

Dimensions (UK) Limited

Dimensions Southampton & New Forest Domiciliary Care Office

Inspection report

Mill House Centre
Mill Road, Totton
Southampton
Hampshire
SO40 3AE

Tel: 08451601778
Website: www.dimensions-uk.org

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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

The inspection took place on 23 November and was announced. The inspection continued on 24 November and was again announced.

Dimensions Southampton & New Forest Domiciliary Care Office is based on the outskirts of Southampton and provides care and support to people with learning disabilities and autism. At the time of the inspection the service was delivering personal care to 68 people.

This service provides care and support to people living in 26 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provides personal care to people living in their own houses and flats in the community. It provides a service to disabled adults with learning disability and autism.

Not everyone using Dimensions Southampton & New Forest Domiciliary Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The operations director was in the process of becoming the registered manager. The application had been received by our registration team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were holistically assessed and reflected choices and preferences which in turn ensured that people were supported to achieve life changing outcomes. The service had worked closely with people to ensure that additional specific personalised goals were set. Families told us that they felt the service had made a real difference to their loved ones lives.

The service worked in partnership with local GP's and other health professionals to regularly review and assess medicines in line with Stopping over medication of people with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The service was able to show us how this had had positive life changing impacts on people's lives.

People's independence was promoted through the effective use of equipment and technology. This enabled people to access areas of their home, community and complete personal care tasks independently.

People were supported by staff who received regular training specific to their needs. An inclusive and innovative appraisal system was used. 360 appraisals took place across the service. This meant that feedback was gathered from people and the families about staff performance and the delivery of care.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training. People were provided with information about how to keep safe and were asked their desired outcomes following any alert made.

Effective positive behaviour support plans had been completed and were up to date. These gave staff clear guidance on how best to support people which had led to positive outcomes.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. People's records contained assessments of their capacity and where decisions had been made in people's best interests around their care and treatment these were recorded.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

There was an infection control policy in place and regular cleaning took place in locations to prevent and control the risk of infection.

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had attended food hygiene training.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and noted that it contained positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. The management had good relationships with people

and delivered support hours to them.

The service was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They also understood their reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team and an internal quality team. Internal Quality Checkers also visited locations and completed quality reports. These Quality Checkers were people who received services from Dimensions and had direct experience of using services and know what to ask and where to look to find answers.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were supported by staff who had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were protected from harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

People were protected by the prevention and management of infection control. Policies, equipment and schedules were in place.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective. People's needs and choices were assessed to achieve life changing outcomes.

The service worked effectively across organisations during transition and admission to assess, meet and whenever possible exceed expectations.

Technology and equipment was used to enhance and promote people's independence.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. People's capacity was assessed and best interest decisions recorded.

Staff received training, supervision and 360 appraisals to give them the skills and support to carry out their roles and meet

people's assessed needs.

Staff supported people to maintain and understand healthy balanced diets. Dietary needs were assessed where appropriate.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with and treated them with kindness and compassion.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to and understood their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

Information was provided to people in a variety of formats in line with the Accessible Information Standard.

A complaints procedure was in place which included an accessible easy read version. People and relatives were aware of the complaints procedure and felt able to raise concerns with staff.

End of life care processes were in place which made sure that people's preferences, beliefs and choices were respected.

Is the service well-led?

Good 

The service was well led. The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The majority of management were flexible and delivered support hours as and when necessary..

Regular quality audits and service checks were carried out to make sure the service was safe and delivered high quality care and support to people.

The management team and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour and demonstrated an open, honest approach.

People, staff and relatives felt involved in developing the service.

The service worked in partnership with other agencies in ways which benefitted people using the service.

Dimensions Southampton & New Forest Domiciliary Care Office

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.

Inspection site visit activity started on 23 November and ended on 24 November 2017. It included visits to three locations and the central office. We visited the office location on the morning of 23 and all day on 24 November to see the manager and office staff; and to review care records, policies and procedures.

The care service has been developed and designed 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.

