Dimensions (UK) Limited

Dimensions 61 New Road

Inspection report

61 New Road
Netley Abbey
Southampton
Hampshire
SO31 5AD

Tel: 02380453347
Website: www.dimensions-uk.org

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 2 and 6 June 2016. The inspection was unannounced.

Dimensions are a specialist provider of a wide range of services for people with learning disabilities and people who experience autism. This service provided care and support for up to six people with a learning disability. At the time of our inspection there were five people using the service some of whom were also living with physical disabilities. The home was arranged over two floors. The ground floor consisted of two bedrooms with a shared adapted bathroom, a dining and kitchen area, a laundry room and a communal lounge. This floor was fully accessible to wheelchair users. Four further bedrooms and the office were located on the first floor which was accessed by stairs only. The home had a large accessible garden to the rear and parking to the front.

The service had a registered manager. 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 and associated Regulations about how the service is run. The registered manager also managed another Dimensions service and was supported in these roles by an assistant locality manager.

Improvements were needed to ensure that repairs and improvements to the environment were completed in a timely manner so that the service was kept in good decorative order and was homely and comfortable for people to live in.

Improvements were needed to ensure that the registered manager had sufficient time to perform their duties effectively and provide support, such as regular supervision, to the staff team.

There were systems and processes in place to identify and manage risks to people's wellbeing. When new or increased risks were identified, action was taken to address these.

Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team and external agencies.

Appropriate arrangements were in place to manage people's medicines. Medicines were only administered by staff who had been trained to do this.

There were sufficient staff to meet people's needs and safe recruitment practices were followed. Appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home.

Staff were acting in accordance with the principles of the Mental Capacity Act 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to

care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place.

People were supported to have enough to eat and drink. They were involved in decisions about what they ate and were assisted to remain as independent as possible with eating and drinking.

Staff showed people kindness, patience and respect and we observed positive interactions between people and their support workers. People were encouraged to maintain relationships with their family and to make new friends within the local community.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well. People took part in a range of activities that were tailored to their individual interests.

People and staff spoke positively about the registered manager who they said was committed to providing a strong person centred culture and to advocating and championing the rights of people living at the service. Staff told us that the registered manager was really focused on the people using the service and had made improvements at the service.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

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 systems and processes in place to identify and manage risks to people's wellbeing.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were clear about what they must do if they suspected abuse was taking place.

Staffing levels were adequate and enabled the delivery of care and support in line with people's assessed needs.

Is the service effective?

Requires Improvement

The service was not always effective

Staff were not receiving regular supervision. There was a risk that staff would not be equipped with the right knowledge to perform their role effectively.

Improvements were needed to ensure that all areas of the home were suitable and enhanced people's quality of life.

Mental capacity assessments had been undertaken in line with the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a manner which demonstrated that they knew them well and had developed positive relationships with them.

People were treated with dignity and respect and were encouraged to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care.

People were supported to take part in a range of activities in line with their personal preferences.

Complaints policies and procedures were in place and were available in easy read formats.

Is the service well-led?

Requires Improvement

Some aspects of how the service was managed required improvement.

Improvements were needed to ensure that the registered manager had sufficient time to perform their duties effectively and provide support, such as regular supervision, to the staff team.

People and staff spoke positively about the registered manager who they said was committed to providing a strong person centred culture and to advocating and championing the rights of people living at the service.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Dimensions 61 New Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 2 and 6 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service.

Some of the people using the service had complex needs and so were not able to speak with us about their views of the care and support they received; however, we were able to speak with three people and two relatives. We also spent time observing interactions between people and the staff supporting them. We spoke with the registered manager, assistant locality manager and six support workers. We reviewed the care records of two people in detail. Other records relating the management of the service such as staff training and recruitment records, audits and policies and procedures were also viewed.

Following the inspection we sought feedback from three health and social professionals about the quality of care people received.

The last inspection of this service was in April 2014 during which we found that all of the essential standards were being met.

Good

Is the service safe?

Our findings

People told us they felt safe living at 61 New Road and the interactions we observed indicated that people were very relaxed and at ease with their support workers.

