

Dimensions (UK) Limited

Dimensions Cambridge Domiciliary Care Office

Inspection report

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Date of inspection visit: 28 July 2014
Date of publication: 13/01/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. This meant that the provider was aware when we were inspecting and that staff were available to support our inspection.

The service currently provides care and support to 123 adults with a learning disability. The organisation manages services provided to people across four counties from the registered office location. The services

Summary of findings

provided vary from care and support provided for a few hours per day, or week, to individual people living in their own home to the provision of care and support on a 24 hours basis to people, or groups of people living together. The agency has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

All of the people that we talked with told us that they felt safe and that they would know what to do, and who to contact, if they thought they had been mistreated in any way. There were systems and processes in place to reduce the risk of people suffering any abuse. However people's safety was being compromised in a number of areas this included how well medicines were administered, the staff understanding of how they should assess if people have the capacity to make certain decisions and ensuring there was always enough staff on duty with the right skills and knowledge to meet people's needs.

The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. Although the manager was aware of the requirements of the Mental Capacity Act 2005 and all staff had received training not all the staff that we talked with were able to tell us how it needed to be put into practice. The staff who are working directly with people must know what their responsibilities are regarding the MCA so that decisions are made in people's best interests and people's human rights are upheld. The manager was aware of the responsibilities and had taken appropriate action when he thought any restrictions had been placed on people.

Staff had been given training about how people should be treated as individuals and supported to make decisions and how to promote people's dignity, respect and privacy. People who used the agency told us that staff were kind and treated them with dignity and respect and when they had raised any concerns they had been dealt with effectively.

People had been involved in the planning of their support and care. Important information about people's history, preferences and goals for the future, which helped the staff get to know people and how they would like to be cared for and supported, was recorded in their support files.

The permanent staff had the support, skills and competencies they required to meet people's needs. Care staff told us that they had attended all of the training they needed to do their job effectively and could request extra training if needed. We found that at times due to there being a shortage of permanent staff

There were effective systems in place to monitor and improve the quality of the service provided, which took into consideration the views of the people who used the agency. Staff felt that they could discuss any concerns with someone in the management team and that there was an open culture within the agency.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service is not consistently safe.

The majority of the people who used the agency (that responded to us) told us that they felt safe and that they would know who to talk to if they were unhappy. Action had been taken to reduce the risk of abuse to people.

Action was needed to ensure that people always receive their medicines as prescribed, that there are always enough staff on duty with the right experience, skills and knowledge and that staff are aware of how to support people to make decisions when they have the capacity to do so or to how to make best interest decisions on their behalf.

Requires Improvement



Is the service effective?

The five questions we ask about services and what we found people's history, preferences and goals for the future, which helped the staff get to know people and how they would like to be cared for and supported, was recorded in their support files.

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Good



Is the service caring?

This service is caring.

Observation of staff working with people and discussions with the manager and other staff showed that they aimed to put the people that used the agency at the centre of everything they did.

People told us they felt that they were treated with kindness and that the staff understood how they liked things to be done.

Good



Is the service responsive?

The service is responsive.

Good



Summary of findings

People were encouraged and supported to express what was important to them and to be involved, as much as they are able to, in the assessment of their needs.

Concerns and complaints were explored and responded to in good time.

Is the service well-led?

The service is well-led.

The manager had effective quality assurance processes and audits in place so that they could make continuous improvements to the service people received.

Procedures were in place and being followed to ensure that accidents, incidents and complaints had been dealt with promptly and any action necessary had been taken to avoid any reoccurrence.

Care staff told us that they found the management team approachable and that if they had any concerns that they could discuss them.

Good



Dimensions Cambridge Domiciliary Care Office

Detailed findings

Background to this inspection

Our inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office of the agency on 28 July 2014 and talked to the registered manager and the regional assistant. We also spent time looking at a range of people's and staff's records. We also visited people who used the agency in their own homes and talked to two of them. Because some people who used the service could not verbally communicate with us we observed how the staff worked with them. An expert by experience telephoned the relatives of five people who used the agency to gain their views about the care and support that their family member had received. We also telephoned people who worked for the agency to gain their views about the service.

