Dimensions (UK) Limited

Dimensions Dorset Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 5 March and was announced. The inspection continued on 6 March 2018 and was again announced.

Dimensions Dorset provides care and support to people with learning disabilities who live in their own homes. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 56 people.

This service provides care and support to people living in 62 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People receiving support from Dimensions Dorset received highly individualised person centred care. Support plans contained detailed and personalised care plans and we saw that people had been supported to have a full and meaningful life enjoying interests, taking part in new experiences and being active members of the local community. There was an emphasis on the need for good communication with a range of documentation being provided in way to assist people in accessing information.

People, relatives, professionals and staff felt that the service was extremely well led. The provider, registered manager and staff actively promoted a positive, inclusive and open culture; this approach had a positive impact on the quality of the service people received. The structure of the service worked for people, so that locality managers were always available to support staff and people when needed. The service worked in conjunction with other organisations to improve care for people with a learning disability. There were robust quality assurance systems in place which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated, worked well as a team and shared a common ethos of providing high quality,

compassionate care with regard to people's individual wishes and support needs. Staff were valued, well supported and supervised by the management team.

Feedback from people, relatives and professionals described the service as excellent, one which exceeds expectations, outstanding and the best in the local Area.

There was a people council and the local representative worked in the local office. The Council was an elected body of people Dimensions supported that met four times a year on its own and twice with the Dimensions Board. Feedback from a local level had influenced changes at an organisational and national level which had led to positive impacts on people's lives.

Family charters were in place. These outlined a commitment to involve people's families in exactly what they wished to be involved in. The registered manager sat down with families and reviewed these on an annual basis to determine how much contact families wished to have with staff, the management, the organisation and what they may wish to be updated on.

People were supported by staff who received regular training specific to their needs. An inclusive and innovative appraisal system was used. These gathered feedback from people and the families about staff performance and the delivery of care which was then shared with staff and used to celebrate successes, develop and improve performance.

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

Risks to people were identified promptly and effective and robust plans were put in place to minimise these risks, involving relevant people, such as people's family members and other professionals. Effective positive behaviour support plans had been completed and were up to date. These gave staff clear guidance on how best to support people which had led to positive outcomes.

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

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

There was an infection control policy in place which staff were aware of to minimise the risk of infection.

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

People, relatives and professionals told us that staff were caring. During visits to people's homes we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

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

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

Lessons were learnt and improvements made when things went wrong.

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

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

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and reflected in support plans.

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

Staff received training, supervision and appraisals to give them the skills and support needed to carry out their roles and meet people's assessed needs.

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

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

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

Is the service caring?

Good

The service was caring.

People were supported by staff that spent time with and treated them with kindness and compassion.

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

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

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

Is the service responsive?

Outstanding

The service was very responsive.

People were supported to create and achieve life changing goals and improve outcomes in their lives.

Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.

Feedback from relatives described the service as excellent and one which exceeded expectations.

People's support plans were up to date, regularly reviewed and personalised to guide staff to provide extremely responsive, person centred and holistic support.

Support plans reflected people's diverse needs, including those related to disability, gender and other protected characteristics.

Documentation, including support plans and key policies and procedures took account of people's needs and was produced in a format to assist people in understanding the content of documents.

A complaint policy and procedure was in place. Concerns were investigated by the registered manager and the outcome was shared and used to develop the service. This made people and relatives feel listened to, valued and important.

End of life care processes were being explored creatively and involved people and relatives to make sure that preferences, beliefs and choices were understood and respected.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

People received high quality care and support as the provider's vision and values were understood and applied across all areas of the service. The organisational structure provided staff with strong leadership and support.

The registered manager and staff were committed to the development of the service and the sharing of good practice to promote the quality of life of those they supported.

The provider, registered manager and staff had across the organisation systems and processes to involve people who use the service, their family members, staff and external agencies. Their feedback was used to develop and monitor the service.

Relatives and professionals were extremely positive about the service, management and quality of care delivered, describing it as outstanding and the best in the Area.

There were family charters in place. These outlined a commitment to involve people's families in exactly what they wished to be involved in.

A comprehensive and robust system to monitor and maintain the high levels of care and support provided to people was in place. These included quality checks completed by people who used Dimensions services.

The provider was committed to the development of the service and worked with external providers to improve services for people with a learning disability.

