

Dimensions (UK) Limited

Dimensions London North/West Domiciliary Care Office

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dimensions London North/West Domiciliary Care Office provides supported living services to people with a learning disability or autism and people with mental health needs. At the time of our inspection the provider operated 11 of these services, based in the London Boroughs of Hounslow and Brent. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress and to support them safely at such times. Staff supported people with their medicines safely. People were supported to meet their health needs and staff worked with other agencies to do so. There were infection prevention and control arrangements in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received kind and compassionate care. Staff had training on how to recognise and respond to safeguarding concerns. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff received an induction, training and supervision to help them support people. Staff protected and respected people's privacy and dignity. Staff knew and understood people and responded to their individual needs. Staff communicated with people in ways that met their needs. People's support plans reflected their preferences and needs to

promote their wellbeing and enjoyment of life.

Right Culture

The provider operated monitoring processes to ensure people consistently received good quality care and support. Whilst some care records were not always consistently clear or detailed enough, this did not impact on the quality of care provided. We discussed this with the registered managers so they could make the necessary improvements. People and those important to them were involved in planning their care. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff and managers knew and understood people well and were responsive to their support needs and aspirations. The provider had a clear vision for the service based on improving people's quality of life and staff worked to make this happen.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 5 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 11 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 3 registered managers in post.

Notice of inspection

We gave a short period notice of the inspection as wanted to make sure a registered manager would be in the office to support the inspection. Inspection activity started on 20 December 2022 and ended on 31 January 2023. We visited the location's office and a supported living scheme on 21 December 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the service was registered with us. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, 8 relatives and 3 staff. We also spoke with the 3 registered managers, a performance manager and an operations director. We reviewed a range of records relating to the management of the service including quality assurance, complaints and monitoring records. We looked at 4 people's medicines support records and care and risk management plans. After our visits we spoke with 3 professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were suitable medicines support processes in place to help staff support people to take their medicines as prescribed.
- Staff followed systems to administer, record and store medicines. Staff used medicines administration records (MARs) to record when they supported people to take their prescribed medicines. We saw where a person needed to take a variable dose of a medicine staff supported them to do so safely and in line with the prescriber's instructions, but the MAR did not always clearly reflect the dose on each occasion. We discussed this with the performance manager who said they would work with the pharmacist to update the MAR.
- Staff completed training on how to provide medicines support. The provider assessed their competency to do this safely. A relative told us they had no concerns regarding medicines support.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people using the service from the risk of abuse.
- People were kept safe from avoidable harm because staff understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and managers and staff we spoke with knew how to apply it.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and wellbeing.
- People's personalised care and risk management plans set out various issues and how staff should support people to reduce risks to their safety. For example, when supporting a person to go out and about, when using a car or how to be safe around water. Relatives told us they felt people were safe.
- Staff supported people to manage the safety of their living environments through checks and taking action to minimise risk, such as building, water and fire safety checks. The provider monitored services to make sure these checks took place.
- Service records showed staff had completed first aid training to help them support people in case of a medical emergency.

- The provider maintained contingency plans so the services could continue to support people in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and to help them to be safe. Staff and relatives told us they thought this, too. Relatives commented, "There's always enough staff, day and night" and "They've got a range of staff who cope very well."
- People were supported by experienced staff who knew them well while newer staff were supported to develop this understanding. There was minimal use of temporary agency staff. This meant people could develop relationships of trust with people who worked with this.
- The provider operated suitable recruitment processes to help make sure they only employed appropriate staff.

Preventing and controlling infection

- The provider had appropriate procedures in place for preventing and controlling infection so as to keep people safe.
- Staff were provided with personal protective equipment (PPE) such as masks, aprons and gloves to wear so they could support people safely. Staff were shown how to use this. They also completed awareness training on infection prevention and control.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection and was preventing visitors from catching and spreading infections.
- The provider had processes in place for responding effectively to risks and signs of infection when these were identified.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. We saw that when things went wrong, managers apologised and gave people and their families information and suitable support.
- The provider used a central reporting system to monitor incidents and accidents to make sure these were responded to appropriately, in good time and practice learning was identified. The provider used periodic quality audits to check that incidents, accidents and lessons learnt from these were discussed in team meetings.
- Professionals said the service kept them informed about incidents and events in a timely manner so they were kept aware about people's experiences and how staff supported them.



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People care and support needs were assessed, planned and met consistently.
- People's support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Plans also considered people's age, ethnicity, gender and expressions of sexual orientation (meaning whether someone was heterosexual, lesbian, gay or bisexual).
- Plans promoted ways to be support people to develop their independence and there was evidence of working to understand and plan for people's longer-term aspirations.
- There were considered positive behaviour support (PBS) plans in place to help staff support some people when they experienced distress or agitation. For example, when a person expressed a lot of anxiety or had difficulty responding to a situation they did not like. Plans set out proactive and reactive ways for staff to support people at these times.
- The services worked in partnership with people, their families and other professionals when assessing people's needs. A professional recounted how a registered manager had worked alongside them to meet with a person, assess their support needs and help the person to visit a service before starting to support them. They commented, "[The registered manager] involved the person in the planning and design of the service."