The provider was given 48 hours' notice. This was so that we could be sure the manager or senior person in charge was available when we visited and that consent could be sought from people to a home visit from the inspector. The inspection was carried out by a single inspector on day one and an inspector and expert by experience on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to supporting people with learning disabilities and autism.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that

affects the running of the service and the care people receive.

We had not requested a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We collected this information as part of the inspection.

We spoke with four people who used the service and eight staff. We had telephone conversations with 10 relatives and one professional who had experience of working with the home.

We spoke with the operations director and four locality managers. We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 satisfaction survey results. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.

We visited three supported living locations and observed care being delivered to people some of whom were non-verbal.

We asked the operations director to send us information after the visit. This included policies and the staff training record. The operations director agreed to submit this by Tuesday 28 November 2017 and did so.

Is the service safe?

Our findings

Dimensions Southampton & New Forest Domiciliary Care had regular systems in place to ensure proper and safe use of medicines. Audits and stock checks were completed. Medicines were stored securely and keys to medicine storage were held by authorised staff. Medicines were only administered by trained staff who had been assessed as competent. We reviewed medicine administration records (MAR). People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that records were legible and complete. A relative told us, "(name) has their medicine on time. They (staff) are very on the ball with that". Another relative said, "My loved one has a 'skin problem'. It's a lot better because they (staff) have been making sure the cream is applied. They keep my loved one so well".

At the time of the inspection no one was receiving covert medicines. There was a clear comprehensive medicines policy in place which highlighted the requirement for discussion and best interest meeting with family, pharmacy and the importance of clear instructions for administration and review. This was in line with guidance and the mental capacity Act 2005.

The service had a safeguarding policy in place which included an easy read version for people who used the service. These detailed definitions, preventative measures, the investigation process, key contacts and record keeping. Safeguarding alerts were recorded and actions from outcomes either completed or in progress. Advocate services were available to people and learning was shared in staff meetings. People were protected from discrimination and their equality and human rights were respected. Information was provided to people to support them to understand what keeping safe meant. There was an active safeguarding log which included recordings of people's and their representative's desired outcomes. The operations director told us that this was a new way to make safeguarding more person centred by empowering people to raise concerns.

Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, people being visibly upset, withdrawn or unexplained marks. I would report concerns to the manager, CQC or safeguarding team. I have read the policy. I have no concerns". A professional told us, "I feel the manager and staff have a good understanding of safeguarding and reporting safeguarding incidents".

People, relatives and staff told us that they felt the service was safe. A person told us, "I feel safe here. Staff help me. I like living here. We are all friends". A relative said, "My loved one is well cared for, safe and secure". A staff member told us, "It's a safe service for people. There is 24 hour support in supported living locations. People who require hoisting are always supported by two staff. Risk assessments are in place and staff receive training".

People's care files were up to date, identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. Risks included; epilepsy, choking, falling and use of a hoist. Staff were able to tell us what risks were associated to which people and where to find

people's individual risk assessments. This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team. We found that Dimensions Southampton and New Forest Domiciliary Care had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely.

Each location had an emergency contingency plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded.

We were told that all support hours were covered and that vacant shifts were covered by staff taking on additional hours and on occasion's agency. A manager told us that they requested the same agency staff wherever possible to maintain consistency. A staff member told us, "I feel there are enough staff to deliver the support hours to people". Another staff member said, "There are enough staff to keep people safe". The operations director told us that staffing levels and 1:1 hours were assessed and agreed during the initial pre admission assessment stage. We found that people's 1:1 hours were recorded with details of the support received. The operations director told us that they would also refer to the commissioning team for additional hours should people's needs change.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working with people. Checks included references, identification, employment history and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

People were protected by the prevention and control of infection by staff who had received training and wore personal protective equipment (PPE). Staff had received food hygiene training and correct procedures were followed where food was prepared and stored. For example, open foods were covered and labelled appropriately. Locations which we visited were clean, odour free and appeared to be in a reasonable state of repair. All locations were owned by housing associations which we were told were responsive to maintenance and servicing requests.