Dimensions Dorset Domiciliary Care Office

Detailed findings

Background to this inspection

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

Inspection site visit activity started on 5 March and ended on 6 March 2018. It included visits to five people in their own homes and the office. We visited the central office on the morning of 5 March and all day on 6 March to see the registered manager and staff; and to review staff records, care records, policies and procedures.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

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

We had received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service, one social care professional and seven staff. We had telephone conversations with 12 relatives and four professionals who had experience of working with the home.

We met with the registered manager and five locality managers. We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017/18 feedback questionnaire results. We looked at three staff files, the recruitment process, complaints, incidents and accident recording, training, supervision and appraisal records.

We visited five people in their own homes and observed care being delivered to people some of whom were non-verbal.

We asked the registered manager to send us information after the visit. This included policies and the staff training record. The registered manager agreed to submit this by Thursday 8 March 2018 and did so.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that they felt Dimensions Dorset was safe. A person told us, "I feel safe. This is my house and the staff are good". A relative said, "My loved one has had support from the service for five to six years. I feel that they are safe as they have two carers day and night". Another relative told us, "Our loved one has been supported for seven years. We know they are happy and safe and this reassures us, for example, it is their choice to come to us for lunch once a week and they are often keen to get back to their bungalow and that makes us know that our loved one feels happy at the bungalow. The past seven years have been the best of their life. They used to live in an institution and was not happy there". A health professional said, "Dimensions Dorset are a safe service. Never had any issues and they are very transparent". A staff member told us, "I feel people are safe. There are staff in people's homes 24 hours a day. Equipment is checked, procedures, guidelines and assessments are in place".

Staff understood their responsibilities to raise and report concerns, incidents and near misses. An assistant locality manager told us, "Staff understand their responsibilities of reporting, we cover this in every staff supervision too". Electronic incident reports were completed and submitted to locality managers, the registered manager and an internal health and safety team. These incident forms had a safeguarding icon which when ticked was also sent to the internal safeguarding team. We found that incident forms included a section for the staff completing them to add how the incident could have been avoided. From this the managers then reflected on the outcome and actions taken. The registered manager told us that quarterly safeguarding panels were held where safeguarding alerts and incidents were discussed and reviewed. This was an opportunity for the service and provider to reflect, learn and improve.

The management team took a proactive approach to learning lessons when things had gone wrong. For example, following some recent medicine errors the management team had developed a workshop session for staff with role play, practical elements and discussions. The practical elements included mock blister packs made up of sweets with errors and staff were tasked with having to identify these. The registered manager said, "We will pass this on to other teams within Dimensions. We are trying so hard to address and upskill staff around the importance of medication". These were being rolled out in team meetings and working groups. A social care professional told us, "They (the management team) have been very open and transparent when things have gone wrong, like medicine errors. Errors are investigated, actions are taken and new measures are put in place to safeguard".

There were robust systems in place to ensure proper and safe use of medicines. Audits and stock checks were completed. Medicines were stored securely and keys to medicine storage were held by authorised staff. Medicines were only administered by trained staff who had been assessed as competent. We reviewed medicine administration records (MAR). People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that records were legible and complete.

At the time of the inspection no one was receiving covert medicines. There was a clear comprehensive medicines policy in place which highlighted the requirement for discussion and best interest meeting with

family, pharmacy and the importance of clear instructions for administration and review. This was in line with guidance and the Mental Capacity Act 2005.

The service had a safeguarding policy in place which included an easy read version for people who used the service. These detailed definitions, preventative measures, the investigation process, key contacts and record keeping. Safeguarding alerts were recorded and actions from outcomes either completed or in progress. Advocate services were available to people and learning was shared in staff and safeguarding panel meetings. People were protected from discrimination and their equality and human rights were respected. Information was provided to people to support them to understand what keeping safe meant. There was an active safeguarding log which included recordings of people's and their representative's desired outcomes. At the time of the inspection all health and social care professionals and relatives we spoke to told us that they had no safeguarding concerns.

Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Finding unexplained bruising, a person being withdrawn, monies not adding up may indicate abuse. I would report it to my locality manager or the registered manager. I could inform the police, local authority or CQC. We talk about safeguarding in supervisions. I have no concerns".