There were systems and processes in place to identify and manage risks to people's wellbeing. Each person had a risk analysis which identified the areas where specific risk assessments were required. These included risks associated with eating and drinking or the risk of isolation. Where needed, people also had moving and handling and hoisting risk assessments. When new or increased risks were identified, action was taken to address these. For example, one person had become at increased risk of falls and so they had been offered a downstairs room to prevent them being at risk whilst using the stairs. Risk assessments had been updated when people's needs changed. For example, following an incident of choking within the service, staff had sought a review of the person's support needs by a speech and language therapist (SALT) in a timely manner. The choking risk assessment had been updated and the updated SALT guidance was readily available within the service as was information about high risk foods that should be avoided. We did note that the SALT guidance said that the risk could be reduced by supporting them to eat in a quiet distraction free environment but we observed the person being supported to eat their meal during a busy and active lunch time which was not quiet or distraction free. The registered manager told us that the person enjoyed eating with the other people and therefore this was not always possible, but that they were closely observed and supported when eating at all times to help reduce the risks associated with this. People were encouraged to take some risks where these enhanced their quality of life. For example, one person had at times become agitated whilst out in the community, however, with the right support, this person was still being successfully assisted to take part in activities they valued such as visiting a favoured theme park.

The service had systems in place to report, investigate and learn from incidents and accidents. There was evidence that following an incident, the potential cause was investigated and appropriate actions taken in response. The registered manager told us that the provider's health and safety team reviewed all incidents of a health and safety nature to identify whether there were any themes or trends developing that would warrant further remedial actions. Likewise incidents of behaviour which might challenge others were reviewed by the provider's behavioural support team so that updated guidance and support could be offered where necessary.

Arrangements were in place to manage environmental risks. Staff completed a range of health and safety checks to help identify any risks or concerns in relation to the environment and equipment used for delivering people's care. Water and fire risk assessments had been undertaken. Monthly checks were undertaken of the fire alarm system and exits, water temperatures and equipment such as wheelchairs and slings. We did note that on three occasions in May, the temperature of hot water being discharged from a bath was slightly above safe levels. It was not evident that any action had been taken about this. The form used for recording the hot water temperatures did not include any information about what the safe levels were. We spoke with the registered manager about this who took immediate action to have the water temperatures recalibrated. People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home. These were stored by the front door in a grab pack

which also contained key information about their needs and relevant contacts.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures in relation to keeping people safe. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. There were robust measures in place to protect and manage people's finances safely. Each day people's personal money was checked by two staff to ensure this was fully accounted for and receipts were kept for all expenditure. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff were confident that the registered manager would take action if they brought concerns to their attention. One staff member said, "They [the registered manager] would be straight on to it and do something about it". The service had a dedicated whistle-blowing line and information about this was displayed in the office. Staff told us they were aware of the whistle-blowing line and would use this to report concerns about poor practice. They were also aware of other organisations with which they could share concerns about abuse.

People's medicines were managed safely. Staff who administered medication had completed training and competency assessments were carried out to ensure they remained safe to administer people's medicines. People's medicines were kept safely in a locked cabinet. We did note that staff were not monitoring the temperature of this cabinet. This was not in line with the provider's policy and is important as it helps to ensure that medicines are stored at the correct temperature and remain effective. We reviewed five people's medicines administration record (MAR). Each administration of medicine was witnessed by a second staff member. The MARs were fully completed and contained sufficient information to ensure the safe administration of medicines, for example, there were protocols in place for the use of 'as required' or PRN medicines. These included information about the strength of the drug and the maximum dose to be given in 24 hours. When people received a PRN medicine, staff had recorded on the back of the MAR the reason for this. We did note that staff had also not always recorded the date that topical creams or medicines were opened. This is important as some medicines can be less effective once they have been opened for longer than the recommended period.

