

Dimensions (UK) Limited

Dimensions Tyneside Domiciliary Care Office

Inspection report

5 Beadnell Drive
Kenton
Newcastle Upon Tyne
NE3 3BJ

Tel: 03003039144
Website: www.dimensions-uk.org

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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

About the service

Dimensions Tyneside Domiciliary Care Office provides domiciliary care services and a supported living service that provide care to 34 people including those with a learning disability and autistic people at the time of the inspection.

People's experience of using this service

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.

Right Support: Positive risk taking was encouraged and people were supported to access the local community with risk assessments. 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: Staff worked with other healthcare professionals and attended joint meetings with those responsible for other aspects of people's care to help ensure that people achieved positive outcomes.

Right Culture: Staff spoke positively about the organisation's values. They were passionate about promoting independence and person-centred care.

Safeguarding systems were in place and staff knew how to raise concerns. Risk assessments were in place to help people to live independent lives. There were enough staff available to meet people's needs. There were systems and processes in place to minimise the spread of infection. Systems were in place for reviewing accidents and incidents, lessons learned were shared with staff.

Medicines record keeping was not always accurately completed, however staff assessed and supported people to take medicines safely. We have made a recommendation about this.

We found staff promoted inclusion, equality and diversity and people and their relatives were involved in decision making about their care. Registered managers sought feedback in regular meetings attended by those receiving care.

Independent living was encouraged by supporting people to care for themselves if possible. People were supported accessing the community and developing plans to help achieve their goals, such as employment and maintaining personal relationships.

People and their relatives were involved in their support plans and reviews. Staff supported peoples' communication needs (this included staff learning sign language and easy read documents being made available). The provider's complaints, concerns and compliments policy were also available in different formats and we saw evidence of concerns being investigated and responded to.

Staff spoke positively about the values of the service promoting person centred care and supporting people's independence. The provider had good working relationships with external professionals involved in people's care.

Quality monitoring tools and audits were in place as well as a designated quality audit team. Registered managers used surveys to gather feedback on the service provided. This included specific staff feedback and working with experts by experience who visited to speak to people about their support.

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

This service was registered with us on 9 September 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dimensions Tyneside Domiciliary Care Office

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors (including a pharmacy specialist) 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

The service is a domiciliary care service and supported living service. It provides personal care to people living in their own homes. It also provides care and support to people living in 'supported living' settings, so 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 5 registered managers in post with responsibility for different localities.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to get permission from people to visit them in their home. We also needed to be sure a registered manager would be in the office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 14 November 2022. We visited the location's services on both dates.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who support the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 6 relatives about their experiences of the care provided. We spoke with 10 staff members including support workers, 2 registered managers and the north east area operations director. We reviewed a range of records, including care records for 3 people and medicines records. We also looked at the recruitment records of 2 staff and records relating to the management of the service, including policies and procedures.

We also used technology such as electronic file sharing to enable us to review documentation.

Is the service safe?

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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place.
- Staff were trained in safeguarding and understood how to raise concerns.
- During the inspection, we received anonymous whistle blowing concerns. The regional managing director carried out a comprehensive investigation into every concern. They shared their findings with us, including action taken, lessons learned, as well as reassurance the service was safe.
- People and relatives said the service was safe. One person told us, "I feel safe. I like it here."

Assessing risk, safety monitoring and management

- People's needs were assessed for risk, managed and monitored safely.
- Risk assessments in care plans gave instructions to support workers on how to support people's individual needs safely.
- The provider had a behaviour support team which worked with clinicians and front-line staff to mitigate risk.
- People were well supported in accessing the community. A registered manager told us, "We look at positive risk taking to encourage people to live independent lives."

Staffing and recruitment

- Sufficient numbers of staff were available to meet people's needs.
- Staff were safely recruited. Checks were carried out as part of the recruitment process to assess new staff's suitability for their role. This included seeking references, checking employment gaps and DBS checks.
- Recruitment processes included the people receiving care being involved in the recruitment process.

Using medicines safely

- Staff assessed and supported people to take their medicines safely.
- Record keeping related to medicine administration was not always accurately completed. The provider took immediate action to resolve this.
- Body maps were in place for some people who required topical medicines, however guidance was not clear for how often creams should be applied and some records were missing.
- The provider's audits had not picked up all the medicine issues we found during this inspection.

We recommend the provider reviews their management of medicines to ensure best practice guidance is followed.

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured the provider was supporting people to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. We have signposted the provider to resources to develop their approach.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place for reviewing accidents and incidents. These were checked by the registered managers to highlight emerging risks and ensure actions were taken.
- Pharmacy errors had been flagged with the local authority and back to other services in the area.
- Lessons learned were shared with staff.

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.

