Dimensions (UK) Limited

Dimensions Luton Domiciliary Care Office

Inspection report

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28 March 2017
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection on 28 March 2017.

Dimensions Luton Domiciliary Care office provides personal care and support services to adults and younger people with a learning disability living in their own homes, and within shared premises in the Bedfordshire area. At the time of our inspection the provider was supporting up to 65 people.

The service has a Registered Manager in place. 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 service took safeguarding concerns seriously and followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service. People who used the service were encouraged to participate in the interviewing process for potential employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

Staffing levels were sufficient to provide the level of care required. Arrangements were in place to cover any sickness or absences. Flexible working was encouraged and supported and this helped provide a good work/life balance for staff. It also helped the service to meet the needs of every person who used the service.

Risk assessments were in place and were regularly reviewed and updated. The service endeavoured to balance risks so people could maintain their independence and lead an active life. Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

Staff demonstrated a good understanding of their roles and responsibilities. The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken.

Staff were given positive encouragement to undertake further, more specialised training appropriate to the work, including working towards Qualifications and Credit Framework (QCF), which is a nationally recognised diploma in health and social care.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management about on-going work issues. Professional Development Reviews (PDR) were held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. They were person-centred and included individuals' goals, wishes and achievements. The service was flexible and responsive to changing needs, desires and circumstances. Positive outcomes were personal to each individual and were celebrated within care files.

Confidentiality was respected and independence was promoted. Communication with relatives was on-going throughout the duration of their relative's involvement in the service.

People who used the service were encouraged to pursue their interests. Staff ensured that they treated each person as an individual and tailored activities and support to them.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Best practice guidelines were followed and the service was innovative and creative in its approach to support. The management and staff were not afraid to challenge decisions and advocate fully on behalf of the people they supported in order to further improve people's lives.

Feedback was regularly sought from families and users of the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples. The meetings were used as a forum to share current best practice guidance and keep staff up to date with new methods and innovation.

A number of audits were undertaken, results analysed and lessons learned from these to drive continual improvement in service delivery.

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 was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service was Well-Led

The registered manager promoted strong values and a person centred culture.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service.

Dimensions Luton 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.

The inspection took place on 28 March 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. We carried out telephone interviews of people who used the service on 30 March 2017 and spoke with relatives over the phone on 18 and 19 April 2017. We spoke with professionals involved with the service on 19 April 2017 and also spoke with staff on the 24 April 2017.

The inspection team consisted of one inspector from the Care Quality Commission 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.

Before the inspection the provider completed a 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 also reviewed information we held about the service in the form of notifications received from the service.

We attempted over 40 calls to people using the service but were only able to speak with eight people who could only provide us with basic answers to our questions. We therefore attempted to call relatives of people using the service in order to gain feedback from them. Of the 12 relatives we attempted to call we were only able to speak with four relatives over the phone. We also spoke with five members of staff and the registered manager on the day of the inspection. We contacted four health and social care professionals, around the time of the inspection and looked at records held by the service, including five care files and five

staff files.

Good

Is the service safe?

Our findings

People we spoke with were only able to give us yes and no answers to our questions. We asked them if they felt safe when staff provided them with care. All the people with spoke with replied, 'Yes.' Relatives we spoke with also told us that their relative was safe. One relative said, "[relative] is safe. The staff are always with [them]." A second relative said, "There is always staff around [relative] so I think they are kept safe."

Staff we spoke with told us that they were encouraged to raise concerns about their clients. They said "We raise concerns when we have them". When we spoke with senior staff in the office they told us that because people had a set team of staff who support them it was easy to raise concerns and to take action. We saw that for people who were known to exhibit behaviour that was deemed unsafe, staff had put a 'positive behaviour support programme' in place. This programme had been created to support the person and staff in being safe in the home and out in the community. We saw from documents provided that when staff called in with concerns about a client, it prompted an investigation by senior staff and would result in care plans and risk assessments being reviewed and where necessary updated.

