

Dimensions (UK) Limited

Dimensions 58 Church Lane East

Inspection report

58 Church Lane East
Aldershot
Hampshire
GU11 3HB

Tel: 01252311846
Website: www.dimensions-uk.org

Date of inspection visit:
10 January 2017

Date of publication:
09 March 2017

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

The inspection took place on 10 January 2017. The provider was given 48 hours' notice, because we wanted to make sure that the relevant people we needed to speak to would be available.

The service had a registered manager who also manages another service that is owned by the provider. 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.

Dimensions 58 Church Lane East provides accommodation and personal care for up to five adults with learning disabilities. At the time of the inspection there were four people living at the service who were assessed as Autistic. The premises were a converted three storey domestic premises with access to above ground level by stairs only. People who currently live at the service have lived there for many years and were a close cohesive group.

Some people who lived at the service had their own individual ways of communication through eye contact, gestures or noises. Throughout the inspection we saw staff responding to people's needs and providing care and support in a person centred manner. Staff were able to immediately recognise when people needed or wanted help or support. Relatives told us; "Overall very pleased with the service, [person's name] clearly enjoys being there and can't wait to get back when she comes home. All the staff seem to have her best interest at heart. She is very happy there" and "Quite happy with the care and in fact the last few times he has been home it was a job to get him to come home. He must be happy as otherwise he would not be like that". A person's representative also told us: "There is such a good level of care might not be five star mansions but the care and the way the residents enjoy living is very obvious to me".

People were kept safe because staff understood their responsibilities in protecting people and knew how to report any concerns. People were enabled to take positive risks as part of a person centred lifestyle.

People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in the people they supported. People showed us positive signs that they were relaxed and at ease with staff and their surroundings. Staff knew people well and it was apparent that positive relationships had been developed. A staff member told us: "There is a stable staff team that means we can build bonds and trust with the residents".

There were sufficient numbers of suitable staff to keep people safe and staff had completed training to meet the needs of people who had a learning disability including Autism. Relatives and people's representative's told us: "All the staff seem to be good, never found them not to be able to cope [person's name] with or anyone else" and "I have not seen anyone interact with her that does not understand her needs well or how to deliver that". Staff told us how their induction and training had improved their skills. One staff member

told us "The training really made me question how I was supporting people before; I think that now I have a much better understanding of why some of our residents act and behave in a certain way".

People were supported to maintain good health and to access healthcare services as and when required. A relative told us: "They are always pretty prompt in seeking medical help". People received the food and drinks they preferred and were supported to ensure their nutritional needs were met.

People were encouraged to make decisions about their daily care and support. We saw how well staff understood people's communication needs which enabled staff to support people to make choices as well as respond to people's needs. Where people needed to have a legal representative or relative represent their views then these were sought and acted upon. One relative told us: "Yes I am very much involved in his care plan and they keep in regular contact".

People received care and support that was responsive to their needs and were supported in a person centred manner. A person's representative told us: "They support people with very complex needs and they have the mix of people just about right, so they can make sure that everyone is treated as an individual". People were encouraged to be as independent as they could. A staff member told us: "We need to support people to be as independent as possible; I do this through positive encouragement".

People were engaged in individual meaningful occupation and activities and were supported to take part in wider community activities. One person told us how they liked to watch TV and another person indicated to us how much they had liked their swimming session. A representative who supported several people across the provider's services said of the provider: "They look to support each client individually to find activities which they are interested in, they are always looking at the individual activities, always individually geared".

The service benefited from clear leadership and oversight. A professional told us; "Staff are very supportive and (registered manager) especially is very proactive and can be very vocal in making sure the cause of service is being listened to, but it is all in a good way". Staff described the Registered Manager as "Approachable", "Helpful" and "Very supportive". A person's relative /representative told us: "(Registered manager) is excellent to be honest, she used to be there all the time but now she has to split her time, I don't think this effects the place as the other staff are so competent" and

The quality of the service provided was kept under review and was monitored by the Registered Manager and the provider to help continually drive improvements to the service.

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 because staff understood their role in keeping people safe.

Risks to people were identified, assessed and actions were taken to protect people from those risks.

There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had been trained and had the knowledge and skills to meet people's needs.

Staff understood people's communication methods and used those methods to seek people's consent. People's rights were promoted and protected in line with legal requirements.

People were supported to have enough food and to be able to safely eat and drink.

People were supported to maintain good health and to have access to a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring, dignified and compassionate way and people showed they were at ease with staff.

