Dimensions (UK) Limited

Dimensions Wakefield 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?	Good

Summary of findings

Overall summary

This inspection took place on 01 April and 04 April 2016.

Dimensions Wakefield provides domiciliary care across supported living locations, to people with a learning or physical disability in their own homes. Some people require 24-hour care. At the time of our inspection, 18 people were being supported.

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

People told us they felt safe with the staff that supported them.
Staff received training in how to safeguard people from abuse. Staff were supported by the provider who had policies and procedures in place to support staff to act on any concerns raised Staff were familiar with these policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and tailored towards individual needs so people could be supported in the least restrictive way possible and build their independence.
People and their families had been involved in planning their care

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who received services. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before supporting them in ways they were comfortable with. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People told us, and we saw, staff were respectful and treated people with dignity, and records confirmed how people's privacy and dignity was maintained.

People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and we saw the care and support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered.

People told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided.

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

People were protected from harm by safe recruitment processes

Staff were trained in and demonstrated knowledge of local safeguarding policies and procedures

Robust risk assessments were in place

Medication was stored administered recorded and disposed of in a safe manner.

Is the service effective?

Good

The service was effective.

People's rights were protected.

People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so.

People were supported by staff who were competent and trained to meet their needs effectively.

People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect.

Staff were patient and attentive to people's individual needs

Staff had a good knowledge and understanding of people's likes, dislikes and preferences.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement.

People's care and support plans were regularly reviewed to ensure they were meeting people's
needs,

People participated in activities and interests that were important to them.

People knew how to raise complaints.
Complaints were acted on in line with company policy.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and were listened to when they did.

Staff felt supported in their roles and there was a culture of openness.

There were quality monitoring systems in place to identify any areas needing improvement.

Dimensions Wakefield Domiciliary Care Office

Detailed findings

Background to this inspection

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

The inspection took place on 01 April and 04 April 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one adult social care inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Before our inspection we reviewed all the information we held about the service including the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We spoke with three people who received care and support in their own homes. With people's agreement, we spent time observing interactions between people and staff while we spoke with them in their home. We spoke with two people who used the service by telephone. We also spoke with the registered manager, the performance coach and five care staff.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the

provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

We asked people do you feel safe. One person told us "yes its safe here, nice location no one hassles us the staff make sure of that." Another told us "I feel safe staff check on my trolley ." Staff explained to us the trolley contained personal items that the person liked to have with them at all times. Another person told us "yes I feel safe I know the staff keep me safe and make sure I get the right medications."

Staff had received training in how to protect people from abuse and understood the signs that might be cause for concern. Staff knew who to report their concerns to one member of staff told us "there's contact numbers for the local safeguarding team in the each house. We can call them any time of day or night for advice. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "I would go to my manager, and if I had no support there I would go higher." Records showed the provider managed safeguarding according to its policies and procedures which helped to keep people safe.

There was a whistleblowing policy in place and staff told us they had read this. One member of staff told us "If I had concerns I would raise them with my manger and if they weren't listened to I would contact their manger." Another member of staff told us "If we have concerns the manger listens and acts on them."

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. The performance coach told us "records are kept centrally we cannot employ any one until we have an email confirming the DBS and the two references have been received and checked." The manager told us they felt the provider recruited appropriate staff to work with people, "each post is advertised specifically for the person who needs support and the person is involved in the interview process along with their relatives we want the right staff in place for each person."

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Care plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were focussed on encouraging people to take responsibility for managing risk themselves where possible and detailed how staff might support them to do this. For example one person had anxiety about shopping but was being encouraged to participate in this. The care plan gave clear instructions for staff on how to prepare for the trip what to do if the person was anxious while out and the signs of anxiety expressed by the person. This showed that clear information was available for staff on what action they should take should people not manage their risks effectively. Risk assessments were up to date, and staff knew about risks people were managing.

People told us there were enough staff available to meet their needs. One person told us, "I can go out when I want to, staff help me if I choose to go out for lunch I can."