People's care files were up to date, identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. Risks included; epilepsy, choking and use of a hoist. Staff were able to tell us what risks were associated to which people and where to find people's individual risk assessments. This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team. We found that Dimensions Dorset had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely. A relative said, "Our loved one can be a difficult client due to their challenging behaviour. (Name) doing so much more now-a-days which is great. They are with carers all the time and that makes us feel that (name) is safe".

Each location had an emergency contingency plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, gas leaks, floods, snow, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded. A staff member told us, "The contingency plan was tested in the snow last week and worked well".

We were told that all support hours were covered and that vacant shifts were covered by staff taking on additional hours and agency staff. A manager told us that they requested the same agency staff wherever possible to maintain consistency. A person said, "There are enough staff for me and they are the best!" A staff member told us, "I feel there are enough staff. People have core staff teams. There are some agency which cover sickness, annual leave etc. but these are regular ones so care is consistent and people know

them". Another staff member said, "People are safe. Staffing is ok". The registered manager told us that staffing levels and 1:1 hours were assessed and agreed during the initial pre admission assessment stage. We found that people's 1:1 hours were recorded with details of the support received. The registered manager told us that they would also refer to the commissioning team for additional hours should people's needs change and reduce hours where it is deemed appropriate and independence levels increase. A relative told us, "Last year when (name) had to go into hospital they (the service) got funding for them to have carers from 8-8pm to support and alleviate their anxiety by being there".

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

People were supported in the recruitment of staff. Depending on their ability and choice people either met new staff in their homes or would sit on interview panels and participate in asking questions to potential new staff. A person said, "I was involved in recruiting a new manager. I enjoyed asking them questions". A recently recruited staff member told us, "I went to the office for my interview and was then asked to come to the home to meet the people. After that I was offered the job. I felt it was nice to meet them before and get them involved in the process".

People were protected by the prevention and control of infection by staff who had received training and wore personal protective equipment (PPE). Staff had received food hygiene training and correct procedures were followed where food was prepared and stored. For example, open foods were covered and labelled appropriately.

Good

Is the service effective?

Our findings

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. People and their families were involved in discussions about their care needs and had their life choices respected. Care was delivered in line with current legislation and good practice guidance. Technology and equipment was available that increased people's independence and safety. Examples included sensory alarm mats for people at risk of falls and seizures and hoists for assisting with transferring people.

The service worked effectively with other teams and services when people were referred to them and transitioned between services. Transition plans involved people, professionals and families. We spoke to the business and locality manager who led on the assessment, admission and transition of people. They told us, "I get information from the local authority and other services. I then meet with the person and their families. We discuss what a good day and bad day looks like for them. From there we look at outcomes, goals and new skills they want to learn. This information then forms the foundation of people's support plans". A relative said, "The manager gave us an info pack with staff names and contact numbers which we found very helpful. We had been anxious about the transition to Dimensions, but it has all been good and a weight has been taken off our minds. They (staff) came to visit us, before the transition and to have a chat about (relative's title) and their care needs". A professional said, "The service here is very good. They have taken on a number of new packages. The process was very efficient and holistic".

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management and new staff were confident they had the right skills to carry out their role.

There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which included safeguarding, medicine awareness, first aid, infection control, moving and handling, food hygiene. In addition to core training, staff received specific training in relation to the needs of the people they were working with. This included learning disability, autism, use of hoists and epilepsy. A person said, "Staff know what they are doing. Staff do training". A professional told us, "I think staff are well trained in response to people's needs". A relative said, "The carers are very competent and know (Name's) needs". A staff member told us, "I have recently done my hoist training and suction training. These were both practical sessions and specific to the people I support here".

Dimensions Dorset used an inclusive and innovative appraisal system. This system was called 360 appraisals and took place across the service. Feedback was gathered from people and the families about staff performance and the delivery of care before appraisals were held with staff. The feedback was then shared

with staff and used to celebrate successes, set new objectives, and develop and improve staffs performance. We reviewed staff files which evidenced that regular supervisions took place and were carried out by management. Staff said that they found supervisions very useful and confirmed that they took place regularly. A staff member said, "We receive regular supervisions. I can discuss concerns, learning, people and issues I may have. However if I need to discuss things before my supervision my line manager is always available".