Staff understood their responsibilities to raise and report concerns, incidents and near misses. Electronic incident reports were completed and submitted to locality managers, the operations director and internal health and safety team. These incident forms had a safeguarding icon which when ticked was also sent to the internal safeguarding team. We found that incident forms included a section for the staff completing them to add how the incident could have been avoided. From this the managers then reflected on the outcome and actions taken. The operations director told us that quarterly safeguarding panels were held

where safeguarding alerts and incidents were discussed and reviewed. This was an opportunity for the service and provider to reflect, learn and improve. A deputy locality manager told us, "If an error occurs we encourage staff to be transparent. We learn by offering mentoring, training, monitoring and information sharing".

Is the service effective?

Our findings

Dimensions Southampton & New Forest Domiciliary Care holistically assessed people's needs and choices to ensure that people were supported to achieve effective positive outcomes. Promoting independence and goals linked to learning daily living skills were part people's plans. The service had worked closely with people to ensure that specific personalised goals were set in addition to these. For example, one person had always been fond of cats. A goal was set with a desired outcome of the person having their own cat. Staff supported the person to make links with the local cat rescue centre to learn more about looking after cats and to choose one. The service had also contacted the local housing association and made sure others in the home liked cats and had no allergies. During our visit to the persons home we met the cat and the person told us they were very pleased to have one and were thankful to the staff.

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments". The registered and locality managers told us that they had a good relationship with the local learning disability team. We found that health visits were recorded in people's care files and noted that recent appointments included; dentists, chiropodists, diabetic nurse and GP's. People had hospital and health passports which were shared with professionals during appointments and hospital admissions. These detailed people, preferences, medicines, communication needs and allergies. A relative said "My loved ones health needs are assessed met well, If they have to go to hospital they make sure their care plan goes with them". A professional told us, "The staff are fantastic about picking up concerns. Staff called out a doctor 4 days in a row because they were sure there was something wrong with one person and they were unable to say. The 5th day the doctor refused and so staff supported the person to hospital. An eye problem was diagnosed which caused the sickness". This demonstrated staffs commitment to supporting people to receive appropriate care and assessment which is in people's best interests.

The service worked in partnership with local GP's and other health professionals to regularly review and assess medicines in line with Stopping over medication of people with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The service was able to show us how this had had positive life changing impacts on people's lives. We met one person who on admission was assessed as requiring support in bed, would often sleep for long periods during the day, presented with behaviour that challenged and had limited ability to verbally communicate. The use of STOMP had an positive impact on the person's quality of life. The reduction in their medicine had enabled the person to now be able to mobilise independently around their home, access the community, participate more in activities, communicate clearly and not show behaviours or sleep during the day. The person told us, "I love living here. Staff have helped me with my medicine". The person had been supported to share their story at a local radio station to raise awareness to others. The operations director told us that staff supporting this person had been nominated for an internal aspiring people award.

Another person had been set goals to gain more weight, build strength, be able to mobilise around their

home, learn daily living skills and be able to access the community and enjoy new experiences. The service had worked effectively with the local occupational therapist and other professionals to provide support rails around the home, develop their communication and create a food plan. We were told that these had led to the person achieving positive outcomes which had transformed their life. The person's relative said, "It is very clear that (name) has advanced well during the past 18 months and I am so relieved that this is the case. Thanks to the loving care, diligence and professionalism of the company and competent staff (name) is now in a much better situation". A staff member told us, "Assessments start before people move in. We involve people as much as possible and complete an assessment of need, risk assessments and make sure we understand their choices, likes and interests. We hold multi-disciplinary team meetings and involve professionals and relatives. Involving these people ensures we can all work together to set and achieve effective outcomes".

Families spoke highly of the service and felt their loved ones needs were assessed holistically and that they had been supported to achieve effective outcomes. We were told about a person who had worn continence pads for many years and how staff had supported them to now use the toilet independently. The relative told us, "They receive exceptional 24-hour care which make a real difference".

