Dimensions (UK) Limited

Dimensions West Midlands Domiciliary Care Office

Inspection report

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Tel: 03003039006

Date of inspection visit:
17 June 2019
18 June 2019

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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

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•□ We saw the provider had submitted notifications since the last inspection. This meant we could see how the provider had reacted to any incidents or concerns and how people were supported.

•□People told us they were happy with the service received. One person told us, "I am happy to use the service, I would recommend it to others." A relative told us, "Dimensions are marvellous."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•□We found systems and processes to monitor the quality and safety of the service were in place and regular audits were carried out. These included, but were not limited to care plans, medicine and environment. We were told how there were also checks carried out in conjunction with family members of people using the service. As part of a specific audit they visited a premises and spoke with people about their thoughts on the service. We saw that actions were taken in response to this, an example being, where a person shared they were unhappy with a particular staff member, this was addressed. The registered manager told us how they were able to identify patterns and trends from the information audited.

•□We found the previous CQC inspection rating was displayed on the provider's website as is required and in the office setting.

•□People using the service told us they were familiar with the registered manager. One person said, "[Registered manager's name] is fantastic, he will call and ask if I want to go to the pub for a drink to get me out of the house, I enjoy it when we go out, I can talk to him and tell him how I am feeling." A second person said, "I know the manager, I think he is alright." A relative told us, "Good management, no worries I am very satisfied they go that extra mile."

•□We found staff were supported by the registered manager and the provider and one staff member told us, "The service is well led, we get support from managers.

•□A professional we spoke with told us, "Since the new manager has come in, things have settled and at this moment in time, I have no concerns with the service". The professional shared that the registered manager appeared to be 'more proactive in doing things with people than the last manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•□We found feedback was taken from people in relation to the registered manager's annual appraisal. The

overall effectiveness of the service was considered and staff told us this information was fed back to people verbally.

• We saw residents meetings occurred, but these were carried out over multiple sites and it was down to individual managers and team leaders as to when these took place. One person told us, "We have meetings and talk about how things are going, you don't have to go, I choose if I want to."

• Team meetings for staff also occurred in individual settings. One staff member told us, "We have team meeting every month. We can speak up and are listened to. A second staff member said, "We have team meetings on site. We have discussions around how we can make things better and I suggested the communication policy and managers are now looking at my idea."

Continuous learning and improving care

• The registered manager told us how they were always learning from people's changing needs and would continue to improve as much as possible.

Working in partnership with others

• The registered manager told us of how they worked with professionals to share required information to ensure people's wellbeing and we saw contact with professionals was recorded, for example where people received specific healthcare or support with behavioural issues.

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 was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

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Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. A second inspector was used to make some additional telephone calls following the inspection.

Service and service type:
Dimensions West Midlands is a domiciliary care service and supported living service that is registered to provide care for people within their own homes. This service provides care and support to people living in 'supported living' settings, so that they can live 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. People using the service are younger adults and older people. 57 people were using the service at the time of the inspection.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available to speak with us.

What we did:

Inspection site visit activity started on 17 June 2019 and ended on 18 June 2019. We visited the office location on 17 and 18 June 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited two supported living homes, one on 17 June and one on 18 June 2019 where we viewed the premises, but people were not at home or did not wish to speak with us.

The Expert by Experience made telephone calls to people using the service and their relatives on 20 June 2019 and further calls were made by a second inspector on 26 June 2019.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

We spoke with seven people that used the service and seven relatives to gather their views on the service being delivered. We also spoke with the registered manager and five staff members. A professional involved with the service also spoke with us. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff recognised the potential signs of abuse that people may encounter and were aware of their responsibility to report concerns quickly in order to safeguard people. One staff member told us, "Safeguarding is when you notice a form of abuse and you do something to alert professionals to the issue. I would take any concerns to my line manager and it would be passed on to the local authority. If I thought nothing was being done I would take it up the ladder to senior management. I have had whistle-blowing as part of my training. I would go to the local authority or CQC to get something done." A whistle-blower exposes any information or activity deemed not correct within an organisation. Other staff we spoke with told us they were familiar with the whistle-blowing policy.
People we spoke with told us they felt safe using the service and one person said, "The staff make me feel safe." A relative told us, "[Person] is very safe. I feel they [staff] are a consistent team. It is better than he has ever had, he is very well looked after, they [staff] do everything for him."
● We saw safeguarding referrals had been dealt with as required and staff understood the process.

Assessing risk, safety monitoring and management
• Any risks to people were identified, with risk assessments in place that related to people's needs. Risk assessments were reviewed in a timely manner and staff were aware of the information contained within them, and how that related to people using the service. A staff member told us, "I read the risk assessments regularly to refresh myself and I also make sure they are updated if there are changes."
• People's risk assessments considered risks presented by their home environment and possible hazards, such as infection control and any medical diagnosis or healthcare requirement. Risk assessments included, but were not limited to; behaviour, potential self harm, medicine and health and accessing the community.
• Accidents and incidents had been dealt with effectively and information was passed onto the relevant external agencies where required, with action being taken if needed. An example was where one person was displaying inappropriate behaviour towards others, a health professional had been sought to compile a specific behaviour plan.

