

Dimensions (UK) Limited

Dimensions 6 The Avenue

Inspection report

6 The Avenue
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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

Dimensions 6 The Avenue is a residential care home registered to provide accommodation and personal care for up to nine people with a learning disability or who are on the autistic spectrum. At the time of the inspection the service was looking after seven people and six of them had lived together for over 30 years. There were currently two vacancies, with trial plans in place for one person to join the home.

The inspection was announced. We gave the service 48 hours' notice of the inspection because we wanted to ensure key staff were available and that we would not be interrupting any Christmas activities for people.

At the time of the inspection there was no registered manager in post at the service. The previous manager had left in November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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. A locality manager had already been identified by the provider and they will be submitting their application to register with CQC in the New Year.

The service people received was safe. The staff team had received training in safeguarding adults and knew what to do if concerns were raised regarding the people they looked after. Any risks to people's health and welfare were well managed. Staff recruitment procedures were robust and pre-employment checks ensured that only suitable staff were employed. The management of medicines followed safe working procedures and clear records were maintained. The premises were clean, tidy and fresh smelling. No infection control issues were identified.

The service people received was effective. The assessment and care planning processes in place ensured people's care and support needs were met. New staff received an induction training programme and there was an on-going mandatory training programme all staff completed. This meant staff had the right skills, knowledge and experience to deliver effective care and support. Mandatory training included Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and worked within the principles of the legislation.

People were provided with sufficient food and drink. They were supported to make healthy food choices. Each person was able to have a say about the meals that were served and they helped the support workers with food preparation. The staff team supported people to access other health and social care services as required.

The service people received was caring. People said the staff were kind and caring towards them and they were treated well. Despite there having been significant staff changes, the staff team had built good working relationships with the people they supported. People were involved in saying how they wanted to be looked after and had a say in how the home was run.

The service people received was responsive to their individual needs. Each person received a person centred service. They were supported to have a meaningful and fulfilling life with the ability to participate in the activities they liked.

The service was well led. This was because the staff team were committed to providing people with a good quality and safe service. The provider had clear and effective governance arrangements in place and there was a programme of checks and audits completed.

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 were safe because the staff team were knowledgeable about safeguarding adult procedures. They knew what to do if concerns were raised.

The management of any risks to people's health and welfare protected people from avoidable harm. The management of medicines was safe.

The recruitment of staff ensured unsuitable staff could not be employed.

There were sufficient numbers of staff on duty each shift in order to meet each person's care and support needs.

Is the service effective?

Good ●

The service was effective.

People's care and support needs were assessed to ensure the way they were looked after met their specific needs.

Staff received the relevant training to enable them to do their jobs well and were supported by the managers and their colleagues. Staff worked within the principles of the Mental Capacity Act 2005.

People were supported to eat and drink well and had a choice of the meals they were given. They were supported to see any health or social care professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and the staff team had good working relationships with them. They were able to express their view and as far as possible, made decisions about their lives.

Is the service responsive?

The service was responsive.

People's specific care and support needs were met because assessment and care planning arrangements were thorough.

People were supported to have a good quality of life undertaking a range of different activities they had chosen to do. People were listened to when they had something to say about the service and the staff team were aware when they were unhappy.

Good ●

Is the service well-led?

The service was well-led.

People were looked after in a service that was well managed.

People's views and experiences were listened to. Any comments they made were acted upon.

The quality assurance measures in place ensured the service was safe and the quality of care was not compromised.

Good ●

Dimensions 6 The Avenue

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.

The inspection was announced and was undertaken by one adult social care inspector. We gave the service 48 hours' notice of our inspection because it is a small service and those people who use the service attend other services throughout the day. This is the first inspection of this service since Dimensions (registered provider) took over the running of the service and it was registered in November 2016.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We had also received 'share your experience' comments from an agency worker who had worked for the service and had some concerns. We have followed up those issues during this inspection.

During our inspection we spoke with all seven of the people who lived at 6 The Avenue. We spoke briefly with the new locality manager for the service (not on duty), the assistant locality manager and five other support workers.

We looked at the care records for all seven people and other records related to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at 6 The Avenue. They told us, "I am very happy here and the staff are nice to me", "I am safe", "I don't like it when (two named people) shout at each other but we all get on really well" and "They (the support workers) keep me safe especially when I am outside".