The service used a variety of technology and equipment to deliver effective care and support whilst promoting people's independence. For example, people with physical needs used ceiling hoists, level access showers and high and low level baths. People with sensory needs used Jacuzzi baths and other sensory aids such as smell and taste pots and support rails and guide ropes were in place around their homes to enable people to safely access different areas independently. One location was in the process of working with an occupational therapist to install a memo box which would be activated by a sensor beam. The memo box would remind a person to use the handrails when walking up and down the stairs in staff's absence. Another person had been supported to get a car under Motability . Motability is a scheme in the United Kingdom which is intended to enable disabled people, their families and their carers to lease a new car, scooter or powered wheelchair, using their government-funded mobility allowance. The locality manager said, "The car has had a really positive impact on (name). Giving real purpose for car journeys and allowing them more access to the community".

People were supported in the recruitment of staff. Depending on their ability and choice people either met new staff in their homes or would sit on interview panels and participate in asking questions to potential new staff. A locality manager told us, "The recruitment process involves people. Questions reflect people's needs and interests. Before staff are offered jobs they meet and greet people so we can observe applicants with people". They went onto say, "We also seek feedback from people and staff before new staff complete their probation period".

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member who was new to care told us, "I met people before starting here. I was given support during my induction and shadowed other staff. I read people's care plans and risk assessments to learn about them. I am always learning". Other staff said that inductions gave them confidence in their ability to meet people's needs because they too felt supported. A relative said "when a new carer comes in, they are introduced to the family first and then a relationship gets built slowly".

There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which included safeguarding, medicine awareness, first aid, infection control, moving and handling, food hygiene. In addition to core training, staff received specific training in relation to the needs of the people they were working with. This included learning disability, autism, use of hoists and epilepsy. A person said, "Staff get the right training. Training is specific to my needs".

We reviewed staff files which evidenced that regular supervisions took place in most services and were carried out by management. Staff said that they found supervisions very useful and confirmed that they took place regularly. An assistant locality manager told us, "We complete six to eight weekly supervisions". Another staff member said, "Management show a real interest in staff as well as people we support. We are always supported and encouraged to develop skills further and achieve the best for people and ourselves".

Dimensions Southampton & New Forest Domiciliary Care used an inclusive and innovative appraisal system. We found that 360 appraisals took place across the service. This meant that feedback was gathered from people and the families about staff performance and the delivery of care. We read that a person had written, "I like (staff member) quite a lot. Supported me well when another tenant was causing trouble. I can have a laugh with (staff member)". Another person had written, "(Another staff member) gives me the support I expect from Dimensions. (Staff member) turns up to support me when I expect. I like the way (staff member) supports me. We read that a relative had written, "(Another staff member) is excellent. They have worked with (relative) for many years and the relationship is second to none. (Staff member) is difficult not to like. They are hardworking, professional and I am very appreciative of their work and contribution to the support of my loved one".

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 who were able told us they were involved in their care, attended regular reviews and had access to their records.

Some people were living with a learning disability, autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet.

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The operations director confirmed that the appropriate applications had been made to the Court of Protection where it had been identified that people had continuous care and support.

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. One person told us, "I like cooking. I am having chicken and mushrooms which I prepared today". We reviewed two locations menu plan and saw that it was balanced with a variety of nutritious options. We also noted that there were

options to eat out on some of the days. A person told us, "I went out for lunch today". During a visit to one person's home we found that they were due to go out for a meal that evening.

People's dietary needs were assessed and where appropriate plans put in place. For example some people were diabetic. The plans reflected safe foods including treats. We found that healthy eating guidance was available to people and staff to develop their understanding. The service also worked with the local learning disability team and speech and language (SALT) teams to create and provide information in relation to safe swallow plans. These gave people and staff information about food types, consistency and seating positions. A relative said, "My relative has a varied diet which they can make requests for". Another relative told us, "The staff have a diary of activities and food which the staff bring round every week so I can see he has been eating good meals because I like to know what he's been having".

At the time of our inspection no one had any cultural, religious or ethical needs around food choices. The operations director told us that if people did then their preferences would be respected and that their individual plans would clearly identify these.