here were enough staff to meet people's needs effectively. One staff member told us, "We can be flexible there are three people in the house I work in all get up at different time and all eat their meals at different times when they choose." The registered manager told us, "It [staffing] is calculated by the local authority depending on the level of support each person needs we work around that and can be flexible. We are working on reducing challenging behaviour which then reduces the requirement for numbers of staff." They also told us they used agency staff but on a "temp to perm basis ." This means that people are employed for longer periods of time with the aim of taking on a permanent role. The manger told us this helped with consistency as staff was familiar with people and how the service was run.
People told us they got their medicines on time and as prescribed. One person told us, "They help me with my medicines. I get my meds when I need them and then they sign for it to say I have had it." Another person told us "they make sure I get all my medication on time I can't do that myself anymore." Staff told us they had training in how to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by their manager to ensure they were competent. People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information on how people preferred to take them. For example, some people could take their own medication but needed staff to remind them. Staff told us " we remind them of the time and which mediation to take then check it's the right amount, they [the person]signs the medication administration record(MAR) sheet with us they are the second signature." Where people took medicines on an 'as required' (PRN) basis, for example for anxiety or agitation, plans were in place for staff to follow so that safe dosages of medicines were not exceeded and people were not given medicines when they might not be needed. These plans focussed on supporting people to manage their anxieties so they did not need PRN medicines. The performance coach told us "all staff undertake medication training even if the person they are supporting does not have medication at present, that may change or they may need over the counter medication at some point."

Medication Administration Record (MAR) sheets included relevant information on the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures. Medication audits were in place and were robust. We saw that medication was counted during each shift to ensure the correct amount had been given. We found all of the medicines records we checked could be accurately reconciled with the amounts recorded as received and administered. This demonstrated the home had good medication governance.

Good

Is the service effective?

Our findings

People told us staff who supported them were well trained and knew how best to meet people's needs. One person told us, "I think they are very well trained. They do lots of training courses." Another person told us, "Staff support me when I need them to and other times leave me alone."

Staff told us they had an induction before they started working with people. They told us they worked alongside experienced staff who knew people well before being on shifts alone. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. One staff member told us, "When I started, all the staff were really good. They took you through things. I was able to read care plans before supporting people. You have to know their likes and dislikes, how to support them before working with them." The registered manager told us they provided time for people to shadow experienced staff before working in the service. They said: "The length of time shadowing varies on people's needs if someone just has medication visits or a meal then a week of shadowing is provided. If someone has more complex needs then shadowing can be longer. Staff need to feel confident to offer support."

The registered manager told us the induction included meeting the standards of the 'care certificate'. The care certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The performance coach told us, "Staff cannot pass their probation period until the care certificate is completed."

Staff told us they were well trained and knew how to support people effectively. One staff member told us, "We have had a lot of training and can request more. There is access to so many courses". Another staff member told us, "It is good training because things are always changing." Staff also told us they had training which helped them respond to the individual needs of people they supported. One staff member told us, "We have a challenging behaviour coach who teaches us new ways of working with challenging behaviour. It's so good and has reduced the level of challenging behaviour." We saw evidence that staff working with a person who displayed signs of a particular condition had undertaken specific training in the condition and how best to support the particular person. The training also offered guidance for staff on looking after themselves and their colleagues when working with the person.

A training record was held centrally for each member of staff. Staff logged in to their own account to see when training was due. The registered manager had oversight of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed. They also monitored what other training and development staff needed as the needs of people being supported changed, and as new people moved into the service and needed care and support. They told us, for example, they were in the process of developing a technology based care plan and the training to go alongside this.

Staff told us they attended regular one to one supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values so people were supported by staff that were effective in their role. We saw evidence of staff supervision which highlighted any areas of development and how these could be achieved. The performance coach told us, "Appraisals are due to start for staff next month. We include 360 degree feedback. We ask the people we support and their relatives to help with this." 360 degree feedback is a system or process in which employees receive confidential, anonymous feedback from the people who they work with. This gives employers a picture of staff's strengths and weaknesses. This helps develop the staff team and identify areas for training.

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 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. The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had identified that one person who used the service was deprived of their liberty and three other applications had been made.

People told us they were asked how they wanted to be supported, and were asked to give consent to their care plan. One person told us, "They do things the way I like." People's care records included detailed lists of people's likes and dislikes. This outlined clearly how people had been involved in making decisions about their care and support, and whether or not they were able to make decisions themselves. Staff understood and applied the principles of the MCA. One staff member told us, "People here have the capacity to make their own day to day decisions. If there was a big decision to be made like medical treatment we might need to involve other people and professionals if someone did not understand the issues involved."

People told us they were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One person told us, "They [staff] help me see the doctor if I need to." Records showed how health professionals had been contacted when people needed this, and that recommendations made by health professionals had been incorporated into people's care plans. A staff member told us "Sometimes people are anxious about GP appointments. We try and encourage people to attend but if they choose not to go we look at alternatives, like asking the GP to come out or re arranging for the next day."

