Dimensions (UK) Limited

Dimensions Broomfield 40 Gladstone Road

Inspection report

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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

We undertook an unannounced inspection of Dimensions Broomfield on 20 September 2018. The last inspection of the service was carried out on 21 October 2017. At that time, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations, and one breach of the Care Quality Commission (Registration) Regulations 2009. These breaches concerned the recording of necessary checks, and notification of incidents.

Following the inspection, the provider sent us an action plan in January 2018. This described what they were planning to do to comply with the regulations and to improve in specific areas. At this inspection, we reviewed the actions the service had taken to meet the regulations. We found that the necessary improvements had been made.

Dimensions Broomfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions Broomfield can accommodate three people in one adapted bungalow. At the time of our inspection, three people were living there. Broomfield had three bedrooms with shared bathroom facilities and communal living areas which were accessible to all. This included a living room, kitchen and dining room, as well as a garden. There was also office space and staff sleep-in facilities.

The service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post at the time of our inspection. 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.

Effective recruitment procedures were followed to ensure prospective staff were suitable to work in this service. Sufficient staff were employed, and they received training in a range of subjects to make sure people received safe and effective care.

Staff knew how to keep people safe from potential abuse and harm. Systems and processes were in place to help keep people safe.

Medicines were administered to people as prescribed and checks were in place to ensure this was done safely. Staff received training and their skills and abilities in this area were checked.

Policies, procedures and checks were in place to manage health and safety. This included the reporting of incidents and accidents, as well as regular equipment checks and maintenance.

Staff knew people's needs and preferences, and were compassionate and caring. People were comfortable around staff, and relatives told us that staff were patient and supportive.

People were enabled to make choices where possible, for example with food. We saw staff supporting people to eat and drink, and people had a balanced diet.

Staff contacted healthcare professionals promptly when there were concerns about a person's health, as well as for routine checks and monitoring.

Relatives told us that they were consulted and informed about people's care. Records were clear and reflected people's needs and preferences.

People had access to a complaints procedure and they were confident any concerns would be acted upon.

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 remains caring	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service was well-led Systems to monitor and review the quality of care were effective, and notifications were provided to CQC as necessary. This had improved since the last inspection. Staff felt supported in their roles, and there was a positive staff culture. People and their relatives were asked for feedback about the service.	Good

Dimensions Broomfield 40 Gladstone Road

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 20 September 2018, and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form which gives key information about the service, what the service does well and any improvements they plan to make. We also looked at the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed other information to help inform us about the level of risk for this service. We considered this information to help us to make a judgement about the service.

People living at the service were unable to communicate verbally. After the inspection we contacted two people's relatives by telephone to seek their views about the service. We also contacted three health and social care professionals after the inspection. During the inspection we spoke with the registered manager and three members of staff.

We looked at the care records and medicines administration records for everyone living at the service. We reviewed the files of four members of staff, and examined staff training records. We also looked at a range of records and documents including meeting minutes, policies, audits and environmental reports.

Good

Is the service safe?

Our findings

At the last inspection, we made a recommendation to the provider to improve the guidance it gave to staff about the use of creams, ointments and medicine patches, in line with best practice. This included providing accurate information, sufficient guidance and following storage guidelines.

At this inspection we found that the provider had made the necessary improvements to support the safe management of medicines. Creams and ointments were dated to show when they had been opened, and there were risk assessments in place for paraffin based creams. There was guidance for staff about where to apply creams and medicine patches, and records were complete and up to date.

Medicines Administration Records (MAR) were clear. These records showed that people were being given medicines correctly and at the right time. Each MAR had a front sheet with a photograph of the person and their date of birth. However, we suggested to staff that these front sheets be updated to include people's known allergies and make details clearer.

People's medicines were securely stored in their bedrooms. There were appropriate arrangements for storing and recording medicines that required extra security.

When people went out on community activities or trips, medicines were signed out of the service, and back in when the person returned. This meant that staff could safely account for medicines at all times.

We observed medicines being given to one person. Medicines were given in a safe and caring way, and staff were knowledgeable about people's needs and the medicines that they took.

Some people had tablets crushed and taken with yoghurt to enable them to swallow the medicine safely. Records showed that safety and best interests had been taken into account, and staff told us that they had received guidance from the person's GP and pharmacist about this practice.

