recruit to waking night posts. Night staffing was usually a mix of in-house casual 'bank' staff and external agency workers. To maximise consistency the service used a limited number of known staff from a single agency and selected from a regular group of bank staff who were familiar with people's needs.

People were kept safe by appropriate recruitment checks being carried out on prospective staff. The required records of these checks were retained. Appropriate information was obtained in advance about agency staff and the service could specify gender where necessary to balance shifts or meet individual needs.

The service provided residential respite as well as other outreach support outside of the remit of their registered provision and this inspection. Staff worked across the various services and enjoyed the variety this provided. Staff retention was good and the registered manager felt recruitment had not been unduly difficult. For example for two current vacancies, an interview took place on the first day of inspection, with another booked for the following week. The team included staff aged from 19 to 80 from diverse backgrounds, meaning people's support could be matched where possible with staff having shared experience or interests.

The required servicing and safety testing had been carried out to help ensure the environment was as safe as it could be for people. Remedial action had been taken to address any concerns. Should a vulnerable person leave the building unobserved, external doors were provided with alarms to alert the staff. People had individual fire evacuation plans which identified the support they would require to evacuate the building safely.

People had been assessed using a risk analysis tool. Appropriate, individual risk assessments had been carried out where potential risks had been identified, to minimise the risk of harm. Risk assessments led to

specific care plans or guidance when required, which did not unnecessarily restrict people's preferred lifestyles.

Two medicines errors had occurred in the previous 12 months. Appropriate notifications had been made and family informed of the error and remedial action taken in each case. People's medicines were otherwise managed safely on their behalf and staff followed appropriate administration, recording and storage procedures to reduce the risk of errors. The medicines administration record sheets provided limited space for double signatory records and records of absence or refusal, where people received medicines more than twice per day. The registered manager agreed to discuss the possibility of amending these records to provide additional recording space, although double signatures are not a legal requirement. The service worked hard to safely manage the transfer of medicines between the service and the person's home for each respite stay. For example, medicines had to remain in original pharmacy labelled containers. Where people attended day services as part of respite stays, separate medicine supplies were obtained by the respite service to reduce the risk associated with transferring medicines. Staff had been trained to administer medicines and their competency to do so was assessed and reviewed annually.

Good

Is the service effective?

Our findings

People still received appropriate and effective care and support. People told us staff were supportive and helped them enjoy their respite stays. One person said they had, "…settled well and was very happy." They added that, "Staff were helpful and friendly." Relatives said people were looked after by skilled staff who knew them well and understood how to communicate with them. Staff also kept relatives informed about people's wellbeing and worked with them to plan respite stays. One relative told us, "[Name] gets on well with all the staff but has some favourites," and said they were, "…consulted about reviews and decision-making. Another relative said, "I was involved in setting the times, I am kept in touch if there are any issues." A third relative said, "[Name] likes going there, and they talk to me too."

All recent and newly appointed staff were inducted using the nationally recognised Care Certificate induction. Staff attended a programme of core training which was regularly updated, to ensure they were kept up to date with any changes in practice or legislation. Competency checks were carried out in key areas such as medicines and moving and handling, to ensure staff worked appropriately. They received regular supervision, usually monthly, to discuss their progress and training needs and annual appraisals were in process at the time of inspection. The views of people using the service, their families and team colleagues were sought as part of the appraisal process, to provide comprehensive feedback to individuals. Staff were happy with the induction, training and support provided.

Consent was sought from people wherever possible, by staff, before supporting personal care. Where any restrictions were placed on people's liberty, appropriate consent was sought where they were able to give it. For example, raised bed sides were used to help keep two people safe from falls at night. Both had consented to their use, which had been risk assessed. Signed consent forms for specific issues were on people's files. For example regarding support with medical appointments and medicines administration.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Raised bed sides were used for one person who was unable to consent to them. An appropriate best interest discussion had taken place to support this decision. A DoLS application had been made for this restriction and for others without capacity, with regard to the alarms on external doors.

People were provided with a varied menu and were encouraged to be involved in meal preparation as much as they could and wished to be. Some people were able to make their own drinks or snacks with minimal support and this was encouraged. Advice had been sought from the Speech and Language therapy team where necessary on swallowing issues. Detailed guidelines were available to staff on the correct consistency for food and drinks and how to support the person at mealtimes.