Management and staff worked effectively across organisations to deliver effective care and support to people. People were involved in the planning and coordinating of both admission and move on. Information was obtained, shared and meetings with people, families and professionals took place. A locality manager told us, "We have recently completed an assessment for a new person who is due to move in soon. The person has visited the home and met the other people currently living here. (name and name) have accepted the new person. They are coming for dinner soon. The new person is moving from respite, they have good communication and are very independent". A professional told us that in one of the services staff had worked really well with a gentleman with autism and complex health needs who had moved in after many years living on their own. They told us that the person's health had improved and that they had settled into their new environment well.

Is the service caring?

Our findings

There was a strong, visible, person centred culture established across Dimensions Southampton & New Forest Domiciliary Care. Staff and management spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "Staff care for me. They speak nicely and I care for them". Another person told us, "Staff are very nice and care about me". A staff member said, "Care revolves around people. I respect their likes, dislikes, beliefs, aspirations and empower them to meet their own goals and outcomes".

Family members spoke highly about the kindness staff showed people who used the service especially at times when they required caring and compassionate support. For example, a relative explained that a person's relative had passed away earlier in the year. They said, "The staff have been so supportive, they talk to my loved one about them, answer questions they have and they never brush it off when they talk about it". Another relative said "Last year I had a health scare and the staff were so caring and supportive. They helped my loved one understand what was going on and what was going to happen next". We observed one person getting a little anxious during our visit. We observed a staff member making time to offer reassurance and support to the person.

A staff member said, "I feel I am caring. I am patient and listen to people. I believe my colleagues are caring. We all help people and each other. Everyone is here for the people". An assistant locality manager told us, "I know staff care. I can see this from observing their interactions with people, the notes they write, and discussions we have in supervisions and the general atmosphere in the home".

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked choices. A person told us, "staff let me choose to do things". Staff told us that they provided information to enable people to make informed decisions. A staff member said, "We offer visual choices and show (name) items like drinks, meals or activities". Another staff member told us, "I advise people with decision making. I document people's decisions and give them information". Another staff member said, "I listen to people and offer advice where appropriate. I never offer opinion. This supports them to make choices and decisions". Information, procedures and advice was made available to people in different formats to meet their individual needs. This included easy read pictorial information. Advocacy information was made available to people however at the time of our inspection we were informed that no one used these services.

People's privacy and dignity was respected by staff. Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visits. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and close curtains. I keep (name) informed of what I am doing. I never divulge information, use initials and keep things confidential". A relative

said, "(name) is treated with dignity and respect". Another relative told us, "my loved one is in a better place than they have ever been. (Name) is treated with dignity and respect. (Name) always comes around with the carer on Tuesdays looking smart and their shoes always polished".

Is the service responsive?

Our findings

Dimensions Southampton & New Forest Domiciliary Care was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that people received outcome focused reviews. These put people in the centre of their care and empowered them to feedback on what support had been working, what hadn't and what the person would like to change.

The weekend before the inspection people who used the Portsmouth services had come together for a community fundraising event. Proceeds of this were going to be used to host a Christmas party for people. A staff member said, "There was a raffle, tombola, cake sale and bric-a-brac stall. People, relatives and members of the public were all invited. The money will be used to cover costs of room hire, a band, food and drinks". People told us that they took part in the stalls. One person said, "I was on the bric-a-brac stall". This provided people with a positive opportunity to be involved in the community, mix with others outside their usual environments. The positive impacts to people included building confidence, enhancing lives and encouraging friendships. Another staff member told us, "People at this home took part in the fundraising event too. It was a great success. People enjoyed getting out and mixing with others". People told us that they enjoyed the event.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. The care files included person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions. These also captured people's gifts, skills and passions. We read that one person's reflected that they loved jewellery and their family. That they had a good heart and were a good singer.

People and relatives told us that they were involved in reviewing care and support packages. A person told us, "I have a care plan. You can see it later if you like". A staff member said, "We sit down with people and complete support plans with them. For those who may not be able to contribute we still talk to them and involve their families and professionals as and when appropriate". A relative told us, "(name's) care plan is reviewed every 6 months, their positive behaviour shows just how happy (name) is". We read that recent reviews with people had included how best to support people in the community, others with behaviours and some with dietary and/or epilepsy needs following recent changes. We were told about some people who had started using the service and were assessed as requiring 2:1 staffing in the community. However, following consistent support, involvement and promoting independence people's staffing levels had been reviewed by the people, relatives and service and been reduced. A staff member said, "When (name) came to live here they were not able to cook or do simple daily living tasks. We planned support with them around their needs. This has had positive outcomes. The person is now doing their own laundry and cooking with limited staff support". This demonstrated the services commitment to enabling people and promoting independence.