Staffing levels were adequate. During early shifts there were three support workers on duty. This reduced to two for late shifts. Whilst there was only one waking support worker on duty at night, people had night-time support plans which described how each person's needs could be met at night by one person. This included information about how in an emergency staff could facilitate an evacuation of the home. The registered manager told us the staff rotas were determined by the amount of funding provided by the local authority for each of the people living at the service. This included a certain amount of 'in control' hours which could be used flexibly by the person to access the community or undertake activities. All of the staff we spoke with told us the staffing levels were adequate to meet people's needs safely and allow them to make their own choices about how they spent their time. There was very little agency use, which helped to ensure that people's needs were met by staff who knew them well. Staff had access to a 24 hour management on call service which they told us was helpful when advice or support was needed.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. Interviews were competency based and required prospective staff to demonstrate their understanding of key issues such as protecting people from harm. These measures helped to ensure that only suitable staff were employed to support people in their home.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care. One person said, "[their support worker] helps me to have a bath". There was evidence that people were supported to achieve the things that were important to them. For example, staff had helped one person to arrange their holiday and have regular contact with a relative who lived abroad. People told us staff helped them to eat and drink well. One person said, "I helped, yesterday we had salmon and new potatoes and on Friday we had fish and chips". A relative told us, "I believe the home does everything very well and personally do not know what else they could do better…. I feel very lucky…. never do I have a moment of anxiety wondering if he is well and being taken care of".

Improvements were needed to ensure that all aspects of the environment enhanced people's quality of life. Some areas of the home showed signs of wear and tear and needed to be replaced or updated. For example the carpet in the lounge had two iron burn marks on it. The sofa had one small area where the covering had peeled off exposing the foam below. Whilst the wall in the lounge had recently been painted, some of this had since been picked away leaving a large area of exposed wall. A display unit in the dining area was missing a door and was marked in a number of places. There was a leak around the base of an upstairs toilet. The provider did not own the premises and repairs and improvements to the property were the responsibility of the housing association that owned the property. The service had already identified that a number of improvements were needed to the environment and there was a system for reporting maintenance issues to the housing association; however, we were told that these were not always completed in a timely manner. Because of this, the provider had at times taken action to fund repairs or improvements themselves. The registered manager told us they would continue to be proactive and work with the housing provider to ensure there is was an effective programme of maintenance which provided improvements to the environment and ensured that all areas of the home were safe and could be enjoyed by people using the service.

Staff told us they had not been receiving regular supervision. The registered manager could not demonstrate that staff had received any supervision between June 2015 and January 2016. The provider's policy stated that staff should receive supervision every two months. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. One staff member said, "I do feel I need to get things off my chest sometimes, I would also like to run things by [the registered manager]. Despite the lack of supervision, most staff told us they felt well supported, One staff member told us, I have had one supervision since being here, but if I felt I needed to speak with [the registered manager] I know he would come in". However, this is an area where improvements are required.

When staff started working at the service, they were provided with a Dimensions induction which included an opportunity to complete some essential training, read the organisations policies and procedures and the care plans of the people they would be supporting. Depending upon their previous experience, staff were also enrolled on specific induction standards which were mapped to the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

Staff completed a range of essential training. Most of the training programme was delivered by e- learning and was repeated either annually or every three years. Training provided included manual handling, administering medicines, first aid and basic life support, health and safety, fire training, MCA 2005, food safety, safeguarding people, equality and diversity and person centred tools. Staff were generally positive about the training available and told us it helped them to perform their role effectively and was relevant to the needs of people using the service. Staff were encouraged and supported to obtain further relevant qualifications. For example, a staff member told us they were completing a nationally recognised qualification in health and social care. Staff had an annual appraisal, which included feedback on their performance from people, their peers, family members and other professionals. This helped to ensure that the process was meaningful and that their effectiveness was assessed fully and any training needs identified.

We checked whether the provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA). 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.

Our observations indicated that staff sought people's consent about aspects of their daily lives. We saw people being asked what they would like to have in their sandwiches and how and where they would like to spend their time. Where there was a concern that a person might not have the mental capacity to make more significant decisions, mental capacity assessments had been undertaken. For example, one person had a mental capacity assessment in relation to paying for a special holiday and one which explored whether they understood the risks of leaving the home without support. The mental capacity assessments documented what decisions had been reached in the person's best interests and who had been involved in this process. □

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant authorisations were in place and the registered manager had taken action to ensure that these were being reassessed before they lapsed.