We saw that where appropriate the provider worked with the persons social worker in order to ensure they had sufficient support allocated to them to keep them safe and also to keep staff and member of the public safe. For example we saw that an incident had occurred whereby a person had exhibited behaviour that was harmful to others. We saw that the provider learnt from the incident and put measures in place to further support the person, the staff and also members of the community should such an incident occur again. The Registered manager said, "We are having some real challenges with [Person] but we are working with the local authority to get [person] the correct level of supporting hours so they can be safe especially when they are out in the community.

We also spoke with the local authority who also confirmed that the provider was quick at alerting them of safeguarding concerns. They said, "We have had some incidents happen in the past year but Dimensions have been quick at acting and putting plans in place to safeguard the person and learn from the incidents."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the registered manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. When asked, staff said that they would always raise any concerns they had.

The provider had completed detailed risk analysis for people using the service in order to look at the overall risks associated with them and what measures they needed to put into place to limit the risks for the people they supported. For example we say that risk assessments had been out in place for areas such as vulnerability, access to the community, medication and management of finances. The risk assessments

were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred and we saw that care plans and risk assessments were updated to reflect any learning from the incidents to further protect the person from future harm.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, there was always two staff available to support them safely. The registered manager told us, "We would never put our staff or service users at risk. If we think someone needs extra support we raise it straightaway, we are lucky that the local authority is usually quick at supporting our requests." Although people were unable to speak with us about weather staff arrived at allocated times, relatives told us that staff were always available to support them. One relative said, "There is always lots of staff around and it's usually the same ones."

The relatives we spoke with were complimentary about the staff that provided care and said that their relatives were supported by a consistent group of staff which meant that they were able to get to know their relative well. Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. One member of staff said, "We work in small teams and work things out amongst ourselves. We are a set group who support a set number of people so there is a lot of flexibility. If we know that someone responds better to someone then we will try and use them more." This showed that staff knew the people they were supporting and how best to keep them safe.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medication, they would inform the office and relatives.

Good

Is the service effective?

Our findings

Staff were able to tell us about people's backgrounds, likes and dislikes. People's life histories were documented and gave detailed stories of people's lives to help staff to understand the person they were supporting. We saw that people were also given a 'one page profile' of the staff that were supporting them. The registered manager told us, "We do this because we match the staff to the person. We try and find staff that have something in common with the person."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Records we reviewed showed that staff had received appropriate training such as managing behaviour that may have a negative impact on others, moving and handling, safeguarding, health and safety and first aid. A member of staff said, "The on-line training is a lot easier, it flags up if you need to do any training. I must say the group training has improved. The last was very good, I was quiet impressed. The trainer made sure everyone understood." Another member of staff said, "You have to pass a competency assessment and you also get observed."

We spoke with a member of staff about how they managed behaviour that had a negative impact on others and if they were able to identify when a person was showing signs of distress. Staff were able to explain the signs they would look for and how they would respond to the person to try and calm them down and de-escalate the situation. One member of staff told us about a person they supported. They said, "We get to know people, [Person] came to us and we were told they were 'challenging' well I don't like that word. We worked with the characteristic of their Autism and matched our support with what they needed from us." This showed that staff understood each person's needs and supported them as best they could.

Staff we spoke with told us that they had received supervisions and shadowing opportunities and the records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the registered manager and they felt listened to. Staff told us that they were given opportunities to work with more experienced staff so that they could, "watch and learn." Another member of staff said, "One to one's are used to give us feedback on how we are supporting people. If we have worked on a two to one then we give feedback or if families have given feedback then this is also discussed in the one to 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people. We also saw that policies and procedures were available for staff to look at if they needed further guidance. When we spoke with the Local Authority they also told us that dimensions staff would work with them when applications for DoLs' were made and remained in regular contact throughout the

application process.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff. One member of staff told us that although they did not regularly take people to appointments they were available if the need arose. The member of staff said, "[relatives] know that if they need back up then we can go, if the [person] would like me to be there for an appointment then I can go."

Good

Is the service caring?

Our findings

People were unable to give us detailed responses to our questions. When asked if the staff were caring towards them, all people we spoke with relied 'Yes.' One person also said, "I am happy with the carers at the moment." Relatives commented positively about the staff also. One relative commented on how people were, "Well looked after." While another relative said, "[Staff] are very nice people, they are matched well." A third relative said, "[Relative] is so lucky to have such a good team around, so far so good."