Staffing and recruitment
• We found all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.
• People told us there were enough staff available to them and one person said, "There are enough staff they have time to talk to me". A relative told us, "They [staff] are marvellous. They are always regular staff, no new faces. If I could show you a photo now and two years ago of [person] you would see how the change is unbelievable. The staff are an amazing team." A staff member told us, "There are enough staff to keep people safe."
• A small number of people told us that staff during the weekends were not always the same familiar

ones they would prefer, but that this did not pose any risk to people.
- We found rotas reflected the amount of staff on duty at the time of the inspection.

Using medicines safely
- We found people received their medicines safely. One person told us, "I always have my medication, I get them on time and they [staff] put my cream on for me too." A relative said, "They [staff] give [person] their medication, it is always on time." A staff member told us, I am trained in giving medicines, so know what to do. I do weekly audits on the medicines I give and there are also spot checks on my work to test my competency. If someone refuses medicines I try my best to encourage them, but if it is continuous I will inform the on-call support and the office and they will refer to a health professional."

- Medicine Administration Records (MAR) that we looked at recorded the medicines given to people. We saw medicines had been administered and recorded correctly. Staff told us how medicines were disposed of appropriately. Where people received medicines 'as and when' there were instructions for staff as to how to give these.

Preventing and controlling infection
- We found staff ensured hygienic practices were in place when assisting people. One person told us, "My home is clean and tidy and the staff help to keep it that way. They always wear gloves when they put my cream on." A relative said, "The staff are very hygienic, they take care."
- A staff member told us, "I understand infection control and I use gloves when assisting [person]. I do cleaning of [person's] property, but only do what they need help with." A second staff member told us, "We have been trained in infection control procedures and make sure we keep things clean". We saw infection control risk assessments were in place, including a hand washing protocol and directions for staff to ensure they always have access to sufficient supplies of protective clothing.

Learning lessons when things go wrong
- The registered manager told us how within the service there were always lessons to be learnt. In particular on each accident and incident form there was a section which looked at 'lessons learnt'. The registered manager told us how this was looked into in depth every three months to identify any lessons that could be taken into practice. An example given was a person's purse had been taken when they were out in the community, so measures were put in place for staff to be more vigilant and for the person to be reminded to keep their property somewhere safe.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•□An initial assessment was completed to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to behaviour, health and wellbeing and personal care needs. People told us the care they received was reviewed regularly.

Staff support: induction, training, skills and experience.
•□Everyone we spoke with felt staff were knowledgeable and well trained. One person told us, "Staff are well trained and they know all about me, my likes and dislikes." A relative told us, "The staff know all of [person's] needs and they involve him in things." A staff member told us, "I know everything I need to know about [person]. I know their likes and dislikes, we talk about what they want to do and have a lot of chat."
•□Staff told us they received regular supervision, but that they could go to their direct senior manager at any time. They were able to see the registered manager if they came into the office and said that it was easy to get an appointment to speak with him.
•□Staff received an induction, which included the shadowing of longer serving staff members and learning more about the service by familiarising themselves with policies and procedures. One staff member said, "My induction prepared me to do the job. I have a background in care, but I still did the care certificate." The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
•□Staff told us they felt the training they received was effective. One staff member said, "The training is absolutely brilliant, we do a lot of e-learning, but it is really informative. My most recent was moving and assisting training." We saw that the training matrix reflected the information staff gave us.

Supporting people to eat and drink enough to maintain a balanced diet.
•□One person told us, "I make my own food, but the staff help me. I told them that I don't want ready meals, so they help me buy and prepare fresh ingredients." A relative told us, "The staff involve [person] with his food, they know he likes to help. They get him buttering the bread, but there is no cooking around the hob as it too dangerous and is in the risk assessment. The staff know he likes his own choice of food." A staff member shared, "I do all the meals for [person] and they are encouraged to eat lots of fruit and veg, which they like."
•□Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required. Where there were concerns these were passed to professionals.

Staff working with other agencies to provide consistent, effective, timely care
•□The provider worked with other healthcare professionals to ensure positive outcomes for people.
•□We saw from records that concerns were shared with professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

•□People had access to healthcare services and professionals according to their needs. One person told us, "If I was poorly they [staff] would take me to the doctor. If I had a headache I would tell the staff first and they would always help me. I get to all my hospital appointments and I see the dentist and optician regularly, I always wear my glasses." A relative shared, "They [staff] have known when [person] wasn't well, they called an ambulance and rushed him to hospital with a high temperature. One of the staff went to see him in hospital on his day off. They are very good carers." A staff member told us, "I would notice if [person] was poorly. I would get the GP for him. I got him over-the-counter medicines when he had a cold."".