People were supported to maintain good health and have access to healthcare services. The registered and locality managers told us that they had a good relationship with the local learning disability team's and other professionals. We found that health visits were recorded in people's care files and noted that recent appointments included; dentists, chiropodists, epilepsy nurse and GP's. People had hospital and health passports which were shared with professionals during appointments and hospital admissions. These detailed people, preferences, medicines, communication needs and allergies. A relative said "They (staff) have been taking my loved one to the dentist to visit and see the place so they feel less anxious because (name) will soon go to have teeth extracted". A professional told us, "One person recently had an increase in seizures. They contacted us quickly and we went in to review the persons care plan and staff guidelines". This demonstrated staffs commitment to supporting people to receive appropriate care and assessment which is in people's best interests.

The service worked in partnership with local GP's and other health professionals to regularly review and assess medicines in line with Stopping over medication of people with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The service was able to show us how this had had positive life changing impacts on people's lives. A health professional told us, "One person is going through the STOMP programme. Before they would not attend GP appointments however with staff's continuing support and patience they now are. This is lovely to see and their medicines have been reduced". Another professional said, "The service is very proactive with the STOMP programme and this works effectively in the service. They have managed a slight reduction for one person and staff have worked hard with the person to achieve this".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who were able told us they were involved in their care, attended regular reviews and had access to their records.

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

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

Protection. The registered manager confirmed that the appropriate applications had been made to the Court of Protection were it had been identified that people had continuous care and support.

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. One person told us, "I can choose my own meals and which supermarket I shop in. My favourite meal is steak pie and I often have this". People were supported to eat out at restaurants as and when they chose to. This included those on soft diets. The staff had researched local restaurants who could provide pureed foods.
People's dietary needs were assessed and where appropriate plans put in place. For example some people were diabetic and others were peg fed and on soft diets. The plans reflected safe foods including treats. We found that healthy eating guidance was available to people and staff to develop their understanding. The service also worked with the local learning disability team and speech and language (SALT) teams to create and provide information in relation to safe swallow plans. These gave people and staff information about food types, consistency and seating positions. A relative said, "The carers are very aware of my relative's needs. They (staff) have a very good flow chart to follow regarding their peg feed ".

We were told about one person's family who had cultural preferences around certain foods. However the person had other preferences. The locality manager explained how they had worked with both the person and family sensitively to put appropriate plans in place which respected their wishes and was in the person's best interests. This made the family feel listened to and valued.

Good

Is the service caring?

Our findings

There was a strong, visible, person centred cultured established across Dimensions Dorset. Staff and management spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During our home visits we observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "Staff are caring and kind. They listen to me and spend time with me".

Family members spoke highly about the kindness staff showed people who used the service. A relative told us, "My loved ones carers are like their family. They (staff) respect my loved one, but are also friendly and warm". Another relative said, "(Person's name) gets on so well with their team of carers. They (the staff) each play an important part of a family for (name). One is a motherly person / another like a father / another like his best mate. We call them his Team Family". Another relative told us, "I have nothing but praise for the carers. Our loved one has the same staff most of the time who know (name) very well. The carers will bring them to us for lunch and they have lunch with us too. They (staff) are brilliant carers". Professional's comments included, "Staff always put people's best interests first", "Staff are caring and kind. Some people can be really challenging but staff stay. This shows real passion and commitment", "Staff interactions are very good with people, professionals and families. They are so kind, courteous and caring".

People's support plans were written from their perspective, focusing on how people preferred to be supported with all aspects of their day to day lives. Staff were skilled and understood people's complex communication needs. We saw staff respond to one person who was non-verbal, by offering and supporting the person to have a drink. Relatives were confident that staff understood their loved ones preferred methods of communication. Comments included; "They (staff) know that (name) mainly communicates by smiling", "Staff speak softly to (name) and explain what they are about to do. They (staff) communicate with our loved one by Claps of the hand". "They (staff) know that (name) communicates by clucks and clicks". A person said, "I make my own choices and decisions. I can choose what to do and when to do it".

People were supported to maintain regular contact with families and friends and were supported to visit them. A relative told us, "(Name) comes home on alternate weekends". Another relative said, "I visit once a week and am always welcomed and pleased with what I see". A person said, "I see my sister and brothers every week. This is important to me and they can visit whenever they want. My brother was here yesterday". The person went onto say, "I can also invite my friends to my house. Last week a friend from my drama class came here. We had dinner and chatted. I enjoyed having them here".

