Dimensions (UK) Limited

Dimensions Hampshire Domiciliary Care Office

Inspection report

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19 April 2018
23 April 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 17, 19 and 23 April and was announced. This was to ensure people, staff and relatives we needed to speak to would be available.

Dimensions Hampshire Domiciliary Care Office provides personal care and support for people living in their own homes across the county of Hampshire. This included supported living housing arrangements, with shared tenancies and sometimes 24 hour care support. At the time of our inspection, the service supported 124 people with personal care

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had shared concerns with the CQC regarding allegations of abuse of people by staff. These had been reported to the local authority by the provider and investigated by the provider and local authority. The staff responsible for the abuse had been immediately removed from the service. We visited people and inspected the service to ensure that these actions had been carried out. The provider had taken prompt action in response to safeguarding concerns and had implemented an action plan to ensure people's safety and protect them from further abuse.

People were protected from harm or abuse from appropriately trained staff who used the providers' robust reporting systems. Risks to people were assessed and managed safely by appropriately trained staff. People were supported to access their preferred activities, develop skills and have maximum control and choice in their lives so that their independence was promoted and their freedom respected. Sufficient numbers of staff were deployed to meet people's needs and there were safe practices in place to ensure that people received medicines safely.

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

People were supported according to their needs, choices and preferences by appropriately trained staff. Most care plans and risk assessments were regularly reviewed and updated. We found some examples of care plans which had not been reviewed on the specified dates. We raised this with the provider who then made arrangements to complete the reviews. Care plans accurately reflected people's needs. Staff liaised effectively with healthcare professionals to support people's health and wellbeing.

People received consistent support from caring staff who knew them well and treated them with respect. Staff encouraged and supported people to be involved in making decisions about their care.

People received personalised support which met their needs and preferences and developed their abilities. The provider had a complaints policy and people were supported to express their views. Arrangements were in place to provide care and support for people nearing the end of their lives. Assessments were recorded in people's care plans.

The provider demonstrated an inclusive, person centred approach to delivering care which was understood and shared by staff. Effective systems were in place for monitoring the quality of care provided. Audits were used to identify improvements and drive service development. Feedback was regularly gathered from people and their relatives and used to drive service improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dimensions Hampshire 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 17, 19 and 23 April 2018 and was announced. We gave the service 48 hours notice of the inspection visit because the location provides a domiciliary care service to people who are often out during the day. We needed to be sure that they would be available to speak to us.

The inspection team included two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was care of older people who use regulated services.

Before the inspection we spoke with two social workers from the local authority safeguarding team. We also reviewed key information before the inspection. We asked the provider to complete a provider information return (PIR). This is a document which gives information about the service such as what they do well and what improvements they plan to make. We also reviewed any notifications sent to us. By law, a provider must inform CQC of any significant events by sending a notification.

As some people were unable to communicate verbally, we observed four people receiving care in their own homes. We spoke with four people who received care and support and four relatives. We also spoke with the registered manager, five locality managers, two assistant locality managers and four members of staff. We reviewed records relating to people's care and support including care plans, health records and medicines administration records. We also reviewed the provider's policies and procedures on health and safety, lone working and the management of medicines as well as staff training records and recruitment files, and the provider's service improvement plans. Following the inspection we reviewed further records sent to us by

the provider, including staff meeting minutes and staff rotas.

Good

Is the service safe?

Our findings

Staff had received safeguarding training which was refreshed annually. Staff we spoke with were able to identify different types of abuse and actions to take to protect people from harm such as escalating their concerns to senior staff or using the confidential whistle blowing number. This was confirmed by one of the assistant managers. They told us, "Staff are brilliant for reporting concerns…we work out the best way forward on how we manage a…situation."

At the time of the inspection the provider was conducting an investigation into the abuse of people by staff in two homes. Staff responsible for the abuse had been removed from the service. The provider was working in partnership with the local authority to put a plan in place to identify why the abuse had occurred and to protect people from further abuse. The registered manager had reported allegations of abuse to CQC and the local authority promptly. The registered manager had also maintained communication with relatives of people and apologised for what had occurred.

People's care and support plans contained risk assessments and specific guidance so that staff could support them to stay safe. Most of these had been reviewed. We found that risk assessments for 2 people had not been reviewed on the agreed dates. We asked the provider to ensure that these reviews were completed. People who were at risk of choking had assessments in place from the speech and language therapist and clear guidance was available for staff on how to manage choking risks for people.

The provider deployed sufficient numbers of staff to meet people's needs. If people required one to one support at home or during outings the provider deployed suitable numbers of staff were available to ensure they stayed safe.

The provider used safe systems to store, record and administer medicines. Medicines administration records were completed accurately. Where people had been prescribed 'as required' medicines, protocals were in place which had been reviewed and approved by the person's GP. Where people required emergency medicines for the management of conditions such as epilepsy staff had been trained to administer these medicines. The provider had also worked effectively in partnership with GPs and specialist nurses to reduce the overuse of medicines which control people's mood or behaviour.

People were protected from the risk of acquiring an infection. The provider had an infection control policy in place and communal areas were kept clean. Staff used personal protective equipment when giving personal care.

The provider showed us the electronic system used for recording incidents and accidents. Staff we spoke with told us that they reflected on incidents in order to prevent recurrences. This was confirmed in records of staff meeting minutes and in action plans we reviewed. These were used to protect and maintain people's safety.

Good

Is the service effective?

Our findings

People received support which met their needs. Care plans we reviewed contained assessments which identified people's individual needs and choices, as well as personalised information about people's preferences, abilities and hopes for the future. The provider was in the process of changing people's care plans to a digital format so that they could be more easily accessed and updated by all staff. This process had not been completed at the time of inspection. Person centred reviews were completed each year with people to ensure that staff understood and met people's changing needs. People using the service were actively supported to attend community based services such as day centres and education providers.