At the last inspection, undertaken in May 2013, there were no breaches in any of the six regulations examined.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is information that has been returned from the provider and is not a review of all the information we hold about the provider.

We also sent questionnaires about the service being provided to people who use the service, their relatives, staff and professionals that work with people who use the agency such as GPs and physiotherapists.

We also reviewed notifications we had received from the provider. A notification is information about important events which the provider is required by law to send us.

Is the service safe?

Our findings

There had been a high number of administration of medicines errors in the last twelve months. The manager was aware of this and had put an improvement plan in place to ensure this did not continue to happen. However, although the PIR stated that, "Each member of staff is assessed for competency in administering medicines every six months" the senior staff completing the competency assessments were not themselves reassessed. This could mean that the staff assessing competency of others may themselves not be competent. When there had been a medicine error the person then had to be assessed on three separate occasions to ensure that they were competent to administer medicines to ensure that they were following the correct procedures.

We looked at the support plan for one person who had their medicines placed into food. Although this was recorded in their care plan and risk assessment there was no capacity assessment to say if the person had capacity to make this decision. Not all staff that we talked to were aware of the special precautions they needed to take when administering some of the prescribed medication or what the side effects could be if they were not administered correctly. Failure to follow the correct procedures could place people at risk from harm. Staff must be aware of any special precautions for any medicine they are responsible for administering.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us that he used a system which took into consideration people's needs to determine what hours of support were needed for each person. Other factors were also taken into consideration such as their daily activities and social time and ensuring that, where funded, people received one-to-one care. To ensure that people were supported by people with similar interests adverts had been placed in areas that people regularly visited. For example one person who regularly used a gym placed an advert for a support worker at the gym. There was also local recruitment drives planned in areas such as Cambridge to try and encourage new staff to apply. As well as being interviewed by a panel which included a family member of someone who used the service perspective staff were also invited to meet people to see how they interacted with them.

Two people told us that they thought there was enough staff available when they needed them. We visited five people who lived together and Dimensions provided 24 hour care and support for them. Although the people that we met were not able to tell us what they thought about the staffing levels, concerns were raised by some staff members. When Dimensions did not have enough staff to cover the hours needed they used other care agencies to provide the staff. Although this meant that the staffing numbers were adequate the agency staff did not always have the skills necessary. For example, they were not able to drive people's vehicles. The staff told us that this affected the people using the service as it restricted them in what activities they could do. The staff also told us that the other agencies could not always provide staff so there were not always enough staff available to support people. One staff member told us, "The agency has great vision and values but if we don't have enough staff on shift with the right knowledge and skills we don't have the time to work towards the objectives and goals in people's support plans". The manager stated in the PIR that he will make improvements by, "Everyone will have a personalised rota in a format that they understand and makes sense to them via hours being individualised and matching being established." There must be the right numbers of staff available with the right skills and competencies to ensure that people's needs are met.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The recruitment records for three members of staff showed that the necessary pre-employment checks had been completed before they commenced work. This ensured that the right people were employed.

Two people told us that they felt safe and that they could talk to staff members if they were worried about anything. The relative of one person told us how she knew that there family member felt safe, they stated, "I know through her body language. She loves her key workers and demonstrates it through her body language. We usually have her over during weekends but she is always eager to go back."

Policies, procedures and staff training were in place to reduce the risk of people who used the agency being harmed in anyway. The manager and care staff had received training in safeguarding vulnerable people and were able to tell us what procedures they would follow and

Is the service safe?

whom they should contact if they thought anyone had suffered abuse. Staff confirmed that as well as in house training local authority reporting procedures were also discussed during team meetings and supervisions to ensure that all staff were aware of whom they should report any concerns to.

Procedures were in place so that when people expressed their needs in a way that may challenge others, staff knew how to manage the situation in a positive way that protected people's dignity and rights. All incidents of people expressing their needs in a way that challenged others were recorded on incident report forms which were then looked at by the Dimensions Behaviour Support Team. Staff had received crisis intervention training including physical intervention to ensure people's safety.