People were encouraged to make their own choices about their lifestyles. Where needed, advocates or representatives were available to support people's decision making.

People's privacy and dignity were promoted and respected by staff when they provided care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their needs. Support plans provided detailed information so that staff could support people in a person-centred way.

People were supported to take part in activities that they enjoyed and were meaningful to them.

People's experiences, concerns and wishes were listened to which enabled staff to use these in order to support people.

Is the service well-led?

Good ●

The service was well-led.

A clear management structure was in place to ensure people and staff were supported. People and staff had access to the management team who were visible and available.

The provider and Registered Manager promoted a positive culture that was centred on people's needs. The service was kept under review to ensure that it provided quality care and action was taken to improve the service if needed.

Dimensions 58 Church Lane East

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 checked 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.

This inspection took place on 10 January 2017 and was announced. We told the provider several days before our inspection that we would be coming. This was because we wanted to make sure that the people who use the service and other appropriate staff would be available to speak with us. When planning the inspection we took account of the size of the service and that some people at the service might find unknown visitors unsettling. As a result the inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information along with information we held about the service and the service provider. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted by the provider. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we interacted with three people and spoke to two people. Due to their differing communication methods not everyone was able to give us direct verbal feedback or speak with us about their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care and support that people received. We spoke with two support staff, a team leader and the registered manager. Following the inspection we spoke with four relatives/ people's legal representatives and a social care professional to obtain their feedback about their experience of the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine and staff employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected in April 2014 where no concerns were found.

Is the service safe?

Our findings

People were supported by staff to be safe. Relatives or their representatives told us they felt that people were safe at the service, they said: "I do feel he is safe, can't see why he would not be as they look after him very well you can't just walk in the building, he is very well cared for there". "I do pop in from time to time over the years and never been worried, they really take care of the residents which makes them safe to be there" and "In both of the services I visit the security level is good, always check who is coming into the building, always ask for identification or ask who I am and who I have come to visit, it reassures me that they are safe".

People were protected from abuse and harm and staff recognised the signs of potential abuse. There were whistleblowing and safeguarding adults at risk policies and procedures in place. These were accessible to staff, who had a clear understanding of their responsibility around reporting poor practice. Safeguarding training and posters displayed in the service reminded staff of their responsibility to protect people from abuse. Staff demonstrated knowledge of the whistle blowing process and knew that they could contact senior managers or outside agencies if they had any concerns. A staff member told us: "I would speak to any one of the managers/ team leaders no hesitation". A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. Records further confirmed that staff had an awareness of their responsibilities in relation to reporting concerns. A professional told us that due to the persistence of the Registered Manager they had ensured that a person's financial vulnerability was addressed, which had improved the person's lifestyle. They said "It was her tenacity that got the situation resolved".

Risks to people and the service were managed so that people were protected. There was a proactive approach to positive risk taking. Positive risk taking involves looking at, measuring and balancing the risk and the positive benefits from taking the risk against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. Staff gave us examples of where they supporting people to take some positive risks as part of their daily life, such as swimming, baking and shaving more independently.

Observations showed that staff were aware of risk assessments and worked in accordance with them. For example, some people had behaviours which could challenge others, including being verbally and physically challenging. Staff were clear about any potential triggers and there was clear guidance available for staff around de-escalation. We saw that staff picked up on one person's signs that they were becoming anxious and were able to immediately de-escalate the situation in accordance with their agreed guidelines.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans (PEEP) which informed staff of how to support people to evacuate the building in the event of an emergency. Accidents and incidents were recorded and action had been taken to reduce the risk of the accident occurring again. A person's relative /legal representative told us "A general criticism would be that the building presents as tired, in need of a bit of a face lift, nothing that is of concern and

nothing hazardous".