There had recently been a change to practice following a medicines error. Appropriate actions had been taken at the time, and people now received all their medicines in their bedroom with two staff present. Staff carried out detailed checks of practice and process at least twice a day, and medicines management was regularly audited.

Staff received training in medicines administration, and their competence was checked regularly. We saw records of the theory and practice competency checks that had been carried out.

People's relatives told us that they felt their family members were safe at the service. One relative said, "I always go without announcement. They don't know I'm coming." This person went on to tell us that they had never found any problem or cause for concern at the service. Another person told us that they had been a little worried that there was only one member of staff on shift at night. However, they had been reassured when they understood that there were procedures in place to call on other staff if needed.

We asked staff about what they would do if they saw or suspected any harm or poor care at the service. All the staff we spoke with confirmed they had received training and regular updates about safeguarding vulnerable adults. Staff were clear about who they would report concerns to and all knew how to raise concerns at a higher level if needed. One staff member said, "We work as a good team, and nothing is swept under the carpet. I would always tell someone, that's crucial." Another staff member described who they would raise concerns with, and stated that they felt confident to do so. The provider had policies and systems in place which supported staff and people to be safe.

Risks had been identified by using assessments that included control measures and actions to manage specific risks. We saw assessments of manual handling, personal care, eating and drinking, medication, accessing the service's vehicle and epilepsy. The information and guidance within the risk assessments told staff how they could safely support people and ensure risks were managed in a consistent way whilst promoting and maintaining people's independence.

We saw records and evidence to show that safety checks and maintenance were carried out to ensure the environment, equipment and services were safe. This included checks of hoists and slings, gas and electricity supplies, water temperatures and safety, and fire alarms and equipment.

Fire drills took place regularly at the service. A record of these was kept detailing the outcomes, issues and any actions required. Systems were in place to keep people safe in the event of an emergency. For example, in the event of a fire each person had an emergency evacuation plan (PEEP) that told staff how to support people if they had to be evacuated from the home.

A contingency plan was in place to provide guidance for staff about what to do in different emergency situations.

People were protected against the risk of infection. Infection control information was available, and staff were aware of this. The service was clean and tidy and there were no offensive odours. Cleaning rotas were in place and tasks were routinely carried out by staff.

Staffing levels met the identified needs of the service, and staff told us, "It's a good team. We make sure we do what's needed." Relatives added that there always seemed to be sufficient staff on shift. Rotas were planned to ensure staff could support people with activities, and there was flexibility with this. Although agency staff were used at times, the service always used regular agency staff. This meant that people were cared for and supported by staff who knew them.

Safe recruitment and selection procedures were in place. Staff files were held centrally, but we were able to access online records during the inspection. We saw that pre-employment, identity and other checks had been carried out to ensure staff were suitable to work with vulnerable people. This included Disclosure and Barring Services (DBS) checks. A DBS check allows employers to confirm whether the applicant has any past convictions that may mean they are unsuitable to work in this kind of service.

Good

Is the service effective?

Our findings

People's relatives told us that they felt their family members received effective care. One relative said, "The staff really try to build relationships, and maintain relationships." Another added, "I'm happy with the service, it's consistently high quality, and they go the extra mile with [name]."

People's needs were assessed effectively and staff understood the needs of the people they were supporting. The service aimed to achieve effective outcomes by assessing people's needs and choices and delivering individualised support to provide a good quality of life.

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.

Mental capacity assessments had been carried out. Where people lacked capacity, best interest decisions had been made. These had been documented.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications and updates had been made as necessary to the relevant local authority. The registered manager had reviewed and followed up the status of DoLS applications within required timeframes. This ensured that restrictions were lawful, and people were supported in line with the principles of the MCA.

Staff had received training and followed the principles of the MCA. Staff and relatives told us that people were given choices and encouraged to make decisions where possible. A staff member said, "We never assume they can't make a decision." Staff told us about how they supported one person to make choices about day to day matters such as food and clothing. The person was encouraged to choose clothing by pushing away the items that they didn't want to wear.

People were supported by staff who had received training to ensure they had skills that they needed to provide effective care and support. Essential training included health and safety, fire, safeguarding, manual handling and food and nutrition. Staff also received training in the use of person centred tools and epilepsy care and management. Staff told us that most training was done online, and that it was relevant and interesting. The records we saw showed that all staff were up to date with essential and additional training.