Staff were given specific training to meet people's needs. Staff we spoke with felt that they were well supported through their training and development. Records showed that staff were given regular supervisions and that competencies such as medicines administration were regularly assessed. Staff appraisal records showed that managers praised good practice and supported staff to put action plans in place for professional development. Staff had completed or were undertaking the Care Certificate. This is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide effective care.

People were supported to have a healthy diet. Staff worked with people to plan balanced menus which reflected people's preferences and provided them with healthy options whilst respecting their right to choose what they wanted to eat.

Records showed and staff confirmed that they worked effectively with healthcare professionals such as speech and language therapists and social workers when planning and delivering care for people. People's care plans contained records of healthcare appointments they had attended and of visits from healthcare professionals including district nurses. This showed that staff had worked in partnership with healthcare professionals to meet people's needs.

Staff had received training in the Mental Capacity Act and were able to give examples of how they would apply its principles when caring for people. Where people required support to make decisions staff demonstrated that they had acted in people's best interests. This was documented in people's care plans.

Good

Is the service caring?

Our findings

Staff had developed bonds with the people they supported and spoke about them affectionately. During our inspection we observed staff treating people kindly and compassionately. When a person was showing signs of distress after returning from an outing, a member of staff sat with them, offering reassurance and gently stroked their forehead. The member of staff told us, "They like this, they find it very calming and it usually has a good effect". In a short space of time the person was smiling and laughing and showed no sign of anxiety or distress. Staff knew people well and were able to describe their preferences, needs and abilities. Staff celebrated people's strengths and encouraged them to develop skills. During the inspection we saw that staff laughed and joked with people and supported them to express themselves.

There was a keyworker system in place which ensured that people were supported by a staff member who knew them well. Staff supported people to talk about their interests so they could plan enjoyable activities. One person told us "they take me out a lot- I went to the zoo". If people struggled to communicate, staff used a range of methods to support them to express their views such as sequencing and picture cards and Makaton sign language. Staff told us that one person's verbal communication abilities had improved as a result of the support they received. They said, "[they] didn't use to speak, now you get merry Christmas and the panto". People were supported and encouraged to make and maintain friendships. A relative told us. "They get them all together for a Christmas party and do nice birthday parties."

During the inspection we observed staff treating people with respect at all times whilst supporting and encouraging them to maintain their independence. Staff were able to describe the principles of privacy and dignity and give examples of how they would apply them. We observed staff asking permission before entering people's rooms. Staff told us that they maintained people's privacy when giving personal care.

Good

Is the service responsive?

Our findings

People were given care which was responsive to their needs. Relatives of people who used the service told us their loved ones received personalised care. One person said, "They take [them] on holiday which they don't have to, they are good at anticipating [their] needs; they take [them] places [they] like." Another person told us "[they are] very happy there. They make lots of fuss over birthdays and they include family, as family is very important to [them]."

The provider had a complaints policy in place. Records showed that the registered manager had responded to concerns promptly and instigated investigations. We saw evidence which showed service improvements were made in response to feedback and concerns raised. Family members were encouraged to give regular feedback about the service and identify improvements that could be made. Staff told us that people's relatives were invited to attend monthly review meetings and maintained phone and email contact. People's relatives knew how to raise concerns. One person told us,"I know how to raise concerns. I've got [assistant manager's] number. Dimensions seems to be a well managed company."

People participated in planning the support they required. Support plans and risk assessments were completed by staff with people during initial assessments and at monthly key worker reviews. These also included information from people's relatives. Staff held regular conversations with people and adapted their care and support plans to reflect their choices and preferences. Yearly person centred reviews with people to identify changes in people's needs and adapt support plans accordingly.

At the time of the inspection the service was not providing care for anyone nearing the end of their life. However, where people lacked the capacity to make decisions about what would happen after their death, staff held sensitive conversations with family members in order to make suitable plans for people where appropriate.

Good

Is the service well-led?

Our findings

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 registered manager displayed a vision to deliver person centred care which promoted people's independence, capabilities and helped them to be safe. This vision was shared by staff at all levels. People who used the service were empowered to express their views so that they had control over their lives. They were encouraged and supported to have aspirations for the future and achieve goals such as improving their writing abilities.

Staff we spoke with had a clear understanding of their responsibilities and stated that they were well supported by the management team. Staff performance was regularly reviewed through one to one supervisions, appraisals and competency checks such as medicines administration observations. Staff told us that they felt their managers were available and that they could approach them with concerns. The registered manager, locality managers and assistant managers effectively used quality assurance assessments to identify and implement service improvements. These were recorded on the provider's electronic system.

The provider continually sought feedback from people using the service and their relatives to improve the quality of care provided. Staff provided people with opportunities to express their views on the care they received such as informal conversations and care and support reviews. Where people struggled to communicate, family members were encouraged to give feedback about service improvements. The provider contacted relatives to seek feedback which was then incorporated into audit reports. This information was then used to inform the service improvement plan.

The provider used effective systems to continuously learn and improve. Records showed that actions identified from audits were used to inform the provider's service improvement plan to implement improvements in the service. As a result of the recent audit Makaton training was booked. Makaton is a language programme which uses signs and symbols to help people communicate.

Staff told us and records confirmed that the provider worked in partnership with a healthcare professionals such as district nurses, GPs and dentists to ensure that people's health and wellbeing needs were met. If a person was nervous about visiting the dentist, staff would arrange for a dentist to visit them at home to ease their anxiety.

All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified CQC about all incidents and events required.