People were assisted to take their medicines by staff who had been trained and assessed as competent to administer medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. Medicines were managed so that people received them safely. Staff were knowledgeable about the medicines that people were prescribed and where to find information about any potential side effects. They were also able to describe people's individual signs if they were in pain or discomfort and what actions they had to take to help alleviate any symptoms. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. There was a clear protocol for administering any PRN (when required) medicines.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels were based on the assessed needs of people with evidence of flexibility to suit people's changing needs and particular activities. Where people were assessed as needing additional one to one support then this was undertaken. However, short notice absence and lack of availability of agency cover had affected staffing levels over the Christmas period. Staff spoke about some of the challenges they faced recently when there were two staff on duty instead of the rostered three. Their comments included: "Occasionally just two in the afternoon this does restrict being able to go out", "Enough staff most of the time, two generally work when people are out but two is not enough if we need to take people out" and "Feels enough generally but sometimes with just two of us on it can be difficult to get everything done and it means we can't take people out". Staff told us that they were not aware of any events or activities that had to be cancelled due to insufficient staffing during this period. One member of staff said: "The manager always finds a way of making sure that no one misses out". Relatives and people's representatives' feedback that they felt there was sufficient staff to be able to meet people's individual needs and they were not aware of any missed opportunities due to unforeseen staffing shortages. One person's relative/ representative also told us "There was a point when always seems to be a new face three or four months ago but now it's much steadier and you see the same faces much more frequently now". Our observations showed that there were sufficient support workers to meet people's individual needs and wishes promptly, as people were provided with one to one attention when they wanted and were supported to attend planned and ad hoc activities.

People were cared for by staff that the provider had deemed safe to work with them, as prior to their employment commencing identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

From our observation and speaking with relatives or their legal representatives people experienced care from skilled and experienced staff. Staff understood people's needs including their communication needs and how to interpret these. Relatives and peoples representatives told us; "In general staff are all very good and well trained in the different aspects of [person's name] conditions and very pleased that they all get on very well with all of the staff there", "All the staff seem to be good, never found them not to be able to cope with [person's name] or anyone else" and "I have not seen anyone interact with her that does not understand her needs well or how to deliver that".

People were supported by staff who had completed training to meet their needs and who were skilled and knowledgeable about the needs of people who had a learning disability including Autism. New staff had completed the Skills for Care Certificate. These are the standards people working in adult social care need to meet before they can safely work unsupervised. A new member of staff told us how the Registered Manager had provided them with specialist support to aid their successful completion of the care certificate. They told us how this additional support had been invaluable to their success and how its completion had given them the confidence and knowledge needed. They told us how they had been enabled to shadow experienced staff and spent time reading the services policies and procedures as well as people's support plans during their induction period.

Staff told us that the training they had undertaken was useful and enabled them to understand people's needs and offer appropriate care and support. One member of staff told us how training undertaken in Autism had significantly improved their understanding of this condition and of some people's behaviour. They said "The training really made me question how I was supporting people before, I think that now I have a much better understanding of why some of our residents act and behave in a certain way". Staff told us that some people displayed behaviour which challenged, including being verbally and physically aggressive. Staff that had the specialist skills and experience to support these people were pre-allocated to work with them and, where possible people's preferences with regard to who they wanted to receive support from was accommodated. We saw staff notice the change in a person's body language, which was a documented sign of an escalation of their behaviour. They acted in accordance with the person's written guidance for de-escalation and the person became less anxious. A staff member spoke knowledgeably about the behavioural triggers for a person they supported with a regular activity. It was apparent from the person's records and from talking with staff that without staff's specific skills and knowledge of this person's behaviour that this activity would not be able to occur safely.

Staff received ongoing support to assist them to develop in their role. Staff confirmed they received regular supervision and spoke about how they valued the opportunity to discuss their role and any concerns. One member of staff told us how their regular supervisions provided an opportunity for them to be given feedback on their practice and to identify any learning and development needs. Another member of staff said how "Helpful and supportive" they had found their supervisions.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team and staff demonstrated a good awareness of the MCA and DoLS. Appropriate applications had been made to the local authority for any (DoLS) assessments to ensure that any limitations on people's freedom were authorised and made in the least restrictive way. There was a system in place to ensure that DoLS were reviewed when needed. Staff confirmed that no restraint was used. The provider had recognised that people might need additional support to be involved in their care; they had involved people's relatives when appropriate or a paid representative. People who are being deprived of their liberty in care homes have a statutory right to have a representative to support them to exercise their rights under the Mental Capacity Act. If there are no appropriate, willing or able friends or family to take on this role, then a paid representative will be appointed. This is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People's rights under the MCA were upheld. Staff were clear that people were assumed to have capacity to make their own decisions unless they were assessed as not having capacity to make specific decisions. We saw how people were asked their consent for day-to-day decisions that affected their care and how people were supported to make decisions by being offered a small range of choices. They were then given the time to make their own selection. A staff member explained how they supported a person who does not use verbal communication to be able to express their wishes in regards to their personal care.