People told us they chose what and when they wanted to eat, whilst some told us they were supported by staff to ensure they followed a balanced diet. One person followed a particular diet for health reasons. We saw detailed information in the care plan to ensure staff knew how to cook each dish that may be on the menu. Staff told us, "One person likes an alcoholic drink at night. Their parents showed us how much they have and we keep it locked in our office So that they don't drink too much. When they ask for it we support them to have it." We saw from the persons notes that this had been discussed with the person their parents and staff. Following this process demonstrates openness and transparency in providing services for people who lack capacity to make decisions as described in the Mental Capacity Act 2005 another staff member told us people chose what they wanted to eat and said, "One person never eats breakfast; that's their choice." Another staff member told us "One person gets up early and eats but they are good at telling us so we can document it."

Good

Is the service caring?

Our findings

One person told us "I can tell they care about me; they let me do what I want to do. This is the best home I have lived in I am at peace here. Another person told us "They check on me every day I feel looked after." In the house we visited people were comfortable with staff and were supported in a kind and caring way, which encouraged friendship. We saw people interacting on a one to one basis with staff. People appeared relaxed around staff and responded positively to staff input.

Staff told us they were encouraged to support people in a compassionate and caring way. One staff member told us, "It's more of a family environment." Another staff member told us, "I treat people like I would like to be treated myself." Another staff member said, "It's like a family home."
The Staff we spoke with demonstrated knowledge of equality and diversity and had received training in this. One staff member told us "we encourage people to make decisions they might not be the decision we would make but so long as they are safe we encourage this. Everyone is different and has the right to make choices."

People told us staff supported them to live independent lives. One person told us, "I cook for myself now. Staff taught me how to cook." Another person told us, "They take me out. I like to hire a car and go out." People's care plans were written from the person's point of view, and helped staff get to know people and their likes, dislikes and preferences. People's daily care records showed staff encouraged people to be as independent as possible. Records clearly indicated what people had been able to do for themselves and what they needed support with.

Staff told us they helped people to do as much for themselves as they could. One staff member told us, "We have a great team. They [the people] take the lead with their lives; they tell us what they want to do and we make it happen. It's not like a work place."

Staff tried to communicate with people in ways they understood in an effort to establish what they wanted. For instance, one person liked to have notes written for them and they replied in writing. They were supported in this and a staff member told us "It is about sitting and asking people what they want to do, taking time to find out what works."

Care plans showed how people were supported to maintain family relationships. The staff supported people to visit relatives and invited relatives to visit people in their home. People told us their privacy and dignity was respected. One person told us, "I've got my own key to get into my house and staff don't come into my room unless I ask them to." Staff told us they would always knock on doors before entering to maintain people's privacy and dignity.

Advocacy services were used where people wanted or needed support to make their views known and did not have anyone else available to do so. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

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The registered manager told us they tried to ensure records in people's homes were kept to a minimum so the houses felt like homes and not work places. A member of staff told us "We have a staff room that has all the paper work in but it's all online and we have a computer we use to access information as we need it." This process prevented unauthorised access to people's records, whilst ensuring staff had access to current information.

Good

Is the service responsive?

Our findings

People told us staff had supported them to be involved in developing their own care plans. One person told us, "I have a care plan. It's in a folder. I know what it says. They [staff] ask me about it."
Staff told us people made choices about what they wanted and how they wanted to be supported.

Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond to changes in people's needs. They told us people's care plans were useful in helping them to do so. One staff member told us, "The care plans are very good. I have worked in other places. These are the best I have seen; they are so clear." Another staff member told us "I usually work in one house but sometimes I pick up extra shifts in other houses. I know I could go and read the care plans for other people and know what they needed."

A staff member told us "I am a member of a staff forum. Volunteers are going to be introduced nationally to come in and do things like gardening, cooking and crafts. I am not sure when but this year some time." Another staff member told us "That will be so good, as a support worker we have to do all the activities. If there was someone with an interest in gardening or crafts, I am not so good at that. A volunteer who liked gardening or crafts could support people to develop hobbies and interests." The registered manager confirmed these plans were in place.

The registered manager told us care plans were developed by meeting with people and their families if people wanted their families there. The records we looked at showed people, and their families where appropriate, had been involved in their care planning . Care plans explained people's individual likes and dislikes and how they preferred to be supported. They included information on people's life history. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staff's understanding of individuals' personalities and behaviours. We looked at a care plan for someone who had recently begun to be supported by the service. This included information from family members and previous staff who had worked with the person. It was clear the service had obtained as much information as possible prior to the person being supported by the service, to ensure they could meet their needs effectively. People's care plans also included goals and outcomes they wanted to achieve. For example, some people had identified social activities they would like to be more involved in, or meals they would like to be able to prepare and cook for themselves.