People's equality, diversity and human rights (EDHR) were respected and reflected in their support plans. A relative said, "My loved one has been allowed to keep his independence and goes off to church every Sunday. The carers know where they are going and what time they are due back so they know to expect them home." They also added the "staff are so patient and kind".

People were supported to participate in activities that interested them and had flexible timetables which reflected chosen activities, hobbies and interests. One person told us, "I like shopping and getting new shoes. We often go to the cinema and discos. I am going to a dance and dinner soon". The person was keen to show us the dress they had purchased for this dance and was very happy and proud when showing us. People were also supported to attend day centres. One person said, "I am off to the day centre tomorrow. I enjoy doing knitting". Another person said, "I did arts and crafts at day centre today and saw my friends". A relative said their loved one received "exceptional 24-hour care. Any queries are dealt with immediately. They are a magic bunch of people. My loved one is calmer, happy and gets more involved in activities now. The staff go above and beyond". Another relative told us, "they have activities all the time. (Name) likes to do anything physical. Rock climbing, wheelchair dancing. (Name) goes away for competitions too". Another relative mentioned, "(name) goes wheelchair ice-skating and goes out more than I do!" A professional told us, "There is a real cross section of activities offered to people. Some people access day services. One person has a paid self-advocacy role, some people visit families and friends independently. Some people are being supported to access sport activities such as sailability, trampolining and golf driving ranges. The staff also support/suggest and help to organise activities that everyone is invited to including families such as bonfire night, Christmas Party and Pizza nights".

Families and friends were able to visit and call at whatever times they wished. People were supported to spend time with family outside of the home. Staff had a good knowledge of family and friends that were important to people. A relative said "I call (name) every day at 9 o'clock and can always hear them all laughing and joking". It is a Home from home. I would hate it if (name) ever had to leave there". A person told us, "My relative is visiting in December for a review and to spend time with me".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read formats which included photos with supporting text. The operations director told us that they are currently not supporting any British Sign Language (BSL) or Braille users at the moment but would provide information in these formats should they need to. People had clear communication passports in place which captured the persons preferred methods of communication and how best to communicate with them. These were shared with health professionals during hospital admissions and appointments and other services during transition with consent from people and or relatives.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contact details of both internal and external agencies including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the management. A person told us, "I would see staff if I was unhappy". There was one open complaint at the time of our inspection which was being handled in line with the local policy and procedure. Relatives told us that they felt able to raise concerns and that these were dealt with promptly. A professional said, "I have spoken to two service users on their own who said they were happy living at their home and would talk to their support worker or the manager if they had any concerns".

We reviewed the 2017 satisfaction survey and found that it reflected a majority of positive responses and

feedback. Results were collated and feedback analysed to identify trends, learning and development. Some comments read; "I like my room and I can choose to do my picture boards. I like to clean my own room and do the cooking and gardening. My relative asked me the questions and I told them my answers. They helped me have my say". Another read, "I am very happy with the way that (staff member) and (staff member) have helped me, and are always there to support and listen to me". We read another which said, "My loved one is very happy where they are, the staff are very helpful and me and my spouse feel informed. The staff helped us a great deal when (name) had a terrible time in hospital, they helped us write a letter of complaint and we felt they understood how we felt".

The service had supported some people with end of life care and made sure that preferences and choices were reflected in plans and that family and friends were involved in planning and decisions. The operations director told us that people's culture and beliefs were always respected and form part of plans. The service was not supporting anyone with end of life care at the time of our inspection.

Is the service well-led?