People received the food and drinks they preferred and were supported to ensure their nutritional needs were met. Where possible people ate their evening meal together to promote a social environment. One person told us how they enjoyed going out for meals with their family or with staff. We saw people enjoying the evening meal and who indicated to us that they liked it. Staff encouraged people to be involved as much as possible in menu planning, shopping, preparing meals and drinks. Staff said they knew what people liked and disliked so they supported them to make a choice and staff encouraged and supported people to maintain a healthy diet. People's nutritional needs had been assessed and relevant support had been sought from the Speech and Language Therapist (SALT) team, for people who required specialist diets or for people who had swallowing difficulties. There were clear guidance in place from the SALT team on the specific support needed to enable some people to eat safely. This included pictures to show the size of sandwich pieces or the portion sizes recommended encouraging slower eating. The Registered Manager told us how a person has been supported to make healthy choices as part of a planned weight loss programme, which has resulted in them losing weight. A relative /legal representative told us: "The food, well I seen it on a Sunday, beautiful roast with all the trimmings smells lovely". People had been weighed regularly and action taken where there had been any concerns identified about unaccounted for weight loss or gain.

People had access to relevant healthcare professionals to maintain or improve their communication, such as audiologists and opticians. People were also supported to maintain good health and to access healthcare services as and when required. It was apparent that staff knew people well, we were told and records confirmed that when staff observed a change in a person that indicated they required assessment

by a healthcare professional, such as a dietician or GP, this had been arranged. A relative told us: They are always pretty prompt in seeking medical help". To help aid a person's understanding and ease their anxieties of a pending medical examination the Registered Manager spoke of how pictures were used of what would happen and of the equipment used. They felt that this helped to ensure that the examination was able to take place as the person was less anxious.

Is the service caring?

Our findings

People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in the people they supported. People showed us positive signs that they were relaxed and at ease with staff and their surroundings. One person told us how nice a staff member was to help them with their makeup and how much they enjoyed the staff member's company. Relatives and people's representatives told us: "Staff are all very good you get to know them over time, they are very helpful and always welcome you, we are quite satisfied and all staff are friendly laughing and joking" and "She is always very happy to see me and now sings to me, which is a really good sign for me that she is happy and is really well supported".

There was a caring, friendly and relaxed atmosphere. Staff knew people well and it was apparent that positive relationships had been developed. A staff member told us: "There is a stable staff team that means we can build bonds and trust with the residents". Staff had a wealth of knowledge about people. This meant conversations with people were meaningful and relevant. We observed staff talking to people about their day and any aspirations they had about the next time they went to do a particular activity. Staff took the time to listen to and observe people so that they received the care they needed. A person's relative/legal representative spoke of the affection with which the staff supported the person and how much reassurance this gave them that they were valued as an individual by the staff team. Staff spoke with affection and respectfully about the people they supported. One staff member said: "The job is very rewarding and enjoyable".

Staff addressed people by their preferred name and adjusted their approach to each person. This ensured that people interacted with staff in a way, which they felt comfortable with. For example, staff told us that some people living in the service were very relaxed and liked a joke, and staff when speaking with them used this approach. Whereas other people preferred, a more formal approach from staff and this was evident in the way that staff interacted with them. Plans of care included positive information about people and included areas such as, "What's important to me and for me" and "What people like and admire about me." People received appropriate emotional support to meet their needs. Observations showed one person had become distressed. The staff member allocated to work with them, immediately intervened, offering them reassurance. The person reacted positively to the staff member's intervention and became calmer and was able to re-join socialising with others. We observed another person who was visibly excited seek reassurance from staff. Staff showed concern and listened to the person whilst being able to calm them and refocus their attention.

Records documented people's communication needs and how staff should ensure these were met. The records explained what people's different actions meant, what they needed staff to do for them and how the person could be helped. To ensure people's communication methods would be understood by others such as hospital staff if needed, communication passports had been drawn up to provide specific guidance about communicating with the person. These described the "Things you must know about me", how best to provide information to the person and what their responses would indicate. For instance, if one person continued doing what they were doing this would indicate they had not understood.

People were encouraged and supported to maintain their role in society and family life. Staff spoke about how they supported people to maintain important relationships that mattered to them. Support plans included important past and present relationships. Contact with families was proactive, positive and beneficial to the care and well-being of people. A relative told us of how the staff supported a person to stay in contact with them and how they were kept informed of any changes in their needs or wellbeing.

People were being encouraged to be as independent as they could. People were seen to spend their time where they wished either in the communal areas or in their rooms. Staff recognised the importance of promoting people's independence and how they let the person do as much as they can for themselves. Each person also had various household duties as part of maintaining an independent lifestyle. Staff told us: "Encourage where we can for them to remain as independent as possible, as we don't want to take this away from very able people" and "We need to support people to be as independent as possible, I do this through positive encouragement".