People told us they enjoyed the food. One person said, "It's nice, on someone's birthday we have a take a way". They told us staff were very good at baking cakes which they enjoyed. People were involved in decisions about what they ate. Each week people and staff planned the weekly menu. For those people who were not able to communicate verbally, staff used a tablet to show them pictures of meals and observed their body language to identify which meals made them smile for example. The chosen menu was then displayed using pictures on the fridge. We observed that if people did not want the planned meal then they could have an alternative. The meals appeared to be of good quality and included fresh vegetables. Staff ate their meals with people which helped to provide a pleasant atmosphere to the mealtime experience. People had access to adapted cutlery which enabled them to remain as independent as possible with eating and drinking. Staff were aware that some people required their food to be cut up into small pieces to avoid the risk of choking on their food. Records were maintained of what each person ate and these showed that people were being supported to maintain a varied diet. Staff had noted when people had not eaten well and we saw that they were offered alternatives including smoothies. Where there were concerns about a person's fluid intake fluid charts were completed. We did note that the fluid charts could record more accurately the amount of fluids the person had taken and they were not being totalled on a daily basis

which can limit the effectiveness of these as a monitoring tool. We spoke with the assistant locality manager about this who made arrangements for the fluid chart to be revised.

Where necessary staff had worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met. This included GP's and community nurses. People had attended dental and optician appointments. People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments. Following reviews by healthcare professionals, staff completed a practitioner's report which documented any changes to the person's treatment pathway or support plan. This helped to ensure that key information about people's health and wellbeing was effectively shared.

Good

Is the service caring?

Our findings

People living at 61 New Road told us that the staff supporting them were kind and caring and this was confirmed by the relatives we spoke with. One relative said, "They are treated very well, it's the best home I have seen, I have no concerns at all". Another relative said, "I truly believe and feel that [their relative] is very happy. I talk to them most Sundays and they are nearly always laughing…. They are very well cared for, I have noticed the staff will do anything and everything for him. Yes he is treated with a lot of respect". Our observations also indicated that staff showed people kindness, patience and respect and offered people lots of praise and gentle encouragement whether this be to complete household chores, with eating a meal or with completing a jigsaw puzzle.

Staff had developed a meaningful relationship with each person and our observations indicated that they in turn had trust and confidence in the staff supporting them. We observed people laughing and joking with staff frequently throughout the day. Staff shared elements of their own lives with the people they were supporting which helped to foster positive relationships. For example, people chatting with staff about their pets. A staff member told us that the best thing about working at the service was "The guys, we have a good relationship with them, making them happy seeing them thrive is great". Another said, "It's a chilled house, we do everything together, people tell us the house has a lovely warm feeling". Staff said of their colleagues, "They are all genuinely caring and do their best" and "We all have different personalities but everyone is kind, if they weren't they wouldn't have the respect of their colleagues".

People were involved in planning their care and were encouraged to express their views and make as many decisions as independently as possible. People were also able to choose which staff member supported them each day and could choose what activity they wanted to do each day. Each person's room was decorated according to their own style and looked really homely and comfortable. Support plans recorded how the person and others important to them had been involved in drafting the support plan and, where able, we saw that people had signed their support agreement. Some people living at the service had been involved in the interviewing process of new staff which helped to ensure they contributed to decisions about who provided their care and support.

Daily records were written in a caring, positive and person centred manner and not only recorded the tasks or activities that the person had undertaken but whether they had enjoyed them. For example, one person's daily records said how they had had a bath during which they had been giggling and singing. People had a 'How I communicate support plan' which gave guidance for staff on how to understand what the person might be communicating to them. For example, one person's support plan explained how touching their belt meant they wanted to use the bathroom and how when angry or agitated they might mumble under their breath. Staff were well informed about this information and used it effectively to intervene and support people in a caring and sensitive manner.

People were encouraged to maintain relationships with their family and to make new friends within the local community. Staff had supported one person to begin using a tablet to make video calls to their relative living abroad which the person really valued. Other people were visited by their relatives at the home or

were supported to make a trip to see their family by staff. Where people did not have family members involved in their care we saw that the service worked alongside formal advocacy services to ensure that people had every opportunity to express their
choices and wishes. The service and people living there were part of their local community. Visitors from the local community were encouraged and one person had shared their birthday celebration with staff from local shops. Another local resident brought their dog to visit people. Staff also supported people's religious beliefs. One person regularly attended church and staff had supported them to access applications on the tablet to listen to bible stories. The registered manager told us how one person had started to display self – injurious behaviours following bereavement. To support the person, staff had arranged for a local vicar to visit the service and provide counselling which had had a positive effect.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care provided to each person. Staff told us they were careful to ensure people's doors were closed when providing personal care and knocked on people's doors before entering their rooms. A dignity champion had been appointed and it was hoped that they would soon start attending the local authority's Dignity in Care Forum so that they could model and share best practice about dignified care.