The care staff we talked with were aware of the procedures to follow if there were any accidents whilst they were working. If there were any incidents or accidents when staff were supporting people out in the community there was a telephone hotline that staff could send a text message to the office with the details of the incident. This meant that the manager had the information straight away so that any necessary action could be taken and people could be supported if they needed it.

One person had expressed an interest in going to the local pub on their own. Staff had discussed this with them and ensured that their care plan and risk assessment balanced any risks. This meant that they were supported to

make decisions about their lives but at the same time trying to do that in a way that reduced the risks to them. Staff were working with them to ensure that they knew the route well and safe places to cross the road. They were planning to start by doing it with minimal monitoring and support with a view to the person going on their own when they felt safe and confident to do so.

The manager stated that all staff that were responsible for completing risk assessments had completed risk assessment training. The training was on line but the system ensured that staff had to read all of the information and gain 100% correct answers before passing.

The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. Although the manager was aware of the requirements of the Mental Capacity Act 2005 and all staff had received training not all the staff that we talked with were able to tell us how it needed to be put into practice to ensure they were supporting people to make appropriate decisions where possible. For example we saw in one person's support plans that they were restricted to only having certain items at certain times of the day. When we asked three members of staff about this they all gave us different answers about why this restriction had been put in place. When staff are placing restrictions on people they need to ensure that there has been a capacity assessment completed and best interest decisions have been made.

Is the service effective?

Our findings

The relatives of people who used the service praised the competence of the staff in ensuring that their family members saw all the professionals and specialist they were supposed to see. One relative told us "My [my relative's] physical strength is improved due to going to hydrotherapy three times a week". A healthcare professional who completed a questionnaire stated, "I had a positive experience with this service. The staff are very proactive regarding the clients. The staff actively participate in the patient care and always are keen to provide them best medical care. The staff has always approached me in timely manner if they had any concerns regarding the clients."

People told us that staff support them with shopping, cooking and preparing food and drink. One relative told us, "They always provide choice in what [my relative] likes to eat. They understand [my relative] is reluctant to eat except when they go out so they take them out for lunch or make sure they eat out when they go out for any activity".

The agency had training courses that were mandatory for all staff and other specialist training that staff would complete if necessary. For example, all staff had completed training in moving and handling and safeguarding people. The dates staff had completed their training had been recorded and there was a system that showed when any refresher training was due and had been booked to ensure that staff were kept up to date with best practice.

Six care staff told us that they had all the training they required to meet people's needs and that if there were any gaps in their knowledge they could request training and it was organised for them. However some staff stated that they did not like that the majority of the training was on line and would prefer a classroom based approach so that it would be more interactive. The manager was aware that

it was not everyone's preferred style of learning and stated that any training issues were discussed during team meetings and supervisions to ensure that staff were given extra support if they needed it.

Records showed that there was a comprehensive induction plan in place for new staff. This included shadowing experienced staff until both they, and the member of staff they were shadowing, thought that they were competent to work on their own. Staff confirmed that they had completed an induction before working on their own with people.

Care staff confirmed that they felt supported and that they received regular supervisions, training and appraisals. The training and supervision records we viewed confirmed this. This meant that people could be confident that their care was provided by staff whose competence had been reliably established.

One person told us that when they weren't well that the staff supported them to see a doctor. People who used the agency had the appropriate support to ensure their health needs were met in a timely manner and in a way they preferred. The manager stated in the PIR that, "Health needs are captured as a part of the support planning process for people." We saw that individual support plans and health action plans included detailed information on what people's health needs were and what support they required. The records showed that where needed people had been supported to access the relevant health care professionals.

When we visited people we saw staff helping them with drinks in a calm manner, explaining what the drink was and giving them sufficient time so that they were not rushed. The support plans that we looked at included information about what support people needed to ensure that they had sufficient quantities of food and drink and that staff gave them any assistance they needed.