•□Care staff were able to speak with us about people's health and medical needs and had a good knowledge on specific conditions people experienced and how to support them.

•□We saw all medical letters were kept and any contact with professionals was recorded.

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were. Staff understood how some people were unable to make decisions and the support they may require.

• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that applications for DoLS had been actioned appropriately and for one person there was an approval in place where this had been granted.

• We saw where required mental health risk assessments were completed and these looked at any possible triggers for behaviour. Information was provided on complex issues such as lower-level self harm [scratching and head butting] and guidance was given for staff to recognise and minimise any episodes. Staff were able to tell us how they would manage any such events. For some people capacity assessments had been completed and best interests decisions were also taken alongside family and professionals to ensure that where decisions were made on people's behalf this was done appropriately.

•□People told us staff always asked for their consent before assisting them. One person said, "They ask for consent before they do any personal care."

•□Staff we spoke with understood the requirement to gain people's consent prior to assisting them. One staff member said, "We always ask consent."

Adapting service, design, decoration to meet people's needs

•□We saw there was an environment assessment in place. This assessed any hazards, who may be harmed, if the risk was controlled and any further action to take. The assessment also considered equipment used by people such as hoists and adapted vehicles.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
•□People told us staff were caring towards them with one person saying, "The staff are kind and caring, they will take me wherever I want to go, even when they are busy." A second person said, "We get on well. They [staff] are all friendly."
•□People spoke positively about how staff provided them with care and one person told us, "They know my specific needs and I like the way they [staff] care for me." A relative told us, "They [staff] cater for him, they do what they can to assist." A staff member said, "We have a person centred approach, where the person is the centre of all we do. We have a tool kit [supporting guidance and information] unique to the person and any staff member can pick it up and know what to do to support that person and meet their needs including ones related to ethnicity or culture.
•□The registered manager and staff were aware of the need to ensure people's diversity were respected. Any cultural and religious needs were acknowledged.
•□Where English was not a person's first language we saw effort was made to match them with staff who could speak their language.

Supporting people to express their views and be involved in making decisions about their care.
•□We found people were offered choices as far as possible and one person told us, "I make my own choices, I can go out when I want to and go home when I want to." A second person said, "I choose what to wear and what to eat the staff are just there to help me." A relative said, "Person has a cultural requirement in that they don't eat a certain meat. The staff understand and are aware of this choice."
•□People we spoke with told us they had been involved in their care and their views had been heard. One person said, "I was part of putting the care plan together and it gets reviewed. The staff ask how I am feeling about my care and this goes into the review." All relatives we spoke with told us they were invited to be part of their loved one's care plan. We saw that care plans had been updated to include any changes.
•□Where people required the services of an advocate, this had been arranged. An advocate assists people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence
•□One person told us, "They [staff] keep my dignity when they are applying my creams and they are always telling me what they are doing and making sure I am happy with it." A relative said, "The staff always maintain [person's] privacy." All staff we spoke with were able to give examples of how they promoted people's dignity.
•□People told us their independence was encouraged. One person told us how they were looking into moving into a flat on their own and staff were encouraging this and helping them with the process.
•□One person told us, "The staff encourage me to wash myself so that I can be independent. Working in the

office also gives me independence and Dimensions arranged that."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

•One person told us, "If things change with what I need, they [staff] write down what I want them to write down in the care plan."
•Care plans were in place and these included, but were not limited to; healthcare, mental health and behaviour, personal care needs, nutrition and hydration, mobility and accessing the community. Care plans were reviewed in a timely manner.
•We found care plans held a person's life history and gave an insight into their likes, dislikes, hobbies and interests.
•Staff spoke of people's care needs in a knowledgeable manner and knew of any specific needs and requirements, in particular relating to medical needs or combating isolation.
•We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records and one staff member told us, "There is a communications tool I am assisting in the development of, it is for people who are non-verbal. We are exploring the different types of communication and profiling people's needs through assessment, we then look for what might help them, such as picture cards."
•One person told us, "I go swimming, I go cinema. They [staff] take me out wherever I like." We found people were encouraged to do what interested them, in particular those in supported living. Some people told us how they visited the office to carry out jobs, which gave them a sense of fulfilment and everyone we spoke to told us how they spent time enjoying leisure activities in line with their interests.

Improving care quality in response to complaints or concerns
•We found people knew how to complain and would do so if they needed to. One person told us, "I would usually go to [staff member's name] if I wasn't happy, but I know how to complain. I would call and speak to [registered manager's] name if I wasn't happy with something." During our discussions one person said they had an issue they would like to raise with the registered manager and this was discussed privately in the office. The person told us they were happy with the outcome. A relative told us, "I would know who to complain to, but I have no complaints at all."
•The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people.
•We saw complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support
•The registered manager told us end of life plans were not currently required, but if they were they would

be put in place.

Good

Is the service well-led?

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