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People's rooms had been personalised to their taste. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished. We saw examples where people's diversity was respected with regard to their lifestyle choices, clothes and gender identity.

We saw that people were involved in decisions that affected their lives, for example, different communication methods were used for people to enable them to make daily choices about their food, activities and when they wanted personal care. Records showed that people and their relatives/legal representatives were involved in identifying people's preferences and wishes and that support plans had been reviewed in response to feedback. Relatives and people's representatives confirmed that they felt involved in the delivery of care and could approach staff if they had any questions or queries relating to it. People received advocacy support when needed to either make more complex decisions or to ensure that an independent person was monitoring their rights and wellbeing. One such person told us how they spoke on behalf of some people across the provider's services and how they ensured that they represented the people's views and how the staff listened to and acted upon their feedback.

We saw that staff upheld the privacy and dignity of people. Observations showed staff discreetly and sensitively supported people to maintain their personal care needs. People's support plans provided guidance on each person's needs regarding their privacy, how staff should meet these needs and how to respect people's times of privacy. Staff gave us many examples of how they maintained people's dignity in their day to day practices, which also included when they were outside of the service. A relative told us how they felt that their loved one's dignity was supported, they told us: "He is always dressed nicely, they buy his clothes and he is always clean and smartly dressed, he is lucky that he is lives there".

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff were aware of the importance of maintaining confidentiality and could give examples of how they did this.

Is the service responsive?

Our findings

Relatives and people's legal representatives told us consistently that the staff were responsive to people's needs and how this had made a large contribution to people's wellbeing. Staff spoke about how each person was treated as an individual and staff responded to people's needs on an individual basis. We saw staff responding to people's body language and behaviour. For example, when one person made particular gestures staff responded by supporting them to move away from the situation. Staff's responsiveness had reduced the person's need to behave in a way that was potentially unsafe. A person's representative told us: "All the staff are very kind friendly and open, in my opinion they are all well and settled and cared for".

People received care and support that was responsive to their needs and were supported in a person centred manner. For example, people could get up and go to bed at the times they wanted. Person-centred means putting the person at the centre of the planning for their lives. We saw that people's needs were assessed and support plans were developed to meet those needs, in a structured and consistent manner. People's support plans detailed how each person liked to be supported, what was important to them and how they communicated. This meant staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. Staff told us that they found the support plans to be detailed and informative. A person's representative told us: "They support people with very complex needs and they have the mix of people just about right, so they can make sure that everyone is treated as an individual".

Staff spoke about the importance of the key working system and how they were able to provide additional support and oversight of a person's individual care. A staff member described a person's support plan who they key worked as "Very detailed and very helpful" and how this enabled them to know what individual support they needed. A relative told us: "Has a key worker who is lovely, really goes out of her way to help. They have attended several hospital appointments and have even come in during their holiday to make sure that the appointment went as smoothly as it could".

Reviews of people's support plans were undertaken in order to provide staff with up-to-date information about people's care and support needs. Relative's/ people's representatives, who have a legal right to make decisions on people's behalf, told us how they were involved to varying degrees in support planning and reviewing. Their involvement helped to ensure that the person's needs and preferences were being identified. Their specific comments included: "I am asked about my views of [name of person] needs, however I don't think that I have ever attended a formal review", "Any changes in needs they will phone me but they also phone to ask me what my view point is" and "Yes I am very much involved in his care plan and they keep in regular contact".

People were engaged in individual meaningful occupation and activities and were supported to take part in wider community activities. People's activities programmes were designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, on a daily basis. Others had an organised weekly activities plan including the use of day care services. We were told by staff and a person's relative and a professional how the service went the extra mile to ensure that a person received a

more appropriate day care service. Feedback was that it was only due to staff's persistence and focus on meeting the person's individual day care needs that an alternative was able to be located.

People's preferences around activities and interests were also detailed in each support plan. This included people who enjoyed going out for walks, swimming, shopping and accessing local café and restaurants. An external agency was also employed to provide specific one to one activities with a person. There was an activities room where one person particularly enjoyed spending time on their own. They told us how they liked to watch TV in the room. Another person indicated to us how much they had liked their swimming session that afternoon. We were shown a "Good news report" which was developed by a staff member. This documented some of the events, activities and preferences for each person over the Christmas period. It showed that people had been supported to take part in a range of individual activities and occupation.

