

Dimensions (UK) Limited

# Dimensions Leicester Domiciliary Care Office

## 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

This was an announced inspection that took place on 10 November 2016.

Dimensions Leicester Domiciliary Care Office provides personal care and supported living services to people with learning disabilities their own homes. At the time of our inspection the service was supporting 20 people, 10 of whom were receiving personal care.

The service has a registered manager. This 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 told us they were pleased with the service they received. They said the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. Relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. They worked in conjunction with the police and health and social care professionals and to support and educate people to stay safe in the community and in their own homes.

People helped to choose the staff who supported them and the service used a 'matching tool' to help allocate the right staff to the right people. Staff had specialised training as needed, for example, dementia care for people with learning disabilities, autism awareness, and positive behaviour support.

Staff took a flexible and responsive approach to the people they worked with. They provided them with the care and support they wanted and encouraged them to maintain links with their families and friends, lead fulfilling lives, and take part in activities. They treated people with dignity and respected their privacy.

Staff checked to see if people were having enough to eat and drink and that their healthcare needs were being met. Where necessary they referred people to healthcare professionals to help ensure their needs were met. Staff supported people to take their medicines safely and in the way they wanted them.

The provider and registered manager carried out audits of all aspects of the service to ensure it was well-led. People's and relative's views were central to this process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

Staff were safely recruited and supported people at the times that had been agreed.

Medicines were safely managed and people were supported to take them on time and in the way they wanted them.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively.

People were encouraged to make choices and decisions about their lifestyles.

Staff supported people to have sufficient to eat, drink and maintain a balanced diet and to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and be involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to lead fulfilling lives.

People knew how to make a complaint if they needed to and support was available for them to do this.

### Is the service well-led?

Good ●

The service was well led.

The service had an open and friendly culture and the registered manager and staff were approachable and helpful.

The registered manager and staff welcomed feedback from people and relatives on the service provided.

The provider used audits to check on the quality of the service.

# Dimensions Leicester 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.

This inspection took place on 10 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Return (PIR). 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 looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people using the service and two relatives. We also spoke with the registered manager, the deputy manager, and three support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We

also looked at four people's care records.

# Is the service safe?

## Our findings

People and relatives said the service provided safe care. One person told us, "I always feel safe." A relative said, "My [family member] seems to really get on with the support workers and I have no issues about their safety." Another relative commented, "Yes I feel my [family member] is safe."

The service had signed up to 'Stamp It Out!', a campaign managed by the police that aims to challenge, tackle, and stamp out hate incidents and crimes within the Leicester area. Through the service's involvement in this initiative police attended an 'Everybody Counts' (service user's) meeting. The police told people about 'Stamp It Out!' and advised them how to challenge and report hate incidents and crimes. This will help people to stay safe in the community.

Staff encouraged people to take mobile phones with them when they went out into the wider community and to keep the service's telephone number with them in case of an emergency. They also encouraged people to carry 'Keep Safe Cards'. These cards tell people how the cardholder communicates, important medical information, and who to contact in an emergency. They can be used if there has been an accident, if someone is hurt, or if they have been a victim of crime, are lost, scared or upset. People can show the card to a passer-by or a member of the emergency services.

Staff were trained in safeguarding (protecting people from abuse) and followed the provider's safeguarding and whistleblowing policies. This meant they knew the signs of abuse and what to do if they suspected a person had been harmed. The staff we spoke with knew how to keep people safe. For example, one staff member told us, "If I thought someone had been abused I would notify my manager straight away and then I would note everything down following our safeguarding procedure." The registered manager told us safeguarding was on the agenda at all supervision sessions and team meetings to ensure staff were continually briefed on their safeguarding responsibilities.

Care records showed that if people were at risk staff had the information they needed to keep them safe. The risk assessments we saw were detailed and included plans to reduce the likelihood of harm. They covered risks to people's health and safety, risks in the home and in the community, and risks related to people's mental health. Risk assessments were made available to people in an easy-read or pictorial format to make them as user-friendly as possible.