People were safe and were protected from bullying, harassment, avoidable harm and abuse. Support workers completed safeguarding training as part of the provider's training programme. They knew about the different types of abuse and what action to take if abuse was suspected, witnessed or a person made an allegation of harm. The staff team were supporting one person who had made a disclosure regarding an event that had occurred away from the service and supporting them through the safeguarding reporting process. They were also working with the local authority regarding other safeguarding concerns they had raised regarding the relationship between two of the people who lived at 6 The Avenue.

The service had effective safeguarding systems in place. The provider's safeguarding policy was displayed in the main office along with relevant contact telephone numbers. Support workers said they would report any concerns they had to the locality manager or assistant locality manager but knew they could report directly to the local authority, the Police and Care Quality Commission.

As part of the care planning process any risks to the person's health and welfare were assessed and management plans put in place to reduce or eliminate that risk. For one person we saw management plans in respect of their dietary requirements, their medicines, money and finances, accessing the community, danger awareness and mobility. For another person there was a moving and handling risk assessment and a mobility plan, setting out the equipment to be used. Support workers told us this person's mobility and equipment needs were in the process of being reviewed by an occupational therapist.

The service had a fire safety risk assessment in place and this included information about each person and the support they would need in the event of a fire and the need to evacuate their home. The service also had an emergency planning and response policy. This covered electrical and gas safety, security of the premises, flood, missing persons and alternative accommodation.

The provider had a programme of maintenance checks in place. These included fire safety checks, hot and cold water checks, and visual checks of the premises and equipment. These checks ensured people were cared for in a safe place and also the staff were not placed at risk. There was already an improvement plan in place to enhance the premises as there were parts of the home that required upgrading and refreshing.

The numbers of staff on duty for each shift were determined by the collective care and support needs and social activities of each person. These were kept under review and adjusted when people had community and social activities arranged. Support workers had the right mix of skills to make sure practice was safe and the on-call arrangements that were in place meant they were able to respond to any unforeseen events. Overnight there was one member of staff available that people could call upon if they needed assistance. At the time of this inspection the seven people in residence did not require any support at night.

The service currently had a number of staff vacancies having already recruited a number of new staff. Agency staff were being deployed to cover gaps in the staff rota. On the day of inspection there was one agency worker on duty. They told us they had worked many shifts at 6 The Avenue and knew people well. The assistant locality manager said they would only ever use agency workers who knew the service. They also used support workers from other local Dimensions services.

Staff recruitment records were not kept at the service therefore we contacted the HR department in the provider's main offices. They told us that before a new recruit was given a confirmed start date all the pre-employment checks would have been completed. These included the Disclosure and Barring Service check (DBS), references, full employment history and health screening. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Each person was assisted with their medicines. The level of support each person required with their medicines was included in their support plan. There were suitable arrangements in place for the ordering, receiving and disposal of medicines. People's medicines were securely stored and support workers recorded the administration of medicines on medicine administration record charts. Those we looked at were accurate and complete. Support workers were not permitted to administer medicines until they had been trained and been assessed as competent. Their competency was re-checked regularly.

All areas of the home were clean, tidy and fresh smelling. Support workers received infection control training as part of the provider's training programme and were provided with any personal protective equipment (gloves, aprons and hand sanitising gels) they needed. Regular checks were undertaken of the environment and the provider already had an improvement plan in place to upgrade and refresh parts of the home.

Is the service effective?

Our findings

People said they were happy with the way they were looked after and were happy living with the others at 6 The Avenue. All but one of the people living in the service had lived together for 30 years.

People received effective care because their care and support was planned and delivered in line with their individual needs. The assessments of people's care needs were comprehensive and covered all aspects of the person's daily living needs, social and emotional needs. These assessments were monitored and fully reviewed on at least an annual basis. This meant any changes in the care and support required by a person was identified and adjustments made.

The service had recently recruited new support workers and had on-going recruitment in place. New support workers received an induction training. This was classroom based training and was compliant with the Care Certificate. The Care Certificate is a nationally recognised qualification which ensures health and social care staff meet the minimum standard required to carry out their role effectively. We saw four certifications of completion of the Care Certificate for newer support workers.