Our findings

The operations director was in the process of becoming the registered manager. The application had been received by our registration team. 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's vision was to be an inclusive society where people have equal chances to live the life they choose. The values that underpinned these were; Ambition – helping people be the best they can be. Respect – treating everyone fairly and knowing that everyone's voice is important. Courage – being brave enough to make a difference. Integrity – being honest and fair in all the things we do., and Partnership – working with other people to make a bigger difference. Staff were aware of these and demonstrated them in observations we made.

The operations director line managed locality managers. Locality managers promoted open and empowering practice which delivered positive outcomes for people. A locality manager told us, "I am approachable, fair but firm. I will do all I can to help people and staff alike. I wouldn't ask staff to do a job I wouldn't do myself. I am hands on when needed. I try to empower my staff. I give them delegated tasks for example, health and safety lead. I keep staff informed, up to date and recognise staffs work with praise". A staff member said, "My manager is very hard working. They put a lot of hours in. They are off rota but will step in when needed". However, we received mixed feedback about one locality manager from their staff. We were told that the locality manager didn't necessarily lead by example or deliver support hours. We discussed this with the operations director who told us they would address this in their supervision next week.

Dimensions Southampton & New Forest Domiciliary Care were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The operations director was able to show us an example of this and presented an easy read letter they had written to a person following a medicine incident. The letter explained to the person why they were writing and apologised for not meeting the required standard of support. This had been investigated, lessons had been learnt and improvements made. These improvements included medicine training and competency assessing staff. The operations director told us that they were always open to learning and driving improvement.

Governance frameworks were in place and robust across the organisation and within services. Locality managers and the operations director understood their responsibilities and felt supported by senior management. The majority of staff told us that they felt supported and had a clear understanding of their roles and responsibilities. The operations manager told us that they were presenting the changes to the new key lines of enquiry at the next managers meeting. We saw that the service carried out quality monitoring across all of the services regularly. These audits covered areas such as medicines, environment, documents and finance. In addition to these service monitoring checks took place as well. The service checks included,

paperwork, first aid, fire, infection control, health appointment check and seeking feedback from people and staff.

We were told about the internal quality checkers who were a group of people who used the provider's services. These people visited services to carry out checks and speak to people about the care and support they received. Reports were completed and recommendations made. In addition to the checkers the provider had an internal quality team who aimed to audit services annually. Recommendations and actions were discussed with the locality managers. The operations director told us that any urgent issues would require an improvement plan with specific improvements and timescales. We reviewed one completed in June 2017. We noted that two of the CQC key lines of enquiry were covered; safe and well led. Actions were identified at the top of the report. We read that two actions had been set; a risk assessment required review for one person and health and safety walk through checks at one location required sign off. The operations director was able to show us that these had now been completed.

People, relatives and staff were encouraged and supported to be involved in developing the service. People told us that they had chosen colours in their bedrooms and decorated them to their choice. One location was have a new kitchen floor and staff had support people living there to be involved in choosing it. A relative explained that the service asked the families for ideas. An example of how the service had recently listened to the families was by opening a sensory room following requests. We were told that this was going well and that their loved ones were getting a lot from it. Another relative said "problems are always acted on and staff encourage feedback. They are also very responsive". Staff were aware of the whistleblowing policy and told us that they would feel able to raise concerns or question practice.

A relative believed the service was managed well and said, "Brilliant, I would recommend to anyone". Another relative said the service was, "well managed and staff are patient. They communicate all the time". Locality managers spoke highly of the new operations director. One locality manager said, "(name) is really approachable. I wouldn't have an issue raising concerns with them and I receive regular supervision. I do sometimes need to follow up requests but understand they are busy". Another locality manager told us, "The new operations director is really good. They listen and respond to questions. They give direction and recognise our workloads". Care staff told us that they hadn't met the new operations manager but knew of them. The operations director told us that they were hoping to visit all locations and get to meet people and staff very soon.

The service worked effectively in partnership with key organisations including, local authority, safeguarding and commissioners. One locality manager told us that they were currently working with a local commissioner to relocate people at one location into more a purpose built environment. The service shared appropriate information with relevant parties for the benefit of people in a timely way. Families and professionals told us that they shared information in an honest and transparent way.