If people had complex needs and were at high risk staff worked with other health and social care professionals to help ensure they had the support they needed to stay safe. For example, one person was a risk of harm so staff worked closely with a community psychiatric nurse and special mental health worker to reduce this. They learnt how to use distraction techniques, for example engaging the person in activities, as a preventative measure. This proved to be successful and the incidents of harm were significantly reduced.

Another person had a history of going missing without telling staff where they were. To manage this situation staff put a missing person protocol in place in conjunction with the person in question, the local authority, and the police. This made it clear to the person that staff at the service would need to tell the local

authority and the police if they went missing. This meant the person could make an informed decision about whether or not to go missing again as they had been told what would happen if they did.

Managers and staff were trained in risk assessment. The staff we spoke with knew how to keep people safe and who to seek advice from if they were concerned about a person's risky behaviour. Staff had access to the provider's 24 hours on-call system which was staffed by a specialist behaviour support team. They could advise staff what to do if they were concerned that a person's behaviour was putting themselves or others at risk. This meant staff had ongoing support to assist them in managing risk.

People's staffing numbers and hours were decided in agreement with the people themselves, their relatives, the service, and the local authority. Care records showed that people were receiving their contracted hours. The registered manager said staff at the service advocated for people if they felt they needed extra staffing hours to ensure their needs were met.

The registered manager said that people sometimes combined their social activities to include elements of personal care, so that one staff member rather than two supported the people in question. This meant they got double the amount of time with staff support. This only went ahead subject to satisfactory risk assessments and the agreement of all the parties involved.

The service followed the provider's recruitment procedure to ensure the staff employed were suitable to work with the people using the service. The two recruitment files we sampled showed a thorough process being followed to determine the applicants' suitability. This included references, criminal records checks, health checks, and an interview.

If people needed support to take their medicines staff provided this. Care records showed that people were assessed to see how much assistance they required and medicines support plans created. Staff were trained in medicines management and had their competency checked to help ensure they knew how to look after medicines safely.

People were encouraged to self-medicate where possible, or to have their medicines following a prompt from staff. This helped them to maintain their independence while at the same time remaining safe. We looked at two people's medicines support plans to check their medicines were being managed safely.

Records showed that one person's family member collected their medicines for them and took them to their home. Staff were then responsible for prompting the person to have their medicines. They kept a record to show the person had had their medicines on time.

Another person was at risk of taking their medicines at the wrong time if they had access to them. A best interests meeting was held with the person's social worker to decide how to manage this situation. It was agreed that the medicines should be locked away with only staff having the key. This meant that staff could get the medicines out at the right time and prompt the person to take them.

These were examples of staff providing people with varying levels of support to take their medicines safely. They showed that staff took a flexible, personalised approach towards medicines management to help ensure people had their medicines in the way they wanted them.



# Is the service effective?

## Our findings

People told us the staff were trained and able to meet their needs. One person said, "The staff are very good and know what to do." Another person commented, "They are good at their job."

Relatives also said they thought the staff provided effective support. One relative told us, "The staff seem to know what they are doing. They seem to have the necessary skills." Another relative said their family member's key-worker (primary staff member) "seems very good".

Staff told us they were satisfied with the training they had had. One staff member told us, "The training enables me to understand the [provider's] policies but also helps with managing difficult situations and providing good support for service users." Another staff member said, "Training is very good [...] it helps me to know the correct procedures for dealing with any situation and also how to provide service users with what they need." Staff told us they had regular training and policy updates to keep their skills and knowledge current.

Records showed all staff had essential standard training including health and safety, infection control, food hygiene, medicines management, and safeguarding. Staff also had specialised training as needed, for example, dementia care for people with learning disabilities, autism awareness, diabetes, positive behaviour support, and epilepsy. This enabled them to work effectively with particular people using the service.

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff worked on the assumption that all the people they supported had capacity unless it was proven otherwise. This is in keeping with the MCA. If it appeared that someone might lack capacity staff carried out a mental capacity assessment using the provider's MCA toolkit (set of resources). Staff sought advice from local MCA specialists where necessary. The registered manager gave us an example of this which showed they were fulfilling their responsibilities under the MCA.