People told us they were supported to make choices about what they wanted. For example, one person told us about how they had a passion for cars and would choose different hire cars with staff support to go out on day trips. Another person told us "They [the staff] take me shopping. I choose which shops to go to. I know what I like to buy." Another person told us, "I can go out for short distances on my own. Staff need to know when I am out but I can go on my own. For longer distances, like town, I have staff with me but I choose what to do." At the house we visited one person told us, "I have been out for lunch today. That's my favourite." Everyone we spoke with told us they chose how to spend their time. This showed the service was meeting the social needs of people who used the service.

People told us they felt able to complain if they were unhappy with anything. One person told us, "I speak to one of the staff if I'm not happy about anything. It is no problem." Another person told us "I can ask the staff and the manager anything if I am not happy, they listen and help me." The registered manager told us there had been no complaints in the past 12 months; however they were able to show us a complaint from another part of the service so we could see how complaints were dealt with. This was an online document which showed who was dealing with the complaint, any action that needed to be taken, who it would be taken by and when. There was information available in people's care plans about what they could expect and how to complain if they were not happy with anything. Staff told us they would go through this with people to ensure they knew about the procedure. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively. All the staff we spoke with were aware of this one member of staff told us "people are encouraged to complain it's how we improve." Staff and people were able to meet with managers regularly to voice concerns and look at improvements that could be made to the service. This meant people's complaints were fully investigated and resolved, where possible, to their satisfaction.

Good

Is the service well-led?

Our findings

People told us the registered manager was effective in their role and was approachable. One person told us, "If I have any problems I can speak to the manager." Another person told us "I know them well they always listen to me."
There was a registered manager in post at the time of our inspection. The registered manager told us they had been in this post for over a year. 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.

Staff were positive in their comments about the managers. One staff member told us, "We are always listened to by our manager. I like the way they treat people." They added, "People enjoy working here; it's the best place I have worked in." Staff also told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance. This made them feel valued and respected. One staff member told us, "In other places it has felt like managers' offices were closed off. Here it is quite open." Another staff member told us, "Management are always there if you need some advice." One staff member told us "I am a member of the staff forum so if staff have any concerns they come to me and once every three months I meet with the directors and we discuss issues and how to resolve them." Another staff member told us, "There are listening events once a month where anyone staff or people who use the service, can meet with managers, like a drop in, and raise concerns or issues and the managers look in to them and take action if they can."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by managers.

The registered manager told us regular meetings were held for relatives although these had not been well attended recently. They explained how each meeting was run with a very small agenda to allow discussion on any topic people felt needed to be discussed. We saw the minutes of the last meeting where relatives had discussed how their relatives would cope with parents ageing and passing away. The registered manager had put an action plan in place clearly identifying who in the organisation would be responsible for setting up a process for this to be discussed with professionals and for guidelines to be in place. The registered manager told us about a 'scrap-booking event' that was planned for the next meeting. This involved relatives bringing in photos of people and making scrap books with their relatives and talking to staff whilst doing so. This had been piloted in a local service and proved to be a great success. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

We reviewed records which demonstrated that there was a system in place to continually audit the quality

of care provided. This included a range of daily, weekly and monthly checks relating to all areas of the service. For example care staff undertook daily medication and money checks which were undertaken during staff handovers. In addition to the audits of the service was monthly audits were carried out by managers for quality assurance purposes; actions were recorded on a form for services to complete. The services also completed an annual quality audit to check it complied with the legislation and identifies areas of improvement.

Surveys were also used to obtain the views of people about the quality of the service they received. The provider also received compliments from the relatives of people by the used the service. These showed relatives were satisfied with the standard of personal care and support as well as the way staff treated people. These quality assurance measures showed the organisation valued the people they supported and promoted quality and improvement.

Staff had access to policies and procedures held within the service in each house and this meant they could do their job more effectively. This was also available on the provider's electronic system. These included, whistleblowing, complaints safeguarding policies. These were reviewed and kept up to date by the provider.

Staff said they regularly referred to policies and procedure to resolve any issues in regards to people's care and support. In addition they would contact the registered managers if they were unclear about any policy

Records showed that provider visits were undertaken to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were completed and by whom. The registered manager was responsible for completing these actions and reported back to the provider once they were completed Managers from the service attended regular meetings where findings from audits were discussed and plans put in place to make improvements. The registered manager understood their legal responsibility for submitting statutory notifications to the Care Quality Commission. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.