We were told by relatives and professionals that interactions between staff and people who used the service were kind, caring and compassionate. From our discussion with staff we found them to be caring towards the people they provided care and support to. Staff said that they liked that they had their set clients who they, "Get to know", they also said that having one set carer was 'good for the client' because they were able to develop a relationship with them. Staff told us that they were dedicated to the people they supported and said, "We like to give people proper care, it's the golden rule, treat people as you want to be treated yourself."

Staff promoted people's independence where possible and people were supported to make choices about how they wanted to spend their day. A relative we spoke with said to us, "[relative] gets too much choice, they are spoilt!" A relative also said, "[relative] lives in their own flat, staff are there to help but they are very independent." We saw that for people who were unable to communicate verbally the provider had created 'Communication Passports." These gave staff detailed information about the person and how best to communicate with them. We saw that for one person for example the provider had created a specific sign language sheets which was specific to the person so that staff could understand when the person was trying to communicate and how staff could also communicate with the person. The document also went in to detail on, 'How I express myself and ways to help me express myself.' As well as, 'How much I understand and things that help me understand.' We saw in this document that staff were given detailed instructions and explanations on how the person communicated. For example, It stated that the person, 'communicates using a mixture of BSL (British Sign Language*) and finger spelling.' It also stated, 'This is [persons] first language and preferred method and only reliable method of communication but [person] can also communicate by writing down and reading what is written to them.' The document also went further to give staff examples of how to interpret what the person was saying. For example it stated, '[Person] often uses the wrong tense which completely changes the meaning of the written communication, when trying to express their needs, wants, opinions. E.g. I will shopping – may mean I've been shopping. I will sad – meaning 'I am sad'. I will hit [person] meaning – I have hit [person] or it may mean I am going to hit [person] or want to hit [person].

Staff helped and supported people in meeting their needs and knew them well and understood their 'mood states' and were able to identify any changes in them quickly. Staff told us that they monitored people's daily records and if someone was not themselves then this would be reported and if required further escalated to multi-agencies for assessment and action to be taken. Staff told us that because many people lived within a support living home style environment it was easy for staff to identify changes and pass information on to each other. A senior member of staff said, "We work in little hubs and work shifts

according to peoples routines and schedules." They also said that staff, "Worry about people's wellbeing", and that as an organisation they were "only as good as our carers, they are a good bunch of people, very caring."

Relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. One relative said, "We are quiet updated." While a second relative said, "We get updates and letters all the time." The care records we looked at showed that people were involved and supported in their own care, and decisions. Care documents were presented in a way that people could follow and understand easily so that they were fully informed of the care and support that was being provided to them. We saw from documents provided that people were encouraged to share their views and were listened to by staff who supported them in accordance with what had been agreed with them when planning their care.

Staff demonstrated an understanding of how to meet people's needs and how they managed challenging behaviour in a caring manner. We saw that locality managers took a lead in supporting people and their family's needs and worked with staff to ensure that people received the best form of care possible. This was done through constant dialogue with the person, their families and also healthcare professionals. A healthcare professional said, "Staff seem to be concerned about people and will raise concerns when they need to." They also said that when people needed extra support then, "The provider acts appropriately and put plans in place to support [person]."

When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. Relatives we spoke with all told us that when they visited their relative they had always observed them to be well dressed and well groomed. One relative commented, "There has been a big change in [relative]." When they spoke about how well they were looking.

Good

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. People we spoke with agreed that staff catered for their needs effectively. We also asked people if the staff that supported them ensured that they did everything that was needed during the visits, again, people provided a positive response to this question.