People's privacy, dignity and independence was respected by staff. Staff we observed during visits to people's houses were polite and treated people in a dignified manner throughout the course of our visits. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and close curtains. I keep (name) informed of what I am doing". A relative said, "The carers are respectful of my loved one and tell them what they (staff) are about to do. But also with his needs, they (staff) encourage

(name) to be independent e.g to clean and tidy their room". Another relative told us, "Before the carers give my loved one personal care, they (staff) will support (relatives title) into their bedroom and tell them what they (staff) are doing. They (staff) close the bedroom door and close the blinds". Another relative mentioned, "The carers are lovely and respectful to (name) and us. When they (staff) feed (name) they are very discreet and do not pull (relative's title) T-shirt up too high. They are confidential and will not talk about (name) or others in front of visitors. They call her (name) and she recognises her name".

The services recorded compliments received. We read one from a local authority representative which said, "Management are very friendly, diligent, conscientious and very professional. I believe (locality manager name) is a great asset they do a wonderful job running the service. The organisation is excellent". A family member wrote; "We have been very impressed with everyone's dedication and willingness to learn about (person's name) needs. It is very apparent to us that (name) is receiving a very high level of care from you all".

Outstanding ☆

Is the service responsive?

Our findings

The registered manager and staff provided a service to people that was extremely personalised and responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We heard and read how the support people had received had enabled them to achieve their goals.

We met with the services equalities lead who had completed a Skills for Care programme. It was their role to raise awareness to people and staff and ensure that people's support plans considered people's diverse needs, including those related to disability, gender and other protected characteristics. For example we were told about people who chose to cross dress and how staff understood their needs, showed respect and supported them by following the people's preferences which were reflected in their plans. The equalities lead told us, "I have a lot of passion about equality and raising awareness is important to me". Other people were able to and had support to access religious services of their choice. A professional said, "Equality, diversity and human rights (EDHR) is part of the culture at Dimensions Dorset. They respect people for who they are". We were told that Dimensions was one of four organisations shortlisted for the most diverse organisations at the National Centre for Diversity awards.

The registered manager explained that they had recently held workshops for people and families about end of life in response to feedback. The registered manager said, "Families said they were worried about when they die and what might happen to money etc. We also support some people with very high health needs and feel this subject can be hard to research and bring up so I started to look into it". The workshops were called "let's talk about death". The registered manager told us that they felt it was important that the service had a good understanding of people's individual wishes and beliefs. We were told that feedback from the last workshop was that people wanted to hear about real life stories so the registered manager had arranged for a speaker to attend the next workshop in May 2018. Topics to be discussed include; setting up deputyship for a sibling and end of life planning and how much difference this made to a speaker when their loved one died.

Dimensions Dorset promoted person centred and outcome focused reviews which included people, relatives and professionals. These reviews were designed individually in terms of the planning, where they were held, how long they were, whether people wanted music playing and accessibility. Person centred thinking tools were used to reflect on what those attending like and admire about a person, what's important to and for the person, what's working and not and unresolved issues were worked through and actions set. People's circle of support were invited and communication needs were met. People were encouraged and supported to lead their reviews whenever possible and if they chose to. These made people and families feel empowered, listened to and valued. A person said, "I am involved in my reviews and we celebrate my past year. I am most proud of attending college, joining a football team and swimming this year which all came from last year's review". Comments from health and social care professionals included; "Dimensions Dorset is committed to providing person centred care to everyone. People have outcome focused reviews which are centred around them. People invite who they wish to attend or for those with limited capacity families, advocates and professionals attend. People do pre-review's and present them to

those attending. Successes and achievements are always celebrated", "People have used big A2 sheets of paper and drawn up what's working and not working with their care. One person wanted to do more dancing and activities. These were met by their next review" and "I am here for a review today. Reviews are always person centred and outcome focused. It is all about (name), how they find the support, what they want to do next and what they have achieved". A relative told us, "We are involved with our loved one's care plan. We have meetings with us, the carers and NHS crisis team".