As this is a respite service most of people's healthcare support and routine check-ups took place whilst they were at home. However, support was provided when necessary with ongoing health issues such as epilepsy. A detailed epilepsy care plan was on people's files where necessary and staff support and monitoring took such issues appropriately into account. For example, through the provision of additional monitoring equipment or staff checks.

The building was all on ground level and fully accessible for wheelchair users. It provided a respite service to up to six people per night, although numbers on any night varied according to support needs. Six bedrooms were provided, two of which have adjustable hospital beds and ensuite bathing facilities. Other accessible bath and shower facilities were provided with appropriate hoist equipment where necessary. A selection of fitness equipment was available to people who wished to use it and a range of garden activity apparatus was provided. This included a trampoline set at ground level, and a wheelchair-accessible swing. A greenhouse and vegetable plot were also present and some people liked to work in the garden with the handyman. A large communal dining and craft room and separate large lounge were available. The building was well lit and corridors were spacious. Lots of art and craft work was on display, made by people who used the service.

Good

Is the service caring?

Our findings

The service continued to provide support to people in a caring way. People and relatives told us staff were kind and caring. One relative said, "She is happy there." Another said their relative, "Had some favourite staff," and confirmed staff respected their dignity through providing female staff as preferred and supporting them to choose appropriate clothing. An external care professional told us, "The staff are very caring towards the needs of service users and their carers. The staff spend time to get to know the best way to work with carers and families as well as the service user accessing the service."

A staff member said, "We encourage people to do as much as they can". We saw staff worked in this way and supported people only as much as necessary, whilst enabling them to be involved in day-to-day tasks. Relationships between people and staff were warm and friendly and humour was used appropriately and enjoyed by people. Some people chose to entertain themselves, while others sought out time and contact with staff. Their preferences were respected, whilst providing any necessary supervision as per care plans.

Staff received training on privacy and dignity as part of their induction and shadowed existing staff for an initial period before working alone. Training was provided on equality and diversity to ensure staff understood how to work in ways to respect people as individuals.

It was evident from people's files that the staff approach was individual and personalised. Files referred often to asking the person's opinion, enabling choices and encouraging decision-making. Where people used alternative methods of communication, files gave details about this.

Staff supported people's rights, dignity and privacy in the way they worked. For example one person was risk assessed as able to bathe safely with minimal monitoring. Their care plan specified staff allow the person to prepare their own bath and to bathe in private. Their safety and dignity were supported by the staff member remaining outside the door, communicating verbally with them to monitor their wellbeing. Privacy and dignity was supported in a number of other ways. Bedrooms were provided with blinds. Partial obscured glazing was provided in one room to promote privacy, where the person might not use the blinds. People able to manage them were provided with a key to their bedroom during their stay or offered the option of their door being locked for them by staff.

People's dignity was enhanced by their involvement in the day-to-day events and activities within the service. For example one person was involved in the interview process for a potential staff member on the first day of the inspection. One person carried out their own laundry and others prepared snacks and drinks with limited or no staff support where they were able. The service had worked well with some families to help them enable people to further develop their independence and skills and thus enhance their dignity. People were actively encouraged to pursue their interests and hobbies. Staff supported people to attend external clubs and events to broaden their social networks and experiences.

Good

Is the service responsive?

Our findings

People were positive about the responsiveness of the care and support provided by staff. One person said, "Staff are helpful and friendly". They had been encouraged by staff to continue with their personal hobby as well as attending an external club. They confirmed staff encouraged them to help with daily tasks and said they could take part as much as they wanted in meal preparation and did their own laundry. Relatives said they had been involved, where appropriate in reviewing care needs and kept informed of wellbeing. An external care professional told us, "The service is flexible and responsive to service user needs."

The staff continued to provide a responsive and flexible service. People and their families were able to negotiate the pattern of respite care which suited their needs, within what the service could offer. Where appropriate, respite was provided at short notice or on an emergency basis. In one case this was done to provide support in a known environment for the person during their transition to a new service, to avoid the need for an additional unfamiliar interim placement.