The provider had a range of accessible communications available to ensure people were enabled to be involved in decisions about their care and the policies and procedures of the organisation. For example there were easy read versions of 'What Dimensions does about abuse' and the complaints process.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs and were supported to take part in a range of activities which they enjoyed. A relative told us, "[the person] always seems to be involved in some activity or other, also they arrange for cruises which I know he loves".

People's care and support plans were person centred and contained information about their likes and dislikes, their preferred daily routines and the things that made them happy. For example, people's care plans included a 'one page profile' that described, 'How to support me well' and what a good and bad day might look like for the person. The profile also included information about the person's dreams for the future. One person's profile recorded their dream of going on a cruise. We saw that the person had already been on one cruise and second one was planned. Another person's one page profile described how they enjoyed eating out and shopping for clothes which they told us staff supported them to do.

Support plans also contained information about the person's gifts and skills and the relationships that were important to them. For example, one person's gifts and skills were noted to be a 'sense of humour' and a 'passion for ships'. We saw that staff supported the person to follow this passion by assisting them to go sailing and to watch the cruise liners on nearby Southampton Water. Staff told us they could refer to people's care plans in order to understand their needs and they showed a good knowledge and understanding of people's likes and dislikes which demonstrated that they knew them well. For example, staff knew that one person liked to listen to The Beatles and put this music on for them which they clearly enjoyed. This helped to ensure staff understood the needs of the people they supported and enabled them to care for them in a person centred manner.

Staff maintained daily records which noted how the person had been, what they had eaten and what activities they had been involved in. This helped to ensure that staff were able to effectively monitor aspects of the care and support people received. Each month staff noted what had worked well that month and what had not. They also reviewed how the person was progressing with their goals to inform and develop their support plans. This helped to ensure that people's daily support remained relevant and purposeful. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. When concerns were noted about a person's health or behaviour, staff had responded by making a referral to relevant healthcare professionals. For example, two people had been referred to an occupational therapist due to a decline in their mobility and for a review of their wheelchair to ensure this remained suitable for them.

The relatives felt involved in their family members care. One relative said, "Yes they ring me, they keep me well informed". Person centred reviews took place on an annual basis which had until recently been led by the local advocacy service which had helped to ensure that people were supported by an independent person to give their views and feedback about the care and support they received. People's views and aspirations were used to agree goals and plans were produced which detailed which staff member would be responsible for supporting the person to achieve the goal. For example, we saw that a plan had been made to redecorate a person's new room in a manner of their choosing. This had been completed by staff.

People regularly took part in a range of activities based on their own interests. Within the home, people were supported to follow their particular interests. For example, one person enjoyed puzzles. We saw staff supporting the person to undertake this activity. Staff also tried to encourage people to get involved in household chores such as cooking, cleaning and shopping. One of the support workers had got people involved in growing vegetables in the garden which was also used for BBQ's in good weather. Outside of the home people visited social clubs where they were able to do a range of activities such as painting. One person attended a local knitting group. People also went sailing, visited local garden centres, went to church, cafes and for walks. We saw lots of pictures around the house which demonstrated that people were involved in a range of activities that they appeared to be enjoying. A staff member told us, "We try and keep the activities individualised, there is usually no more than two people doing an activity, we match the support worker helping them so that they share an interest in the activity, they all have a different range of activities that they enjoy doing". The registered manager told us that in the summer people would be celebrating the service's 20th anniversary. A meeting had been held with people using the service to decide upon the date of the celebration, who would be invited and what food they would prepare.

Complaints policies and procedures were in place and were available in easy read formats. If concerns or complaints were raised, these were logged electronically so that actions taken to address them could be monitored and reviewed by the registered manager and the organisations quality team. This helped to ensure that appropriate actions had been implemented to address concerns raised, in accordance with the provider's complaints policy. However, there had not been any complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

The manager knew people well and understood their individual needs. It was clear that he had a good relationship with people and they in turn felt at ease with him. One person told us, "He's a lovely man, one day he danced with me". Another person said, "The boss? He's alright".

