

Dimensions (UK) Limited

Dimensions 87 Hazel Avenue

Inspection report

87 Hazel 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

About the service

Dimensions 87 Hazel Avenue is a residential care home providing personal care for five people at the time of inspection who were living with a learning disability or/and autism. The service can support up to five people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People received a service that was safe, effective, caring, responsive and well led.

Systems were in place to keep people safe from the risk of harm and abuse. People's needs were met by suitable numbers of staff who knew them well. People received their medicines as prescribed and were protected from the risk of infection.

People using the service received planned person-centred care and support that was appropriate and inclusive for them. The service worked closely with other health professionals to ensure people's health needs were met.

People were treated with kindness and respect and staff spoke fondly about them. People's privacy and dignity were respected, and they received personalised care which was responsive to their individual needs.

People had support plans in place which covered a range of information about them, their life histories, preferences, likes and dislikes and their support needs. The provider sought feedback from people's families to improve the service.

The registered manager had a sound overview of the service and had effective systems in place to monitor safety and quality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dimensions 87 Hazel Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Dimensions 87 Hazel Avenue is a care home for up to five people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with three relatives about the care their loved ones received. We spoke with three members of staff and the registered manager. Due to the people living in the home being unable to speak with us we used observations of care provided to them.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable and had attended training on safeguarding. This informed them about the signs of abuse, what to look out for, and how to report any concerns should they have any.
- Staff felt confident the registered manager would deal with any safeguarding concerns effectively.
- Relatives and staff we spoke with told us that they felt people were safe. One relative told us, "Yes I feel [Loved one] is safe here." One staff member told us, "People are very well cared for here and safe."

Assessing risk, safety monitoring and management:

- Environmental risk assessments were carried out, such as gas, electrical and fire safety checks. This was to ensure people were safe in the premises.
- People had comprehensive risk assessments in place to manage risks, such as the risk of pressure areas or risk of choking.
- We noted, where appropriate, people had a behaviour management plan in place. This is a plan for people who may present with behaviour that may challenge. These plans were detailed and had clear instructions for staff on how to manage and de-escalate potential behaviour that may challenge.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. Relatives and staff confirmed this.
- The provider's recruitment process was robust and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicant's' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Where the provider needed to use agency staff, they had the same staff consistently which meant they knew people and their needs well.

Using medicines safely

- We observed staff followed procedures to ensure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.

- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. We noted throughout the inspection, staff used these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to identify trends, lessons and improvements to people's care.
- The registered manager told us, following a person having fallen following a seizure, the provider put extra measures in place as they learnt they were more at risk of falls at this time.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives and staff told us people received effective care.
- People's care needs were assessed and care plans were created and were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and information was clear so staff knew what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as autism and epilepsy.
- The registered manager had an effective system to monitor that staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff ensured people had enough to eat and drink and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for, such as thickened fluids or soft food.
- Staff worked with speech and language therapists and followed recommendations with regards to people's eating and drinking requirements.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, speech and language therapists, pharmacies, GPs and occupational therapists to meet people's needs, we saw evidence of this in people's care files.
- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs.

Adapting service, design, decoration to meet people's needs

- The service is a house located in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs and walking frames to ensure people could remain as independent as possible.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs well.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively. Some people had epilepsy. There was clear information for staff and training to be able to support this person if they were to have a seizure.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One relative told us, "[Loved one] is always well looked after and well-presented and clean."
- People had developed caring relationships with their care workers.
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for where possible. For example; where a person communicated non-verbally, the service had identified how the person communicated and what certain eye movements or signs or noises meant for them. Staff knew how to communicate with the people they supported and knew them well.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support decisions as were their relatives where this was appropriate. We saw details of this in people's care files.
- The provider ensured people and their families could give feedback regarding the service in a number of ways to gather people's views on the service provided. People could feedback face to face, by email, text or phone. The provider sent out an annual feedback form for relatives should they wish to feedback in this way. The provider had not had responses due to the small number of people in the home and the families had a good relationship with the registered manager and staff.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff confirmed people were treated with dignity, respect and their independence was promoted as much as possible. One relative told us, "[Loved one cannot do anything for themselves, but dignity and respect are always used."
- We observed staff promoting people's independence and respecting their privacy and dignity. One staff member told us how they would support people with personal care but also encouraged them to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in comprehensive care plans which contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as using visual aids and signs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance to ensure people living at the home led as full a life as any person. People were supported to take part in activities both in the home and in the community. Activities consisted of trips to the library, some people attended a day centre where they could access arts and crafts, cooking and social activities. Day trips were offered to the seaside and boat trips. The provider also took people away on holiday once a year. The provider arranged for massage and aromatherapy therapists to come in. These therapies helped people to relax.
- Event days were also held for Valentines day, Christmas and Easter as well as to celebrate birthdays.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had been no complaints since our last inspection.
- Relatives told us they were aware they could complain but had not needed to.

End of life care and support:

- The provider was not currently supporting anyone at the end of their life.
- We discussed how the provider would support people at the end of their life should this be needed. They told us how they would liaise with the GP and palliative care services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff consistently told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care. One staff member told us, "There is a good staff team. The manager is really approachable, and I can always ask for help if I need it."
- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The registered manager observed staff to monitor the quality of the care being given.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes in place to monitor effectively the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as identifying staff refresher training was due.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had regular contact with people's families to keep them involved in their loved one's care. Relatives visited regularly and with the home being small it meant relationships and communication were good with regards to updates and feedback.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care

- The management team had a service improvement plan.
- Actions in the plan came from audits, team meetings, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as social workers, the local authority and commissioners.