Care records showed that people were routinely asked for their consent when care was being provided and their choices and decisions recorded. Staff understood people's right to consent to or decline care. If people declined care to the point of putting themselves at risk, staff knew who to inform, for example relatives and/or health and social care professionals. This helped to ensure that staff only provided care and support

when it was legal and in a person's best interests.

Support plans set out the assistance people needed to ensure their nutrition and hydration needs were met. Areas of risk, for example malnutrition and choking, were identified and people referred to dieticians and the SALT (speech and language therapy) team as necessary. If people had particular needs relating to their nutrition these were recorded. All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food appropriately.

Staff checked to see if people were having enough to eat and drink. For example, care records showed one person was losing weight so staff liaised with their learning disability nurse to address this issue. The nurse advised staff to monitor the person's meals to ensure they were regular and nutritious. Staff did this and as a result the person gained weight and were no longer considered to be at risk of poor nutrition.

People's healthcare needs were identified when they began using the service. Support plans and risk assessments included instructions to staff on how these should be met. Records showed staff accompanied people to healthcare appointments and worked with community nurses and other healthcare professionals to help ensure people were getting the support they needed to maintain good health.

The staff we spoke with knew what to do if a person appeared unwell. One staff member told us, "If they [a person using the service] were very ill I would seek immediate medical treatment if not I would let a family member know or contact their GP to arrange an appointment." The registered manager told us a staff member accompanied a person to their GP for a tetanus injection after they were bitten by a pet. Another staff member observed the person they were working with appeared confused so they supported them to see their GP. These were examples of staff taking action to ensure people's healthcare needs were met.

## Is the service caring?

### Our findings

People and relatives told us the staff were caring and treated them with respect. One person said, "The staff are very kind and treat us nicely." A relative commented, "I do feel the staff are caring and my [family member] likes them."

The service used a 'matching tool' to help allocate the right staff to the right people. For example if a person wanted a staff member who spoke a particular language, drove a car, or shared their hobbies and interests, the service would try and match them with the appropriate staff member. This meant that people were supported by the staff most suited to meeting their needs.

People helped to choose the staff who supported them. They took part in the recruitment process and their views were taken into account. For example, at a recent group interview a person taking part noticed that during a comfort break only four of the 10 interviewees spoke with him. He shared this with the other members of the interview panel who took this observation into account when deciding who to employ.

By involving people in the recruitment process, and matching them with staff who shared their interests, the service helped people to build positive caring relationships with the staff who supported them.

The registered manager said the staff team were flexible with changes made to suit people. She told us, "If people don't 'click' with their support workers then we try them with someone else." This was a further example of a flexible, caring approach.

Staff went out of their way to provide people with additional support if they needed it. One staff member arranged for a team of community volunteers to help a person de-clutter their house. She also helped the person deal with outstanding paperwork and stayed late at house when they were unwell. Another staff member sorted out a person's medicines in conjunction with their pharmacist and had them put into dosset (medicines organiser) boxes to make it easier for the person to know when to take them.

Staff encouraged people to maintain links with their families and friends. The registered manager had recently supported a person to find a sibling they had lost touch with many years ago. She placed adverts, visited the city where the person was born, and contacted agencies that search for long-lost relatives. As a result the person's sibling was eventually found and successfully reunited with the person. The registered manager told us, "It has changed his life; he feels he belongs now."

These were examples of staff having a caring approach to the people they supported.

Staff helped people to lead fulfilling lives by encouraging them to use community resources and take holidays. One person had been supported to find voluntary work and another to attend a 'dementia café' (a social event for people living with dementia). The staff also supported people to arrange group and individual holidays.

The service also recruited volunteers to help ensure people had enough social activities and visitors. At the time of our inspection visit they were advertising for a 'Volunteer Tea & Coffee Buddy' to provide company and friendship to one person. This was another example of staff having a caring approach and taking action to ensure a person's social needs were met.