Staff support: induction, training, skills and experience

- People were supported by staff who received induction, training and supervision so as to be competent in their roles.
- Staff completed a range of mandatory training courses and additional training based on the needs of the people they supported. These covered areas such as learning disability and autism awareness, diabetes awareness, epilepsy support, fire safety, oral health, position behaviour support and first aid.
- The provider supported staff to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff told us they found the induction and training process helpful so they knew how to support people and what they liked. A support worker told us they felt "Definitely well supported." A professional commented, "I feel that any training needs are identified and [the registered manager] will make sure that is implemented."
- The registered managers and the provider monitored staff training to ensure they completed this and attended refresher courses when required. This helped staff to remain competent and apply good practices.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough and encouraged people who managed their own diets to make healthy choices.
- People's food likes and preferences were recorded in their support plans. We saw some people were supported to plan, shop and prepare their food when this was part of their agreed care arrangements. The staff worked with people's relatives when they did this with or for people who used the service.
- People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to meet their day-to-day health needs and worked in partnership with other agencies to do this. The service worked with other professionals to provide timely, joined up care and support to people.
- People's support plans and health action plans set out their healthcare needs and they support they needed. Service records indicated staff support people to arrange and access assorted health appointments as needed, such as attending appointments with GPs, for eye or foot care, and diabetes management.
- We saw people's support plans set out if they needed support or prompting to manage their oral hygiene. Daily care records showed this support took place.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Multi-disciplinary team professionals were involved in or made aware of people's support issues when required. Professionals told us the staff and registered managers worked well with them.

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

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service supported people in line with the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support. They knew about people's capacity to make decisions and how they communicated this. Staff we spoke with explained how they supported decision-making and best interest decision-making.
- Staff respected the rights of people with capacity to refuse their medicines or medical treatments.
- The registered managers had worked with the relevant local authority when they found a person people lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. They recorded when a person's deprivation of liberty had then been authorised.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received caring and respectful support.
- Relatives we spoke to told us staff were kind and caring, although one said this had not always been the case in the past. Relatives said, "Their attentiveness, they see everyone as an individual. They're always willing to help and get to know people."
- Staff and managers showed genuine interest in people's well-being and quality of life. We observed staff speaking with people respectfully.
- Professionals we spoke with said they felt staff treated people well. One commented, "All the staff speak about the people and interact with them in such as a respectful manner."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make decisions about their care. Relatives told us they felt involved in people's care and support. Their comments included, "Very much involved in making decisions" and "Yes, they'll contact me about most things – really good communication."
- We saw how staff listened when people spoke and encouraged responses and engagement with them throughout the day. We saw people could choose which staff supported them with certain things, such as a person choosing who would provide them with personal care support.
- People's support plans set out how people made decisions about their daily living. We observed staff regularly helping people to make choices, such around food and drink choices, activities, if they required support with something and where they wanted to be in their home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and upheld their dignity. Most relatives felt this was the case.
- Staff knew how to promote this, and we saw staff knocked on people's doors and asked for permission before entering or prior to supporting people.
- Staff were able to describe how they promoted people's independent living, such as using communication aids to help people to express themselves to helping people to become more confident about using public

transport. People's support plans set out goals to work towards with staff to achieve greater confidence and independence, such as with travel training and cooking.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their individual needs and preferences. The service met the needs of people using the service, including those with needs related to protected characteristics. For example, staff knew which religious and cultural practices people liked to follow and supported them to do this.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Staff and registered managers spoke knowledgeably about tailoring the level of support to individual's needs
- Staff provided people with personalised, proactive and co-ordinated support in line with their support plans. People's plans set out person-centred information about their support needs and preferences and were reviewed regularly. We saw plans gave detailed information about people, such as their routines and belongings or things they liked to have with them, and how to support them. Some people had written their own 'profiles' in their plans, describing themselves and things that were important to them in their own words.
- People and relatives' feedback largely indicated they thought people's care met their needs. A person told us, "Overall it's quite pleasant and good". One relative said, "[The person] tells me how much [they like] it there and [they] just seem so happy now."
- Professionals gave us positive feedback about people's support and told us, "They're very person-centred, they have the people at the heart of the work they do" and "They encourage [a person] to build their skills, have fun and enjoy [her/himself]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Staff we spoke with demonstrated a good awareness of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People's communication plans set out information on how a person preferred to communicate and how staff should support them with this. For example, a support worker had worked with a speech and language therapist to develop a pictorial book with a person that they could use to communicate about activities, their family, food choices or if and where they may be experiencing pain, like a head ache.
- We saw there were pictorial activity planners for each person in the service we visited and staff used these with people to refer to or point out what was happening next.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in their chosen social and leisure interests on a regular basis. People and relatives we spoke with told us this happened. We saw records which indicated people had gone out to the cinema, trips to the shops and to various places of interest.
- Staff supported people to maintain relationships that mattered to them, such as family and friendships. This helped to mitigate the risks of social isolation. We saw some people's support plans set out specific guidance, where this was needed, for supporting people to spend time with their family.
- Staff supported people to celebrate events and occasions that were important to them, such as people's birthdays, Diwali and Christmas. Some people had entered a Christmas card-making competition arranged by the provider.
- The services had supported some people to access vocational opportunities, such as college courses and volunteer jobs.
- Some relatives said they would like staff to support their family members with more activities, but also recognised capacity for this was limited by the amount of support purchased for the person. A professional told us they found the provider worked to ensure people were supported with activities.