We saw that people were matched to care staff. This meant that people were supported by staff with whom they had common interest. The registered manager told us, "We match staff to the people; it helps for the support to run smoothly. If the carer and client have something in common they will bond better." They also told us that when they recruited new staff they would invite them to meet people first. This was to ensure that the person they would be supporting had the opportunity to meet them and also provide feedback. When we asked staff they told us that this matching of people to care staff worked well. One member of staff said. "I was matched to [person] because I am not a 'no' person and I told that to the [person] when I first met them." The member of staff went on to explain that the person needed to be supported by someone who would adapt to them and work with them to move forward. For example the member of staff told us about how they had supported the person to leave their house. The member of staff said, "People think it's easy to go out the front door, but it's not always easy for everyone. [Person] hadn't been out for a long time so I suggested that I park my car in the drive and they try just coming out to the drive and sit in the car. They did and we sat in the car and spoke about [persons] hobbies and interests." The member of staff told us that they already knew that the person had an interest in gyms so they had already been around the area to see what was available. The member of staff went on to say, "They told me that they liked the gym so I told them that there was a gym in the park at the end of the road and I could drive them to the car park so they could have a look." The member of staff told us that the person agreed and allowed the member of staff to drive them to the gym so that they could look from the outside. This showed that staff understood the people they supported and were willing to go the extra mile when it came to supporting them.

Staff were able to respond to people's needs and were supported to do so. A member of staff said, "We have to go with the flow, sometimes people need you to be the driver and sometimes they don't. People can change within a couple of minutes." We were given another example of how staff had to respond to people's changing requirements. We were told how a person would not use facilities outside of the home when they needed support from staff with personal care. Staff told us that if this occurred when they were outside of the home then they would support the person to return home and, "The day will continue as normal." Staff explained, "With some people I support, because they are male, when they need to use the public toilets, I will ask them to use the disabled toilet because I won't be able to support them in the men's toilets. For [Person] I know that if they have had an 'accident' then they need to get home, so there is no fuss or bother, we head home so they can be supported then we head back out and carry on with the day."

Staff also told us how they had adapted some processes for a person because they understood how best to support their needs. For example, a person would become distressed when reviews would take place for their care. The member of staff identified that the person did not like to review documents with a lot of written text and found the meeting environment distressing. Staff therefore adapted and began to

photograph and illustrate the person's activities in a book which could be viewed instead of notes. Staff said, "Now [Person] likes to review their documents and can talk to you about what they did through the pictures, because the pictures make more sense to them than words."

We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. Care plans were reviewed and updated periodically and we saw that where necessary, these were reviewed more often to reflect changes to people's needs. We saw that people using the service had been involved in this process and some care plans were also completed in pictorial format so that people could understand them better. Some relatives also confirmed that they had been involved with the review of their relative's care. There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. Relatives we spoke with said the provider was quick at addressing issues and staff took ownership. A person from the local authority also said, "The locality managers are very good, they keep everyone updated and are the person to go to if you need any information."

The provider had a complaints policy and procedure in place and people were made aware of this. The people we spoke with knew who they needed to speak to if they had any issues or concerns. The provider had received 24 complaints since July 2016. We saw from document provided that all complaints were recorded and investigated by the provider. Where action was required and lessons were learnt then this was recorded and shared with staff.

Good

Is the service well-led?

Our findings

People who used the service gave us mixed responses on how the structure of the organisation worked for them. Three people were spoke with said that they were happy with the service being provided by Dimensions. Two other people said, "Yes," when asked if they had meetings and if they were kept informed of changes in the organisation. Another person however said that they had not had a meeting in the time they have been at Dimensions, which was over a year. They also went on to say that they, "Have not seen the manager in months and it is hard to contact the office as no one answers or it goes to voicemail". This person also said, "I have no idea who is higher than [locality manager] and no idea where to go above them". Another person however said, "I can speak to the office if I need to." They also said that they were comfortable doing so.

The registered manager was able to support staff to work well as a team in order to provide people with a good standard of support. The registered manager and staff had developed and sustained a positive culture within the organisation and we saw that structures were in place so that staff knew their roles and responsibilities.

The organisation demonstrated an open and transparent culture throughout. Staff told us that it was a 'good' organisation to work for and that the level of detail they put into their work meant that people got the best support available. We saw during our inspection that documents were easily accessible and available to be viewed. Staff were aware of changes as and when they happened and each person's care file was a 'live' document which meant that is was constantly being changed and updated to reflect the person.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the registered manager was approachable and the locality managers were also available to support them. Staff knew their roles and responsibilities well. They felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The registered manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The registered manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and

were made readily available when needed.