There was a mandatory training programme for all staff to complete and this was provided by a mix of computer based and classroom based training. This programme consisted of 17 different subjects including safeguarding adults and children, lone working, first aid, handling medicines, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition and various health and safety courses. These measures ensured that support workers had the right skills, competence, knowledge and experience to carry out their roles. Those support workers we spoke with said their training was up to date and that person specific training would be arranged as and when necessary. Dementia awareness and epilepsy awareness training had been introduced for this reason. Three staff members had completed dysphagia awareness training recently.

Support workers received individual supervision meetings with either the manager or the assistant locality manager on a monthly basis and also an annual appraisal. Feedback from people using the service and their families was gathered prior to these appraisals. Support workers were able to discuss their performance and development needs with a manager. Support workers said they were well supported by the staff team.

People were able to choose what they had to eat and drink and were provided with sufficient food and drink throughout the day. Each person's dietary requirements were assessed and they were provided with meals and drinks that met their requirements and preferences. At the time of this inspection one person was being assessed by the speech and language therapist. This was because of difficulties with swallowing and an increased risk of choking. Meals were prepared by the support workers although people were encouraged to help prepare meals and drinks where able. Menu choices were decided by the seven people who lived at 6 The Avenue on a weekly basis but support workers guided them to make healthy choices. There were no concerns regarding the body weights of any of the seven individuals.

People were supported to consult with their GP or any other health and social care professionals as necessary. One person was currently being reviewed by the occupational therapist in respect of moving and handling equipment.

People's capacity to make simple decisions regarding their daily living needs were recorded in their care records. For one person we saw a 'decision making agreement' had been made. This stated "staff must ask me questions and ask me what I would like". Where more important decisions were required best interest decisions were recorded and other health or social care professionals were involved in this. It was evident that people were encouraged to make as many decisions as they were able and were given choices when they were being supported by the staff team to make any decisions.

Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training was included as part of the mandatory training programme and staff confirmed they had received training. Those staff we spoke with had an understanding of the principles of the MCA and DoLS and always asked people that they were happy for them to provide care and support. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty of people who lacked the capacity to consent to the treatment or care they needed. DoLS authorisations were in place for five people and care records indicated expiry dates and any specific conditions.

The premises were suitable for the provision of accommodation for people who needed residential care. There was an improvement plan in place to improve the decoration of the building; new carpet was scheduled to be laid in the lounge. There was an external lift to access the property for wheelchair users but no lift inside the home ;this was being reviewed and a stair lift was being considered. Each person had their own bedroom and these were decorated to the person's own taste. There was a communal lounge, dining room, kitchen and bathroom. One bedroom on the ground floor had en-suite shower facilities. The property had a large rear garden which one person who lived at 6 The Avenue liked to look after.

Is the service caring?

Our findings

People said, "I like living here. This is my home", "They (the support workers) are very kind", "We all get on very well together" and "(named support worker) is taking us to a party tonight. It will be good fun".

The assistant locality manager was able to give us a summary of each person, their personality, their skills and abilities at the start of the inspection. They and all the other support workers spoke well about each person and it was evident there was a great deal of respect for them. Because six of the people had lived together for 30 years, they had a house party three weeks ago to celebrate. One person said, "It was lovely, the staff are so nice".

There was a person centred culture in the service. The staff team demonstrated genuine love and compassion for people and knew them well. They made sure that not only were individual's care and support needs met, but their wishes and choices were respected and acted upon.

Although the provider of the service had changed, and there had been many staff changes, this had not affected any person living in the service. They were all content in their surroundings and relaxed with the support staff. Staff told us there had only been changes in one person's behaviours but this was due to the onset of dementia.

It was evident that people were treated with dignity, respect and kindness. Those interactions we witnessed during our inspection were loving and gentle. We watched whilst one person was being supported to put their coat on. This was done with patience and a great deal of banter between the two of them. Another person told us they had wanted some chocolate biscuits and the support worker had written this on tomorrow's shopping list. When one person returned from their day activities, the support workers and other people complimented them on their Christmas jumper.

People were supported to maintain contact with friends and family and to participate in activities away from their home. Their social needs were understood. Each person had a range of activities each week, some of them with others who lived at 6 The Avenue, others on their own. People attended day activities at a day centre, worked in a shop, spent time with a volunteer who took them on outings and other local community activities.