The registered manager was also the registered manager of one other Dimensions service and they were supported in their role by an assistant locality manager. For three months between January and April 2016, the provider had requested that the registered manager and assistant locality manager provide management cover to a third service some distance away. This had required a lot of their time. Consequently, they had not been able to sustain a regular presence at 61 New Road. Whilst the provider had arranged some temporary management cover for the service, a number of staff expressed regret about this with some saying the registered manager's absence from the service had had an impact on staff morale at times. One staff member said, "[the registered manager] is a nice guy, a good manager, I just don't see him enough……I haven't seen him for ages, when he's here its great". Another staff member told us how it would just be "Nice to run ideas past" the registered manager. However, staff were clear that the registered manager's absence had not impacted upon the care people received. On staff member said, "The service runs well, [the registered manager] would not stay away if he didn't think that. He is the best manager I have had, very caring". Another staff member said "Staff have been running it on a daily basis, but there has been no impact on them [people using the service], they still go out etc. it's the office side that gets neglected". These comments were reflected in the findings of the inspection. People told us they were cared for and they appeared to be leading active and fulfilling lives. However, staff were not receiving regular supervision. This is an important way of ensuring that staff continue to feel motivated and have all the right skills and knowledge to care for people.

We spoke with the registered manager about these findings; they acknowledged and understood the concerns of staff. They were aware that if they had been able to sustain their presence in the service, some matters or issues might have been "Nipped in the bud". However, they explained that the period of supporting a third service had now come to an end and that this would help to ensure that they and their assistant locality manager were now able to spend more time at the service to oversee improvements and ensure people continued to receive effective care.

The registered manager told us that the organisation was committed to actively seeking the engagement and involvement of people and staff in developing the service and driving improvements. Meetings with people were held periodically. We saw that these were an opportunity for people to plan special events, talk about the things they were looking forward to, things they might need or anything about which they were unhappy. Following the meetings actions were assigned to staff to complete. As mentioned above staff meetings had not been taking place on a regular basis. There had been one in April 2016, with the one prior to that being in February 2015. Minutes of the meetings showed that these were an opportunity to share good news and discuss issues affecting the people they supported but also staffing issues such as policy updates and health and safety matters. In between meetings, key information was shared with staff via a 'Read and Sign File'. This contained information about specific risks to people and new policies and

procedures. Information was included about the providers new support model 'Activate'. The Activate support model has been developed from research undertaken by Dimensions UK along with other leading organisations supporting people with Learning disabilities. The model's aim is to significantly improve people's quality of life and outcomes and provide increased job satisfaction for staff. Trials of the new support model had been successful and this was being rolled out across all Dimensions services.

There were some systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. The provider undertook audits at the service which looked at a range of areas including people's support plans, how medicines were managed and staff training and supervision. We were told that the frequency of these depended upon how well the service was performing but would now be between one and two years apart. We reviewed the audit that had taken place in February 2016. This was detailed and identified areas where improvements were needed. One of these was with the frequency of supervision. The outcome of this and other audits fed into the service improvement plan. This detailed the areas where improvements were required, the steps needed to deliver these and a clear time scale for completion. We were able to see for example, that since January, improvements had been made to the frequency of supervision for staff members. The registered manager told us that in between the provider audits they used the audit tool to self-assess how the service was doing, although this was not currently being done on a regular basis. We also noted that regular audits of how medicines were being managed were not currently being undertaken.

The organisation's vision and values were clearly set out and included helping people to have the best life possible, working in partnership with people and treating people with respect. We saw that the registered manager and staff worked in a manner that was in keeping with these values. The registered manager was committed to providing a strong person centred culture and to advocating and championing the rights of people living at the service. We saw that they had worked to bring about improvements which enabled the use of tablets within the service to improve how people experienced their care and support. They told us they were proud of the how the service had become part of the local community with one of the people the service supported recently being given the 'nicest person in the community award'. Staff told us that the registered manager was really focused on the people using the service and had made improvements at the service. One staff member said, "They made it a lot better when they first came to the service, things are done more person centred, they [people using the service] do a lot more as individuals".