Staff received regular supervision. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service. Staff told us that they were well supported in their work.

All the people living at the service had swallowing difficulties and required specialist textured diets. Everyone had been assessed by a speech and language therapist. Detailed information was provided in individual care files as well as on people's placemats which were kept on the dining table. Information provided included, "[Name] needs [their] food blended to a smooth consistency with no lumps. [Name] enjoys all drinks hot or cold. [Name] loves [their] drinks and likes to be offered them regularly…[Name] can eat fast and doesn't chew, therefore [they are] at risk of choking and aspiration…even though it may seem [they] want to eat quickly, please ensure a slow, steady pace." Staff were also asked to blend foods separately so that people could taste the individual flavours. The guidance about food, hydration and nutrition was clear and meant that people were safely supported to eat and drink.

People had good access to healthcare appointments and specialists. Each person had a Health Action Plan which contained information about their health and wellbeing as well as records of appointments at routine and specialist services. These records were detailed and up to date. Staff demonstrated that they understood the health needs of the people they were supporting. For example, staff had received training in epilepsy, and knew how to safely and effectively manage each individual's different needs in this regard. A staff member told us, "People's health needs are always dealt with quickly."

The service was accessible and the layout considered people's mobility and transfer needs. People's rooms were decorated to suit their individual needs and preferences. There was enough space for staff to move around with wheelchairs, although some doorways were narrow. Staff told us that there was a plan to widen some doorways. Hoists enabled people to be safely positioned throughout the service. As identified at the last inspection, people had to go through one person's bedroom to have a bath. Staff and the registered manager told us about the plans which were in place to change the layout of the building.

Good

Is the service caring?

Our findings

People received care from staff who were kind and who knew them well. We observed staff providing support with warmth and kindness and there were positive interactions between staff and people using the service. For example, when staff arrived at the service, they all greeted and spoke with the person who was in the living room. Staff showed interest in the wellbeing of everyone who lived at the service. One relative said, "The staff are excellent – all of them. I couldn't ask for more." A staff member told us, "The team all care deeply about the people we support. We want to work at this house. We choose to be here."

People living at the service appeared comfortable around staff. Staff were patient in their interactions with people and were able to describe people's needs, abilities, preferences and potential to us. Staff told us that they had enough time to spend with people and they spoke positively about their role. One member of staff told us, "We always try to be fair, and think about the individual. We always think about their abilities and points of view."

Staff told us that they maintained people's privacy and dignity at all times. One staff member described how they would support a person when bathing. Another staff member told us about how they were mindful of a person's preference to remain covered during personal care activities. One staff member said, "Dignity and individual preferences are top of our list."

Care plans were in place and were specific to people's needs and abilities. Information was provided for staff about people's wishes and preferences. The information in care records was personalised, and staff told us that they could access these at any time. This meant that staff were able to provide individualised care which met people's needs and promoted their independence.

Information was kept securely in line with the General Data Protection Regulations, and staff understood the principles of protecting people's confidentiality.

People were not able to be actively involved in aspects of the service and their care, but relatives told us that they were encouraged to express their views and be actively involved in their family member's care. The provider had asked friends and family members for feedback about the service, and positive results were shown. Relatives and staff told us that visitors well always made to feel welcome at the service. One relative said, "They always welcome me with open arms."

Advocates were used by the service to support people and their families in decision making and planning appropriately. Advocates are independent people who can give support and advice, and can represent the person about decisions in matters such as care, finances and health.

Good

Is the service responsive?

Our findings

Staff supported people to engage in activities which met their preferences and needs. Activities were varied and meant that people had routines and balance in their life. For example, one person enjoyed going to church each week, and staff ensured that this activity was prioritised. Another person liked listening to loud live music, and staff had identified an accessible venue that the person enjoyed going to regularly. The service also arranged trips to local restaurants and entertainment events as well as attendance at day facilities. A relative told us, "I have no problem with the amount of activities or what [they do]." Another relative said, "They take activity seriously." The provider had a vehicle which enabled people to access the community, but people also used local bus services with staff. In these ways people were supported to take part in a range of activities which were socially and culturally relevant to them.

Relatives told us that they were invited to care reviews, and that they felt involved and included in their family member's care. One relative told us that they would like to have more notice about when reviews were being held, but all were satisfied that they received enough relevant information from the service on a regular basis.