Improving care quality in response to complaints or concerns

- The provider had operated appropriate systems for receiving, recording and responding to complaints and compliments. The registered managers maintained an online record of these which the provider monitored to ensure these were resolved in a timely manner and identify any learning for service improvements.
- People and relatives told us they could contact a registered manager if they wanted to make a complaint and felt able to do so. People were given easy read information on how to raise a complaint when they started to use the service.



Our findings

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that although there was consistent service management and leadership and the culture they created supported the delivery of high-quality, person-centred care, some of the systems in place did not always do so.

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

- The provider had appropriate systems and processes in place to assess, monitor and improve the quality and safety of the service. However, these had not always ensured that accurate, complete and up to date records of people's care were maintained. While we found no evidence people had been harmed, recording issues meant there was a risk some people might receive inconsistent care.
- We found that when some people took prescribed medicine on an occasional basis, such as for pain relief, staff had recorded this on forms meant to be used to provide guidance on when to support the person to take such medicine. Staff had not always clearly recorded the variable doses of medicine a person took. We discussed this with the provider so they could address this.
- We saw some records of people's daily support gave detailed accounts of what staff supported people with, what the person achieved, who they interacted with and their general well-being. However, some daily support records were mainly task-orientated with little detail about the people's mood, what activity they were supported with and if they enjoyed this. The registered managers informed us staff training on improved record-keeping had been arranged for the month following our visit. We will check their progress at our next inspection of the service.
- The registered managers and the provider ensured there were regular checks of the service to monitor the safety and quality and make other improvements when required. The registered managers took action in response to these checks. The provider's quality assurance team also periodically reviewed the services and set action plans to address issues they found.
- Staff told us they found managers approachable and supportive. Their comments included, "I think the managers are really awesome are always checking in with me" and "If you talk to [the registered manager], [she/he] listens and takes action." The management team provided oncall support for staff outside of usual office hours.

- Some relatives, professionals and staff felt some registered managers were responsible for a large portfolio of services. They did not think this had had a negative effect on people's care, but felt it was important that the provider supported staff at all levels to help ensure people received good support. We raised this with the registered managers so they could reflect on the service provision with the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers and staff promoted a positive, person-centred culture at the services. There was a focus on supporting people to live a full, interesting life and be independent and empowered as possible. This ethos was voiced by staff when talking about the support they gave to people. Staff told us, "I see the [people] laughing and joking I go home with a smile on my face" and "I love coming to work, I enjoy my job."
- Management were visible in the services, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff we spoke with felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Overall, relatives spoke positively about the culture of the services and people's care. Their comments included, "I'm really pleased with it," "So far amazing, we've had some really bad experiences in the past but this is going brilliantly," and "[The person]'s got brilliant care and support. They're a lovely crowd who all want to help and are very friendly." A person told us, "I think they would help sort out any problems."
- Professionals commented on the staff and registered managers as, "They are very person-centred" and "They have the clients at the heart of the work they do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers we spoke with demonstrated a good awareness of their duty of candour responsibilities. The provider had processes in place for responding and apologising to people when things went wrong.

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

- There were established systems for involving people, relatives and staff in the services.
- The provider encouraged people to be involved in the development of the service. People were involved in developing and reviewing their support plans. There were periodic meetings in the services where people were asked for their views of the support provided. Relatives felt involved in their family member's care and support.
- The provider employed people who used its services as 'quality consultants' to involve them in assessing and monitoring the services. We saw staff were supporting a person to go through the recruitment process for this at the time of our inspection.
- There were formal listening events for family and friends to share their views and discuss issues. The registered managers acted on the comments received from these.
- The provider communicated with relatives across its services more widely with regular emails and online meetings. These aimed to provide information about developments in the services and practice issues, such as relationships or behaviour support for people. 'Family consultants' were available to liaise with relatives who may be experiencing difficulties at a local level or were new to the provider's services.
- The registered managers held regular meetings with staff to discuss the running of the services.

Continuous learning and improving care

- The provider and registered managers demonstrated a clear vision for the direction of the services which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- A professional told us they felt the service had improved and was responsive to advice and recommendations for making improvements.
- We saw the provider was in the process of launching a new online version of people's support plans. This would help the provider be more aware of and monitor changes in people's needs in 'real time' and how staff support people to achieve their goals.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers and health practitioners, to help them provide coordinated care and support to people. Professionals confirmed this was the case and one told us they had a "very good working relationship" with a registered manager.