Dimensions (UK) Limited

Dimensions 50 Fordbridge Road

Inspection report

50 Fordbridge Road
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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 was an unannounced inspection that took place on 13 July 2016.

Dimensions 50 Fordbridge Road is a care home which provides accommodation and personal care for up to eight people, who are living with a learning disability and have complex needs such as epilepsy and cerebral palsy. At the time of our inspection there were five people living there. People living at the home had various degrees of communication skills; they were unable to take part in a full discussion with us but we were able to engage with them and discuss their view points about the home. The home is a detached house with communal lounge, dining room, kitchen and bathroom facilities which people used. The accommodation is provided over two floors that were accessible by stairs and a lift. There was also a spacious and secure garden for people to use.

We had been informed by the provider that the home was closing down. Arrangements were beginning to be put in place for people for the smooth transition of moving out of the home. People and their relatives were involved in these decisions and their preferences and choices were respected. We conducted the inspection to review people's care and support needs during this transitional period.

The home did not have a registered manager in place. '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.' The provider had arranged temporary management coverage at the home. We have been informed the provider has submitted an application to be registered as manager with Care Quality Commission (CQC).

People and relative told us they were safe at the home. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a contingency plan that identified how the home would function in the event of an unforeseeable emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear

understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

The provider ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported by staff.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their well-being. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. Staff understood the importance of promoting independence and choice. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse care and support and this information was recorded in their care plans.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service people received.

People had access to activities that were important and relevant to them. There were a range of activities available within the home and outside.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and felt supported by the management.

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.

People had risk assessments based on their individual care and support needs.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their well-being.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and

respect. People's privacy were respected and promoted.

Staff were cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service people received.

Arrangements were in place when people moved between services.

Is the service well-led?

Good

The service was well- led.

The provider actively sought, encouraged and supported people's and staffs involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

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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.

We visited the home on 13 July 2016 and it was an unannounced inspection. The inspection was conducted by one inspector so that we did not cause any unnecessary anxiety to people who lived there.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. The local authority and safeguarding team did not identify any concerns about the home. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

We spoke to four people living at the home, two staff and the provider's assistant locality manager. We observed care and support in communal areas; looked at two bedrooms with the agreement of the relevant people. We looked at three care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, one staff record, complaints records, policies and procedures and external and internal audits.

We last inspected the home on 9 January 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and secure at the home and with the staff who provided care and support. Their comments included, "Yes I feel safe here." and "They are very good to me." People looked relaxed and happy with staff, one person gave us the thumbs up and another person bounced in the chair which indicated they were happy. There was guidance displayed in the home in easy to read format about what to do if people suspected abuse was taking place.

Staff were clear about their role in safeguarding and the systems in place to protect people. A member of staff told us, "I would report it to my manager. I know I can ring the relevant people such as the police, care manager, the safeguarding team." The home had the local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

The provider had systems in place to reduce the risk of financial abuse .There were arrangements in place to safely store people's money. We saw each person had their income and expenditure recorded and verified by the assistant locality manager. All monies were kept secure, in a locked room.

Risks to people were managed safely and in accordance with their needs. Personalised risk assessments identified a variety of risks and gave detailed information to staff on how to manage these. There was information which identified where people were at risk of injuries, falls, people's safety whilst in the community or on holiday or by exhibiting behaviour that challenged. Risk assessments and any healthcare issues that arose were discussed with the involvement of social or health care professionals such as a psychologist, GP or community psychiatric nurse. For example, one person had suffered two falls within a one week period. A plan was in place and additional support had been provided to minimise the risk of harm. The person had received hospital treatment and staff had made a referral to an occupational therapist to identify and provide guidance and support. Accident forms were also completed to record the incidents. The information provided enabled care and support to be delivered as safely as possible.

There was a system to manage and report incidents, accidents and safeguarding concerns. Members of staff told us they would report concerns to the manager. Accident records were kept. Each accident had an accident form completed, which included action taken.