People were supported to express their views and make decisions about their care and support. One person said, "I get to say what I want to do or where I go." Another person commented, "I get to choose where I want to go to play snooker and swim." A relative told us, "[Our [family member] is not able to be as involved as we would like but we are very involved." People signed their 'support agreements' and agreed what they wanted to achieve with staff support.

People's support plans included their cultural and diverse needs and were personalised so they focused on the person's needs and wishes. Staff helped to ensure people's cultural needs were met. For example, staff arranged for a person to have an extra fridge and cupboard space so they could keep their food separate in line with their religious preferences. The provider had a 'Diversity Matters' group to oversee how people's cultural needs were being met by its various services and to share good practice and raise issues.

At the last election the provider, having found out that nationally only 1% of people with learning disabilities voted, ran a 'Love My Vote' campaign. This aimed to encourage people with learning disabilities to take part in the election process. At the Leicester service staff spoke with people about their right to vote and one person said they would like to. Staff supported them to go to the polling station and vote for what was the first time in this person's life. This was an example of staff assisting a person to exercise their rights to take part in the democratic process.

Staff were trained to respect and promote people's privacy and dignity and followed the provider's policy on this. Eight staff had signed up to be 'Dignity Champions' (people who pledge to challenge poor care, act as good role models, and raise awareness about maintaining people's dignity). Dignity was discussed at all staff meetings and supervisions. Minutes of the most recent staff meeting showed dignity 'dos' and 'don'ts' being discussed. This helped to ensure staff understood how to provide dignified support.

People and relatives we spoke with all said staff treated people with dignity and respected their privacy. People's daily records confirmed this, providing examples of people being supported in a sensitive and dignified manner.

## Is the service responsive?

### Our findings

People told us staff usually arrived on time to support them and care calls were never missed. One person said, "They [staff] are always on time and never late." Another person commented, "They [staff] don't always arrive on time, but they've never not turned up." People said that if staff were going to be late they got a phone call to let them know.

We discussed this with the registered manager who monitored any late calls. Records showed calls were rarely late. When they were records showed the reason, for example traffic delays, and confirmed that office staff always phoned to let the person know their staff member was going to be late. The registered manager said all staff understood the importance of punctuality in providing responsive care. She told us, "Sometimes we are the only face a person sees all day."

People and their families where applicable, were encouraged to participate fully in completing support plans. These were outcome-based in that they focused on what the person wanted to achieve. They also set out how staff would ensure the person would be supported to have choice and control in their lives. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed people in advance and helped to ensure that care and support was personalised and responsive to their needs.

Records showed staff took a flexible and responsive approach to the people they worked with. For example, one person liked to know which staff member was coming to support them and when. In response staff completed a calendar which was kept at the person's home. This showed names of the staff supporting the person and the dates and times they were coming to their house.

This person also needed support with washing and dressing but was sometimes reluctant to receive this. To address this issue their support plan included strategies staff could use to provide this person with the encouragement they needed to maintain their personal care.

Another person needed staff to check that they were managing their independent lifestyle at times when staff were not there to directly support them. Staff did this by talking with the person and checking they had taken their medicines and had regular meals, and that their home was stocked with the everyday necessities they needed. This helped to ensure the person was safe between calls.

Some people were supported to engage in community life and take part in activities. For example, one person said they wanted to get out more and make friends. To help them do this staff supported them to attend a weekly social event where an activity was provided. Records showed the person enjoyed the activity and made a new friend. This meant that with staff support they achieved their goals.

People told us they would speak out if they had any concerns about the service, or ask someone to speak out for them. One person said, "Yes I would tell someone what was wrong. I would tell one of the staff." Other people said they would tell a family member or their social worker and ask them to approach the

service of their behalf.

Relatives said they would have no problem in raising concerns, although some relatives said they were not sure what the complaints procedure was. The registered manager said all the people using the service and their relatives or representatives were given a copy of this when the service commenced. The provider also had a dedicated complaint phone line which people could use if they did not want to go directly to the service.