Support plans were person centred and reflected individual needs. Plans contained information about people's likes, dislikes and preferences. For example, food and personal care preferences, favourite activities and information about communication needs. Support plan headings included, 'What's important, how do I want life to be and what's working / what's not. People had not specifically been involved in developing their own support plans, but staff had obtained information from relatives and other services where possible.

Although staff knew people well, support plans also provided detailed information about how each person communicated. One heading in a care record stated, "The most helpful things you should know about my communication." A record stated, "There are many other ways in which I communicate including eye contact, vocal sounds and facial expressions." The communication summary in care records provided possible explanations about the sounds people made or their behaviour. This meant that staff had relevant information to ensure they could provide care and support which responded to each person's unique needs.

Information about people's health needs was detailed. For example, some people had epilepsy, and staff were guided about how best to support them and what to do in particular situations or emergencies. Information about people's seizures was well documented, and the staff we spoke with could tell us about what they would do in specific medical emergencies.

Staff were able to describe how they supported people on a day to day basis. Important information and changes were communicated to staff through handovers, use of a diary and face to face within the small team. We highlighted to the deputy manager that staff had not signed the handover sheet where indicated. The deputy manager agreed to address this following the inspection. Effective communication ensured staff knew about and could respond to people's current needs in the most effective way.

Although no-one living at the service required support with end of life care, people's support plans contained information about their end of life preferences. The detail provided was brief, but it gave guidance to staff. Relatives had been involved in this aspect of people's care.

No complaints had been made about the service since the last inspection. A complaints policy and an easy read version of this were available. Relatives told us that they knew how to complain and said that they would feel comfortable raising any concerns with a staff member or the registered manager. One relative said, "I haven't had to complain about anything, but I'd be confident in doing so." Another stated, "I'd be happy to speak with any of the staff or the manager if I had a complaint." Staff also told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

Good

Is the service well-led?

Our findings

At our last inspection, we found that the provider had not met regulations regarding notifying CQC about certain incidents. Some checks and records were inaccurate or incomplete. This meant that systems did not effectively monitor the quality of care and support that people received.

At this inspection, we found that checks and associated records were being appropriately completed. This included checks of health and safety, fire procedures and equipment checks as well as reviews of quality and compliance and service improvement plans. The service improvement plan was up to date, and quality and compliance reviews were being carried out regularly. Findings and actions were developed from completed checks and audits. This supported the service to learn and improve.

During this inspection, we highlighted to the deputy manager that some shortfalls remained. For example, the frequency of some checks was incorrectly recorded on the forms, and others (for example, infection control) would benefit from more in depth regular checks being carried out.

Staff told us that they felt supported and valued in their roles. When we asked a staff member what was good about the service, they stated, "It's hard to think of one thing, it's all so good." The staff we spoke with were well motivated.

When talking about the team, staff said, "There's a really nice vibe here. The team are really good," and another staff member told us "We always listen in this team. We share things." A relative told us, "There's been a bit of turnover of staff, but there's a few long termers. That gives continuity. They provide a good service."

Staff told us that they were involved in aspects of the service, and we saw minutes of staff meetings which confirmed this. Staff meetings were held approximately every six weeks, and updates on matters such as local and regional updates and events were provided.

Staff and relatives told us that they felt able to speak with the registered manager at any time. We saw staff asking the registered manager for advice and support about a range of matters during our inspection. Staff said that they were well supported by the registered manager. One staff member said, "The manager's really approachable. I can discuss any concerns," and another told us, "I get good support from management and the team."

The provider had developed a set of values which staff were aware of and understood. These were 'ambition, courage, integrity, partnership and respect', and the provider was clear that staff were expected to demonstrate these values. We saw staff promoting the values during our inspection.

Relatives were asked about their experiences and opinions by the provider in a survey.
We saw feedback from the survey that was carried out in 2017. Responses were positive, although it is noted that this was a national survey. Relatives told us that they were also asked to provide feedback about

individual members of staff for performance reviews. This showed that the provider encouraged open communication to help improve services.

The provider had a range of policies and procedures in place. This included an equality and diversity policy, complaints procedure and medication policy. Some documents were written in an 'easy-read' format.

The registered manager was aware of their responsibilities and had the rating from their last CQC inspection on display. This rating was also clearly on display on the provider's website. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.