People lived in a safe well maintained environment. The communal areas and corridors were free from obstacles and enabled people to move freely around the home. People had access to bathrooms that had been adapted to meet their needs; there was specialist equipment such as wheelchairs, specialist beds or bathing aids to use as required. Fire, electrical, safety and specialist equipment were inspected on a regular basis to ensure they were safe and in working order. Arrangements were in place for the security of the home and people who lived there. Entry to the home was managed by staff. We saw a book that recorded all visitors to the home.

Arrangements were in place to minimise the impact on the delivery of care during an emergency. Fire safety arrangements and risk assessments for the environment were in place. Each person had a personalised emergency evacuation plan, staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. There was a contingency plan in place should an unforeseeable event have an impact on the service provided. Staff had a clear understanding of what to do in the event of an emergency such as adverse weather conditions, power cuts or flooding. Staff told us they would use another home nearby if there was an emergency and they needed to evacuate people.

There were sufficient numbers of staff to keep people safe. The core staff team had been working at the home for a long time and had built up a rapport with people who lived at the home. The staffing numbers were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community. For example staff accompanied people to go to the local shops and café, there was always one to one support provided for safety reasons. Staff attended promptly to assist people when they requested it and we saw staff had time to chat to people.

There was a staff recruitment and selection policy in place which had been followed, to ensure that people were supported by staff who were suitable to work at the home. All applicants completed an application form which recorded their employment and training history and then went through a selection process. We saw from the records that staff were not allowed to commence employment until satisfactory Disclosure and Barring Service (DBS) checks and references had been received. A DBS identifies if a person has a criminal record.

People received their medicines on time, as prescribed and given by competent staff. Only staff who had attended training in the safe management of medicines were authorised to give medicines. Managers observed staff administering medicines to assess their competency before they were authorised to do this without supervision. When staff administered medicines to people they sought their consent, explained what the medicine was for and why they needed to take it. Any changes to people's medicines were prescribed by the person's GP.

Arrangements were in place to store and record medicines. All medicines coming into and out of the home were recorded. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive or which ones to avoid. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who are on PRN [as needed] medicines. Records included details about the dosage people were given and the reason for the administration of the medicine.

Good

Is the service effective?

Our findings

People were supported by competent staff who provided individualised care and support to promote a good quality of life. A person told us, "I like the staff, they are good."

There were sufficient qualified, skilled and experienced staff to meet people's needs. The provider ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. New staff confirmed to us that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. The assistant locality manager confirmed that they would only use agency staff as a last resort and would require the same agency member of staff to attend throughout to ensure consistency and reduce the disruption to the home. Additional duties were covered by existing staff within the home or other local homes managed by the provider that had the same training and had the skills and knowledge needed.

Staff confirmed they had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. The provider's records confirmed that all staff had received mandatory training such as safeguarding adults, epilepsy, food and hygiene, person centred care, health and safety, infection prevention and control, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Training was delivered in different formats such as online learning, DVDs and, face to face training courses.

Staff had received appropriate support that promoted their professional development. Staff confirmed they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, "I find them productive. I know where I have to improve and I am also told what I am doing right." Documentation confirmed that regular supervision and annual appraisals took place with staff. To support and promote professional development the majority of the staff team had completed an intermediate or advanced diploma in health and social care. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff with the aim of improving the care they offered to people.

Discussions with staff and further observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with instructions on how to approach people during our visit to ensure we did not cause them anxiety. By doing this they demonstrated that they knew people well and were able to provide care and support in accordance with people's needs. We read information recorded in people's care plans that corroborated what staff had told us.

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's care plans recorded where people did not have the capacity to make a specific decision and their best interests had been considered when decisions that affected them were made. Assessments had been completed where people were unable to make specific decisions for themselves, it included relevant information regarding people's authority to make decisions on people's behalf known as Power of Attorney. For example, a person had fluctuating mental capacity. There was information provided by health and social care professionals contained in their care plan to ensure all staff knew how to best support them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been completed and submitted to the local authority this included for people who wanted to leave the home unaccompanied and did not have the capacity to make this decision.