Other people had been supported successfully by staff to transition between services or to move into their own homes with ongoing support. Staff had also responded positively to support families to change their approach at times, to benefit the person's independence and dignity.

Peoples care plans contained a good level of detail about their wishes, preferences and needs and provided staff with the information they needed to support them. The service was responsive to people's individual needs and provided varying degrees of support, tailored to their wishes. Where possible people were matched to key staff to lead on providing their support, based on such things as shared areas of interest, key skills or personality.

People had access to a range of equipment and activities in the service as well as being supported to attend external day services and activities. Art and craft materials were available as well as exercise equipment and garden activity apparatus. The handyman worked with some people who enjoyed helping in the garden. People were also supported to go out to cafes, shops and restaurants. During the inspection one person was supported to the shops to get themselves a sunhat and sun cream. Adaptations and equipment were available in response to identified needs. For example, adapted cutlery to enable a person to continue to eat independently. Hoists were provided and people brought in their own personal slings to ensure they were appropriate to their needs. Some people came in with individually adapted wheelchairs.

An appropriate complaints procedure was in place, available in easy-read format to assist its explanation where necessary. No complaints had been received in the last 12 months about the service. A number of compliments and thank you cards had been received in the same period. People had praised the service for its flexibility and responsiveness. Regular meetings had taken place to discuss the way things were done with the people using the service. Minutes showed discussion of a range of subjects and positive feedback from people. Relatives said the registered manager had responded positively when any issues had been raised about the service. Action had been taken to resolve issues. One said, "Previous issues were addressed well."

Good

Is the service well-led?

Our findings

The registered manager continues to provide a well-led 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 2008 and associated Regulations about how the service is run.

People and their relatives praised the approach of the registered manager. One person said the registered manager was, "very good." Another said she was, "Always helpful." Relatives were also positive about the leadership of the service. One told us Baily Thomas House Haysoms Drive was, "A well- managed service. The manager is brilliant." Other relatives said, "The manager is good" and, "The manager is really good." A representative of the local authority told us, "There seems to be good leadership within the service working closely with carers and other professionals. This has included supporting people at Bailey Thomas itself but also accessing the community from the service. When I have asked questions I have been able to get answers from a decision maker."

The registered manager monitored the care delivered by staff through continual informal observation. The assistant manager had also carried out some unannounced spot check visits. These observations were not routinely recorded but the registered manager told us any issues observed would be addressed in individual supervision or team meetings as appropriate.

The operation of the service was monitored in a range of other ways. One of the seniors completed a monthly health and safety inspection which was documented. Other weekly checks such as hot water temperatures and medicines audits were also completed. The Registered manager maintained spreadsheets to monitor the delivery of supervisions and appraisals. An organisational training record enabled staff training to be overseen. Staff had been assigned lead responsibilities, which were monitored as part of individual supervision meetings. For example the regular checks of the condition of the mattresses.

The provider carried out periodic management audits based on their in-house assessment of the needs of each service. These compliance audits included obtaining feedback from a sample of relatives. The provider carried out surveys to obtain the view of people, relatives, staff and external professionals, most recently in January 2017. However, these were collated regionally, which could mask issues within an individual service. The registered manager was able to provide copies of paper surveys completed by some people. However, surveys were usually completed via an online survey provider, and were externally collated and analysed at regional level. The paper surveys we saw provided positive feedback.

People and their relatives had opportunities to express their views. The service took part in the local 'Learning Disability Partnership Board' which included service representatives, people using the service, relatives. The meetings included presentations from relevant professionals. The provider collated improvements and suggestions arising from care reviews to identify where these should be rolled out across all their services. This encouraged good practice and ongoing development of the service. The provider

encouraged practice development in other ways. For example, though providing regular briefings on key practice issues or legislation changes for discussion in team meetings. Team meeting minutes showed these had been discussed. Copies of the provider's 'Visions and Values' and organisational strategy were available to staff.

A staff representative attended the provider's employee forum with staff from other services to discuss issues, which were then fed back to the senior management. The service had a written improvement plan to identify and monitor progress on identifies areas of development. Staff were positive about working in the service and praised the approach of the registered manager as being very supportive. One said, "You couldn't wish for a better manager," another described her as, "Very good, flexible and creative." Team spirit and teamwork were seen as positive.