People were supported to access the community and participate in activities which matched their hobbies and interests and reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. For example a relative told us about their loved one who enjoyed music and dancing. Staff had identified a dance group however; when the person started they would only go as far as the front door and then go home due to anxiety. Then over a period of time and with staff support they now ask staff to sit in the room while they go off and dance with the group. A health professional explained how one person use to have to sit in the back of a large vehicle when they went out due to behaviour but with staffs positive behaviour support risks had reduced and the person could now go out in staff vehicles. A social care professional told us, "The staff try new things with people each month. They are good at finding new activities and thinking outside of the box". Another professional said, "One person displayed behaviour which challenged staff three to four times a month. They have been supported to manage their emotions and displays behaviour maybe only once every few months. They recently went on their first holiday in 40 years too. Amazing result". A person told us that they enjoyed doing pottery and was proud to show us some of their work when we visited their home. They said that some of the work had been displayed and sold at community events. A relative said, "My loved one's lifestyle is tailored to his needs for example, (name) goes carriage riding/sailing and loves going to the garden centre and having hot chocolate".

Dimensions Dorset was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance as to individual
goals for people to work towards to increase their independence and therefore their reliance on staff for support.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and a communication passport put into place. Communication styles, such as gestures, behaviour and facial expressions were recorded which indicated people's mood or well-being, for example if they were in pain, hungry or anxious. This enabled staff to take the appropriate action such as providing pain relief.

Key policies and procedures, including how to raise a complaint and keeping safe had been produced in an 'easy read' format. Using clear words and phrases, supported by pictorial images to support the written word. Documents, including support plans, communication passports and health action plans were also produced in this format.

The service had a complaints system in place which captured complaints, reflected the steps taken to resolve them and also recorded any shared learning. There was a comprehensive complaints policy in place for staff and relatives and those we spoke to were aware of this. People relatives and professionals told us that they felt able to raise concerns and complaints and that were confident that or had experience of action being taken promptly. A person said, "I know what to do if I had a complaint. I would tell the staff or my family. Staff would help me if I had a complaint and resolve it with me". A relative said, "Any little niggles are dealt with quickly". Another relative told us that they had made minor complaints in the past and explained that the registered manager had worked with them to investigate these and put measures in place to ensure things wouldn't happen again and that lessons were learnt. They said that this had made them feel feedback was listened to, valued and important. Commissioners we spoke to spoke highly of the service, felt it was transparent and told us they had no concerns. One commissioner said, "The working relationship is positive and if issues were to arise both parties would make contact to resolve and learn from them".

The registered manager told us that they conduct regular local feedback questionnaires and that the organisation also carry out an annual one. We reviewed the 2017/2018 local feedback questionnaires and found that they reflected positive responses and feedback. Results were collated and feedback analysed to identify trends, learning and development. Some comments read; "We have been very pleased with Dimensions. They do a terrific job. Very well managed and caring. Excellent service!". Another read, "Our loved ones care exceeds our expectations".

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a strongly defined vision, mission and a business philosophy. Dimensions vision was 'An inclusive organisation and society where everyone's contribution and voice is valued, heard and influential' based on the philosophy which included; ambition, respect, partnership, impact and outcome-focused. We found the registered manager and all staff integrated this vision and the philosophies to support people in the service to promote people's quality of life, inclusion and experiences. This was evidenced within people's support plans and records which showed how people were supported to ensure their diversity and complex needs were celebrated and potential obstacles due to their disabilities were overcome.

There was a strong organisational commitment to ensuring equality and inclusion across all departments within Dimensions. There was an involvement department which was made up of a head of involvement, an involvement advisor, family consultants and experts by experience. The department had a strategy in place. Examples of involvement included employment and training of staff, focus groups and events. A person told us, "I was recently involved in making a video for Dimensions. I talked about what I like, don't like and why I am happy with the service. This was really good. I felt important".

We were told about a people council. The Council was an elected body of people Dimensions supported that met four times a year on its own and twice with the Dimensions Board. For the representative structure to function effectively, meetings were structured, had a clear purpose, and were well run. The primary purpose of the Council was to allow the voice of people supported by Dimensions to be heard and, at a governance level, form a checking, monitoring and challenging role. One people council representative for the south worked in the Dimensions Dorset office. The registered manager and representative told us that people in the area had fed back that not having drivers affects their support and limits their opportunities to access the wider community. The representative fed this back to the people council and in response a scheme was implemented where Dimensions pay for staff to learn to drive if this is needed to benefit people being supported. The registered manager said, "It's a fantastic scheme and showed that we really listen to people and act on what they say".