People were supported to make their own decisions and their consent was sought before care was provided. Staff checked with people that they were happy with the support being provided on a regular basis and attempted to gain people's consent. Staff waited for a response before acting on people's wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. Where people declined assistance or choices offered, staff respected these decisions.

People told us they enjoyed the food at the home. One person told us, "I can make sandwiches for myself." People were involved and consulted about the menu for breakfast, lunch and tea. There was a choice of nutritious food, snacks and drinks and alternative options were available if people did not like what was on offer. People assisted staff in meal preparation by performing tasks they wanted to do and were able to do such as peeling vegetables or laying the table. All foods that required cooking were cooked by staff due to safety reasons. People were able to choose where they had their lunch either in the dining room, the lounge or in their room. People who were able to eat independently were prompted and encouraged to do so and specialist cutlery was available for people to use. Throughout the meal we observed staff interacting with people and asking them about the food. People were encouraged to take regular drinks, to ensure that they kept hydrated.

People were supported to have their nutrition and hydration needs met. People's weight was monitored and recorded on a monthly basis. Staff told us anyone who experienced significant weight loss was referred to a healthcare professional for guidance and advice.

People had access to healthcare professionals who had specialist experience of people who had complex needs to support their well-being such as the GP, dentist and psychiatrist. We saw from care records that if people's needs had changed, staff obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals and what they needed to do to support people and staff followed this guidance. For example, staff were monitoring a person's well-being due to a change in their behaviour.

People's bedrooms were personalised with art work, photographs and items of religious sentiment and personal interest. Communal areas such as toilets and shower rooms had signs to describe the room. Areas

of the home painted in different colours helped those living with brain or sensory impairments to move around the home and to find their rooms, toilets and bathrooms.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. One person told us, "The staff are great." Another person told us, "The staff are kind."

Staff understood the importance of promoting independence and choice. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. For example, one person told us they loved attending their arts and craft classes and was so pleased they could display their finished paintings, pottery items and needlework in their room. People had the right to refuse care and support and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. People were allocated a member of staff known as a key worker who had special responsibilities for making sure a person received the care and support that was right for them and communicating this with the rest of the staff team. Staff told us the keyworker system worked well as staff were able to support people whom they shared common interests with, and had specialist experience or training to meet specific needs. They were able to talk about people, their likes, dislikes and interests and the care and support they needed.

Personalised information in care records highlighted people's personal preferences, behaviour and also what constituted as a good or bad day for people, so that staff would know what people needed from them. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed so staff had the most up to date information.

Staff approached people with kindness and compassion. Throughout our visit we observed good caring practice between people and staff. Staff always spoke to the person when supporting them; this was done in a respectful manner. For example, one person was being supported in the dining room whilst using a new walking aid, staff let the person walk by themselves whilst encouraging them to go at their own pace and offered praise when they had accomplished their goal.
Staff called people by their preferred names and staff interacted with people throughout the day. Staff checked that people were happy at each stage when attending activities, listening to music and watching television. Staff spoke to people in a respectful and friendly manner.

Privacy and dignity were respected and people received care and support in the way they wished. Staff understood the importance of respecting people's privacy and dignity and treating people with respect. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were not kept waiting for assistance with personal care. A member of staff told us, "We genuinely care about them and want the best for them."

People and relatives were involved in the discussion about their care, support needs and end of life care, documentation was provided in easy to read pictorial format so that people were able to understand and be involved in the decision making process. We observed that when staff asked people questions, they were given time to respond. Relatives, health and social care professionals were involved in individual's care planning.

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had detailed information about people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests in the local community. People were also encouraged through various social events to develop friendships with people living at other homes owned by the provider.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "They look after me, I am happy here."

Pre- assessments were carried out before people moved into the home and these were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to ensure people's needs could be met prior to them moving in and then develop care and support in accordance to people's needs.

People had their needs assessed and care plans had been developed in relation to their individual needs. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example, where people had behaviour that was challenging, behavioural charts and guidelines were in place to monitor and review their needs, as well as having safety measures in place to minimise the risk of harm to themselves or others.