Relatives could also take concerns to the provider's 'family consultants', staff employed by the provider to liaise with families, answer their questions, and represent them at meetings with management. People's relatives and representatives were given the contact number for a family consultant so they could contact them for support if they needed to.

The service had an open and responsive approach to complaints. Staff used the service's complaints management system to log complaints and the action taken to resolve them. Records showed that complaints were taken seriously and complainants kept informed of how the service was dealing with them and the outcomes.

If the service needed to put things right or recompense the complainant this was done promptly. For example, one person left an item of their property in the office and it got damaged. Staff immediately replaced this for them.

## Is the service well-led?

### Our findings

People told us they were pleased with the service they received. One person said, "I'm very happy with Dimensions, I don't think they could do anything better." Another person commented, "All the staff are really good. Everything is alright."

People also said the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. One person said, "[Registered manager's name] is the manager. She is good, she lets us know what is going on." Another person commented, "They [the staff] ask us what we think about things and I do know the manager." People told us they had the opportunity to attend regular 'Everybody Counts' (service user) meetings which gave them another opportunity to share their views. One person said, "We have meetings to let us know what is going on."

The registered manager and deputy manager said all the people using the service had their phone numbers so they could contact them if they wanted to. They said that as the service was relatively small they were able to speak with each person at least once a week to check they were happy with the support provided. This helped them to gain the service user's perspective on how the service was performing.

Relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service. One relative said they were sent annual questionnaires which gave them the opportunity to comment on the service.

The service sent out regular quality assurance questionnaires to people and their relatives which invited them to comment on the service. People could also share their views during reviews, 'Everybody Counts' and 'Relatives Forum' meetings, and on a day to day or weekly basis with staff and managers. Records showed staff constantly checked with people that they were satisfied with the support provided and to ask if they had any suggestions for improvements. This helped to ensure the service was personalised and delivered in the way people wanted it.

The registered manager produced a newsletter to share updates and 'good news' stories with people, relatives and staff. The latest edition profiled three people using the service and their achievements. It also invited people and relatives to forthcoming 'Everybody Counts' and 'Family Forum' meetings, and introduced the service's new operations director. The newsletter was one of the ways the managers communicated with people, relatives and staff and kept them informed of how the service was developing.

Staff told us they liked working for the service and felt well-supported by management. One staff member said, "The managers are good I can call them if I have any problems or questions. They are very supportive." Another member of staff commented, "We are encouraged to let them [the managers] know if we have any issues. We have regular meetings which enable us to share good practices and also raise any concerns or issues so we can troubleshoot to try and resolve them."

Staff had regular supervisions and appraisals to help ensure they had the skills, training and support to

provide a quality service. Staff who provided outstanding or innovative care and support could be nominated for the service's 'Inspiring Award' in recognition of their contribution. This helped staff to feel valued and appreciated. All staff had internet access to the provider's website where they could share suggestions about the service, read policies and procedures, see updates from all the provider's services, and read the results of staff satisfaction surveys and the action the provider was taking in response to them.

Staff said they would recommend the service if they had a relative who needed the type of support the service provided. One member of staff told us, "I would have no hesitation for my relatives to use Dimensions." Another commented "I would be completely happy for any of my relatives to use the service as all the staff are caring and well-trained and the service itself is well-led."

In the last 12 months the provider had consulted with people and staff in order to create a 'never events' programme. This emphasised the top six events that should never happen to people, for example 'no-one with epilepsy shall have a bath unsupervised unless a best interest meeting is undertaken first', and 'no-one shall suffer harm because their health has not been looked after'. This process helped to ensure that people and staff identified and understood the dangers of poor practice so they could avoid putting people at risk.

Records showed that managers and staff carried out daily, weekly and monthly audits of all aspects of the service to ensure it was running effectively. The results of these were shared with the operations director, who visited the service once a month, and the provider. The provider's compliance team carried out an annual unannounced visit to the service to ensure it was operating safely and staff were following the provider's policies and procedures. During the visit the compliance team audited records, observed staff supporting people, and met with people using the service to listen to them and find out what they thought of the support they received. This meant the provider had an overview how the service was running which included the views of the people using it.