People were supported with advocates where they had no family support or where important decisions had to be made. 'Advocacy house meetings' were held on a monthly basis and these meetings were led by someone independent from the service. The minutes of one meeting had covered meals, activities and holidays. The notes reflected that people were treated as individuals and did not all do everything together. It was evident people were encouraged to express their views, to have a say, and make choices and decisions about their lives.

Is the service responsive?

Our findings

People received personalised care that was responsive to their specific needs because of the assessment and care planning approach followed. We reviewed the care records of each person who lived in the service. Support planning focused on the person's whole life. For each there was "A Book about Me". These included photographs, drawings done by the person and information about themselves. The support plan for one person included 'things you should know about me', the person's daily routines, communication information and tips to determine how they were feeling. For this there was pictures of different facial expressions and what these meant.

For another person their support plan stated they were currently under review by the speech and language therapist because they had previously choked on some food. The plan provided clear guidelines for the staff team on their meal time requirements. Their support plans had been updated in March and October 2017. An example in one other person's support plan evidencing a person centred approach was the statement "I must have these things in my hand bag". This person showed me their handbag and said, "I have to have all this with me otherwise I get upset".

Support plans were updated every six months and person centred reviews were held on a yearly basis. People were asked who they wanted to be involved in the yearly reviews and this could include family and health or social care professionals.

Examples of other care documentation completed for each person included a one page profile (a summary of their care and support needs). These listed 'what people liked about me, what was important to me and how to support me well'. There were records about what was a good day and a bad day for each person and 'My dreams for the future'.

Each person had a weekly programme of activities. These included activities at a local day centre, working in a shop, spending time with a volunteer on a weekly basis and doing community based activities, belonging to local clubs including a cycling group and gardening. One person was supported to go to activities in the evening and to visit friends in another care service. Each person had a period of time for one to one time with a support worker and this was generally used for shopping outings. Each person also had a 'home day' where they were supported with housekeeping tasks and laundry.

People were supported to raise any concerns they may have. This could be done at any time but people were reminded during their support plan reviews and the advocacy house meetings. A copy of the provider's complaints procedure was displayed in the home and was in an appropriate format for people to understand. Where required, people's support plans included information about how a person would present if they were unhappy but unable to verbally communicate this. For example, 'if I am not happy I will hold my hands down by my side and flick my thumbs out.'

Is the service well-led?

Our findings

We did not receive direct feedback from people regarding whether the service was well led however it was evident the service was very homely and people were very happy there .

When we announced this inspection the assistant locality manager told us they would be available. A new locality manager had recently been assigned to the service who also managed one other Dimensions service in Keynsham. This manager was already registered with the Care Quality Commission and was aware they needed to apply to add the location of 6 The Avenue to their registration.

Our discussions with the assistant locality manager and the support workers demonstrated the staff team's commitment to providing people with a good quality, safe service where each person received all the care and support they needed and their life was meaningful and fulfilled. It was explained there had been challenges because of this being a 'new service' with a new staff team alongside an established group of people who had lived together for 30 years.

In Spring 2017 a quality check was undertaken by an independent community interest company in Bath and North East Somerset (funded by the main local authority who fund placements in the service). They looked at the premises, discussed changes in the staff team, staff training and assessed whether people had choice and control over their lives. Three recommendations had resulted from the visit and improvements had been made, although the upgrading of the premises were on-going.

The service had clear and effective governance arrangements in place. There was a programme of audits that had to be completed by the staff team at the service. A full finance audit was completed on a yearly basis; this included people's own personal monies and the home's petty cash. External professionals came in to complete these but weekly checks were completed by team leaders and monthly by the assistant locality manager. Medicine stock checks were completed monthly with weekly checks of the medicine administration charts. Care and support plans were reviewed yearly but updated as and when necessary.

The provider also had a schedule of daily, weekly, monthly and six monthly health and safety checks that had to be completed. Daily checks included electrical checks, fridge and freezer checks. Weekly checks included the fire alarm, the vehicle checks, water temperatures and online accident and incident reporting. Monthly checks were made of the first aid box, fire safety equipment and the premises. These checks ensured the quality and safety of the service and the premises were maintained and where improvements were identified, action was taken.