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 were assessed before receiving care, to ensure it was suitable and could meet their needs.
- People's needs were regularly reviewed, and people and their families were involved in care decisions.
- The registered managers advised us of action they would take if they were no longer able to meet the needs of someone receiving care. This may involve seeking out further staff training, new equipment or working with external professionals or another provider if a transition of care was required.

Staff support: induction, training, skills and experience

- The registered managers made sure staff were inducted, trained and supported in their role.
- Staff had inductions when they started and online training related to people's specific needs, such as learning disabilities and autism.
- The provider sought out skills such as language skills, driving licenses to support travel and equipment specialisms when recruiting or upskilling staff.

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

- People were well supported to eat and drink enough and their weights recorded regularly.
- People's nutritional needs were documented in their support plans and staff were aware of this.
- Staff had worked with the speech and language therapy team to carry out choking risk assessments where necessary.

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

- Staff had established good working relationships with external professionals involved in people's care. A healthcare professional told us, "I have found the management team to be responsive to requests for meetings, person centred when considering client needs and keen to work with professionals to overcome difficulties in the support of clients."
- Staff assisted people with access to health services such as their GP or dentist.

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.

- Staff were aware of what to do if someone refused consent to care. Best interest decisions and capacity assessments were in place.
- Staff had received training in the Mental Capacity Act and associated code of practice.
- An up to date mental capacity and deprivation of liberty safeguards policy was in place which detailed the providers expectations.

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.

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

- Staff promoted inclusion, equality and diversity.
- Care plans included people's cultural and faith needs. This included details and support plans to allow people to attend places of worship.
- Staff supported people with protected characteristics to be involved in specific community groups.

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

- People and their relatives were involved in decision making about their care. Registered managers sought feedback in person-centred reviews and weekly meetings attended by those receiving care.
- Staff had sought advocacy services for people who needed them, and they were involved in review meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's independence was encouraged in supporting them to care for themselves if possible.
- People were supported to live independent lives. This included supporting some people to access the community and developing plans to help people achieve goals, such as gaining employment and maintaining personal relationships.
- Relatives gave positive feedback about staff. One relative told us, "They are always kind and respectful towards my relative. His personal care is all done well – he always looks clean and tidy."

Is the service responsive?

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 and their relatives were involved in their support plans.
- Individuals specific wishes and preferences as well as personality traits were recorded in their support plans.
- Relatives were involved in support plan review meetings and kept updated. One relative told us, "I am very much involved with my relative's care. Things are discussed all of the time."

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.

- Staff supported peoples' communication needs.
- Staff were offered sign language training to help support communication needs. This was also factored into staff recruitment.
- Easy read versions of documents were available and consideration of fonts for dyslexic people was given.
- Policies had been made available in sign language and text phones had been made available for people who needed them.

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

- Staff supported people to avoid social isolation with diverse methods which met their individual needs.
- During our visit, staff supported people to plan Halloween parties for their friends.
- Staff supported people to take part in social activities important to them in a safe manner.
- The management team were recruiting staff best suited to support people's faith needs, including visiting religious venues.
- Family charts were in place to advise staff of how much contact people wished to maintain with their relatives.

Improving care quality in response to complaints or concerns

- Concerns and complaints were investigated and responded to.

- People and relatives were aware of how to make a complaint and gave evidence of action taken when they had done so. One relative told us, "If there is anything that I query they always get back to me promptly."
- The provider had an up to date complaints, concerns and compliments policy which was also available in different formats.

End of life care and support

- End of life care was not routinely provided at this service. However, people were supported to share their end of life wishes if they wanted to.
- Person-centred support plans were in place which included emergency health care plans and resuscitation choices.

Is the service well-led?

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

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

- The provider had a quality assurance system in place. Audits were carried out by a designated quality audit team.
- Registered managers observed and discussed organisational values with staff during supervision and appraisal meetings.
- Staff spoke positively about the values of the service promoting person centred care and supporting people's independence. One staff member told us, "I feel totally supported by my team and management in my role."

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 understood their responsibilities in relation to the duty of candour.
- A detailed duty of candour policy was in place.

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

- The management team understood their roles and responsibilities and the provider's legal obligations.
- Quality monitoring tools and audits were in place.
- The management team were knowledgeable of risks and a priority had been put on recruitment due to current industry staffing difficulties. The provider had good oversight of the service.

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

- People and their relatives were engaged in conversations about the service.
- Surveys were used to gather feedback on the service provided. This included specific staff feedback.
- A registered manager explained to us that there was also dedicated visitors who visited to speak to people about their support.

Continuous learning and improving care

- Learning outcomes from quality assurance systems were shared with the staff.
- The registered managers held team meetings and carried out regular meetings with staff which were used

to share best practice.

Working in partnership with others

- Staff worked in partnership with the local authority, the community learning disability team and other multi-disciplinary teams.
- The provider worked with outside organisations to ensure good high quality care was delivered through access to external training and other resources.