Staff were quick to respond to people's needs. People were supported by staff who had access to information regarding people's individual needs and who were knowledgeable about their needs. People were provided with the necessary equipment, and support to assist with their care. For example, wheelchairs for use outside of the home, walking frames and specialist beds or bathing aids. Any changes to people's care was updated in their care record which ensured that staff had up to date information.

Information about people's care and support needs was also provided if a person required hospitalisation. This enabled hospital staff to know important things such as people's medicines, allergies, medical history, mental and physical needs and how to keep them safe during their stay in hospital.
Staff told us they completed a handover session before each shift which gave them the opportunity to share information about any changes to people's needs. This may include changes in people's medicines, healthcare appointments or general messages to staff. Daily records were completed to record each person's daily activities, personal care given, what went well, what did not and any action taken.

People confirmed that they took part and enjoyed the activities within and outside of the home. One person told us, "Look at my pictures I did them in class." The activities on offer covered a range of interests and needs such as baking, art, listening to music and external trips. We saw photographs of outings or events people had attended. Staff encouraged people to engage in activities and offered a variety that catered to people's needs and interests. For example staff knew a person loved to dance at parties but was shy. Through discussions with them, the person now attends a weekly dance class. The range of activities that suited each person meant that people were less likely to experience social isolation. People also planned their holidays with staff support.

We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with

had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The assistant locality manager maintained a complaints log. We reviewed the complaints log and noted there was one complaint about the home in the last twelve months. The PIR provided information about this incident which we were able to verify during the inspection. The complaint was resolved to the satisfaction of the complainant. The complaints procedure was displayed throughout the home in an easy to read format. This provided information about how and who to make a complaint to. We also saw lots of compliments had been received.

We were informed by the provider they had made a decision to close the home. Arrangements were beginning to be put in place for people for the smooth transition of moving out of the home. Alternative homes had been identified for some of the people living at the home. People and their relatives were involved in these decisions and their preferences and choices were respected. People had visited the homes and been introduced to people living there to start the transitional process. The provider was still looking for a property for the remaining people as they wanted them to move together as they had lived with each other for a long time and knew this would have an impact on their well-being. Staff were aware of the difficulties people faced when moving services and ensured they planned and made suitable arrangements for a smooth transition. Healthcare professionals were involved with people whose well-being had been affected by the prospective move.

Good

Is the service well-led?

Our findings

People spoke positively about the home. A person told us, "I love my home."

At the time of our inspection, the service did not have a registered manager. It is a condition of registration for a service to have a registered manager in post. We have been informed the provider has submitted an application to be registered as manager with Care Quality Commission (CQC).

People were involved in how the home was run in a number of ways and their feedback was sought. This included meetings, discussions with people and their relatives. There were 'tenants' meetings for people to provide feedback about the home. We saw minutes of the meeting that included information about each person who attended the meeting, a summary of their activities and any issues during that month. Information regarding various topics was provided in easy to read or pictorial format so that people could make informed decisions.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs. A member of staff told us, "The team work is superb, the manager is approachable." One of the concerns raised by staff was the closure of the home and the impact it will have on their future. After the inspection we raised this concern with the provider's locality manager who stated that further information will be cascaded down to staff and discussions will take place to keep staff informed of any progress.

The provider had a system to manage and report incidents, accidents and safeguarding. Incidents were reviewed which enabled staff to take action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Incidents and safeguarding concerns had been raised and dealt with, relevant notifications had been received by the CQC in a timely manner.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the staff assessed and monitored the delivery of care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans. Issues were identified and action plans put in place to rectify the concerns raised. For example during a health and safety audit it was noted that the garden shed needed to be removed, an action plan was in place to remove the shed. Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs.

We saw that the assistant locality manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt he was approachable and would discuss issues with them. Some people interacted and stayed with staff for the majority of the inspection, at no point did staff deter them from doing so.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This provided staff with guidance to enable them to provide safe and effective care.