Staff told us how they enjoyed the time they spend with people and being involved in their activities of choice. They also told us how they have supported people to try new activities. A staff member said: "What we do well is going out and about as we are very flexible at being able to go out when they want". A representative who supported several people across the provider's services said of the provider: "They look to support each client individually to find activities which they are interested in, they are always looking at the individual activities, always individually geared". A relative told us: "They are really good at doing something individual with her when the others are doing activities as otherwise she could disturb the others".

The service had a procedure for making a complaint or speaking out. We saw that a version of the procedure in a picture format was displayed. It was recognised by staff that people would require considerable support to make a formal complaint in this way. Staff spoke about how they felt confident to raise concerns on people's behalf and how they would not hesitate to do so. Relatives /people's representatives told us that they knew what to do if they had any concerns but they have not had to do so. They felt confident that if they did raise any concerns that this would be dealt with. A person's representative told us that where they had needed to raise a minor issue about a piece of furniture then this was addressed immediately. The Registered Manager confirmed that there been no complaints raised with them.

Is the service well-led?

Our findings

The service benefited from clear leadership and oversight. A professional told us; "Staff are very supportive and (registered manager) especially is very proactive and can be very vocal in making sure the cause of service is being listened to, but it is all in a good way". A relative told us: "The atmosphere is always relaxed and calm and there are always people mulling about happily doing their own thing". The Registered Manager told us of their recent award from the provider, in which they were judged as one of the top 20 managers across the provider's services during 2016.

There was an experienced and skilled Registered Manager who had worked at the service and with the provider for a significant number of years, which provided stable and consistent management. They were also the Registered Manager for another of the provider's services and worked for half a day, five days a week at Dimensions 58 church Lane End. They were supported by a deputy and senior support team. Staff consistently told us that they felt supported by the management team and that in addition there was 'on call' and 'out of hours' support. Staff described the Registered Manager as "Approachable", "Helpful" and "Very supportive". They also told us: "Everything runs here really smoothly" and "Very approachable you can speak to any of them, they are experienced which gives you confidence". Relatives and peoples representatives told us: "(Registered manager) is excellent to be honest, she used to be there all the time but now she has to split her time, I don't think this effects the place as the other staff are so competent" and "(Registered manager) not a lot of contact as she is not always there but have contact with the other staff who are just as nice and know [person's name] just as well".

The provider's statement of purpose was to meet the needs and aspirations of each person they supported, in a warm friendly home environment that enabled people to confidently express their individuality. They aimed to support people with respect, upholding their chosen beliefs, traditions and culture, and promote people's social choices, independence and life experiences. Staff were aware of the provider's aims, and described how they were encouraged to share stories demonstrating implementation of these on the provider's online portal.

The registered manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. They told us that they attended training courses organised by the provider and they attended management meetings with managers for the providers other homes. These meetings enabled them to discuss any new legislation and also to learn from other managers.

The provider used a number of methods to help ensure the quality of the service provided. Feedback from people, their relatives/representatives were sought by the provider in order to help drive improvements. Relatives and people's representatives confirmed that they had been asked for feedback in the past, and said that their suggestions had been listened to and acted upon for example on the decoration of the service. Staff told us that they had staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the

service. Staff told us they felt listened to and valued and gave us examples of how they had influenced practices around activities and staff deployment. This meant that staff were involved and supported to be involved in how the home was run.

Compliance audits were completed by the provider's auditing team quarterly, reviewing various areas of care at each visit, including support planning, medicines administration and finance management. Findings indicated the level of compliance identified at each visit. Where issues were identified, these were used to inform the service improvement plan. A service improvement plan was also used to drive improvement and help ensure action was taken for the benefit of people using the service, to improve the service or to maintain safety. For example, it addressed largely maintenance issues and recruitment. Findings from the provider's internal audits were also included. The improvement plan was reviewed by the provider's audit team to ensure that required actions were being completed. This demonstrated an effective response to issues identified, and evidence of learning.

Reference information was made available for staff to ensure they were aware of the provider's policies and procedures, had access to guidance to manage people's known health conditions, and were aware of how to access the provider's support process in times of personal difficulty.

To promote people's safety and prevent accidents and incidents reoccurring, these were reported and managed appropriately. A computer based system of reporting & checking accidents and incidents was in place. This had been established by the provider to include a number of different levels of checks to ensure that appropriate action had been taken if needed. Any themes or trends emerging from accidents and incidents were able to be identified and any necessary action implemented to prevent re-occurrence.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The Registered Manager had informed the CQC of significant events when they occurred. This meant that we could check that appropriate action had been taken.