The registered manager told us that they had family charters in place. They explained that these outlined a commitment to involve people's families in exactly what they wished to be involved in. The registered manager said that they sat down with families and reviewed these on an annual basis to determine how much contact families wish to have with staff, the management, the organisation and what they may wish to be updated on. A family member told us, "They have set up a messaging group for us and the team and we can text regularly. I like it when they send photos of what activities our loved one has done. I feel very reassured that he is happy". Another relative said, "If a new member of staff is being potentially selected, they (the management) ask us to meet the person at our loved ones home, (their workplace) and put

questions to them. This gives us a sense of inclusion which is important to us"

The approach of the registered manager and locality managers promoted openness and transparency towards the staff ensured all information concerning people's care and welfare was communicated to ensure positive outcomes for people. We received extremely positive feedback from commissioners, relatives and other professionals. Relatives comments included; "I would say that they are 'outstanding' especially during this bad weather. Carers have made an effort to turn up to work and if not others have covered shifts", "I couldn't praise them too highly. Outstanding" and "Management is on the ball. They have been very proactive. They are wonderful. Outstanding". Staff told us that they loved working for Dimensions and caring for the people they supported. During our visits the staffs commitment, enjoyment and pride was shown. Health and social care professional's feedback included; "The service is outstanding, they are efficient, they value people, they work in partnership well and achieve positive outcomes for people through person centred care". "I'd rate them outstanding; they really do care and are a great service provider".

Governance frameworks were in place and robust across the organisation and within services. Locality managers and the registered manager understood their responsibilities and felt supported by senior management. The registered manager had ensured that as the service had grown and taken on additional packages of care that more locality managers had been recruited. This meant that the quality of service delivery would not be compromised.

The registered manager had a thorough overview of the quality of the service. This was enabled by high quality auditing of all areas of the service in order to identify where areas of improvement were required and to identify any potential risks that may affect quality of the service. The registered manager and locality managers ensured a visible presence by visiting all of the supported living locations regularly to speak to people, observing support provided and completing audits in respect of the compliance and quality of support being provided. They also visited locations they did not have line management responsibility for to provide opportunities for shared learning.

Locality managers worked a proportion of their time delivering support both to lead by example, coach and mentor their staff teams. Each location had improvement plans which were reviewed monthly by the registered manager with the locality managers in their supervisions. The governance of the service was therefore fully effective.

We were told about the internal quality checkers who were a group of people who used the provider's services. These people visited services to carry out checks and speak to people about the care and support they received. Reports were completed and recommendations made. In addition to the checkers the provider had an internal quality team who aimed to audit services annually. Recommendations and actions were discussed with the locality managers. The registered manager told us that any urgent issues would require an improvement plan with specific improvements and timescales. For example, recently one of the quality checkers had picked up that there was no best interest paperwork for a person relating to bedrails. The conversations had taken place about these however the paperwork wasn't in the file. During this inspection we found that this had been addressed. The registered manager told us that quality checkers involve families by asking them questions. In February family members said they were concerned that Agency staff did not provide effective care. A comment received said, "They are sitting down watching TV when I visit". We found that the locality manager had developed a clear agency protocol and induction pack and worked with agencies to introduce their staff to these.

The management team were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or

placed a person at risk of harm. Systems were in place that continuously learn and improve the quality of the service. These included managing complaints, safeguarding concerns, incidents and accidents and were thoroughly investigated at all senior management levels. Records showed that management took steps to learn from these events and put measures in place, which meant they were less likely to happen again. A professional told us, "I have a lot of respect for the registered manager. If I have any concerns I know they will be investigated, addressed and learnt from".

The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to continue to develop the service and to support others in developing their services. The registered manager told us about a provider group they were involved in. These meetings were split into two parts. The first part involved providers where recent discussions had included staff salaries, safeguarding responses, recruitment and inspection outcomes. The registered manager told us these were a good opportunity to share ideas, learning and improve practice. The second part of the meeting involved commissioners who discussed upcoming tenders and external speakers for example, pharmacies recently discussed best practice. The registered manager said these meetings are also good networking opportunities as hospital and learning disability representatives also attended. A social care professional told us, "I feel Dimensions Dorset is the best provider in the area. They work very well with us and other community teams. When new locality managers start they come to our offices and introduce themselves. This makes a real difference to other providers".