Is the service caring?

Our findings

People told us that the staff were kind to them. One person told us, "I think the staff care about me". Another person told us that staff "Asked what is important to me" and that staff were, "Caring and kind and know what I like." All of the relatives were all positive about the staff support and told us that staff were kind and patient. People also told us that staff knocked on their door before entering and any help with personal care was done in private and in a way that upheld their dignity.

During our inspection we observed how staff worked with people. We saw that staff worked in a kind and caring manner and treated people with dignity and respect. They understood and responded to the different ways people expressed how they were feeling. For example, we saw one staff member sitting next to a person on a sofa and they interpreted their behaviour as needing some space and moved away slightly from the person which seemed to calm them. We saw another person place their feet on the lap of a member of staff and the staff member responded by asking them if they would like their feet rubbed as they usually enjoyed it. The person responded by smiling and they seemed to relax and enjoy it.

Staff knew what people's goals and aspirations were and supported them in taking action to meet these. For

example for some people who wanted to have paid employment in the future the staff had organised voluntary work for them and supported them to attend so that they could get work experience and references.

People were supported to express their views. The manager told us that they agency had recently sent out surveys to people who use the service and 97% of people who responded were happy with the way that staff treated them. The surveys that we sent out as part of the inspection showed that ten out of the eleven people that use the service that responded said that the staff were caring and kind and the other person said they didn't know.

The manager told us and staff confirmed that during the induction of new staff the agencies values of caring, integrity, courage, partnership and ambition were discussed. To encourage staff to work to these values the agency recognised staff who excelled in these areas by having regional and national awards for staff.

The manager told us that two people had an independent mental capacity advocate (IMCA) (This is someone who can speak out for those people who were not able to do this for themselves) to work with and support them, and represent their views to those who were working out their best interests. Information about independent advocates had been made available to people so that they would know who to contact if they needed help to make decisions.

Is the service responsive?

Our findings

People told us that the staff were aware of how they would like to be supported. One relative told us, "They always ask for my opinion and their opinion on how and when their care should be provided". Another relative told us they are involved in reviews of their relatives care and stated, "They ask questions on my perception of the service. I have also been asked to feedback on staff appraisal and I trust them like I have never trusted any agency before because they tell me if they have any concerns. They don't just tell me everything is fine."

One relative of a person who uses the service completed a questionnaire we sent out before the inspection and stated, "Dimensions provide an impressive standard of personalised support for my son. Communication with me and other members of his family is excellent." People and their relatives confirmed that they had been involved in writing the support plans and their monthly reviews. One relative said, "The key workers understand her as much as I do. They know what she likes and what does not like." (Keyworkers are named member of staff who provides extra support to a person). Care was individual and centred on each person. People's needs had been assessed. Assessments and individual support plans were completed with people and/or their relatives so that their choices and preferences were recorded. Support plans included what the persons dreams were for the future, what a perfect week would look like, what they would like their employment opportunities to be and how a person communicates. We saw evidence of this in the care records that we looked at.

Comments from a healthcare professional that completed a questionnaire included, "The support that individuals receive is of a high standard, the service has a good rapport with its users and other professionals alike, and there is a homely feel to the service. Each person has a good mixture of community inclusion and a person centred approach is

adhered to. The service has procedures in place to inform the funding authority of changes to the needs of individuals and treats people with dignity and respect." The manager told us that staff always tried to find out about the interests of people who used the agency and then matched these with staff with similar interests. The support plans that we looked at were written in a manner that encouraged people to make their own decisions, be as independent as possible and to take part in things they enjoyed. The support plans were being followed in practice. Staff that we talked to were able to tell us about the likes and dislikes of people they were working with and what would be a good for them. A relative told us that when their relative had expressed an interest in something staff had found a way that they could access it and enjoy the experience.

This meant people could be assured staff were aware of their needs and could meet them appropriately and gave people the support they needed to so that they could take part in activities they enjoyed.

We found that staff had tried ways of involving people in reviews of their care by doing it in a place that they would enjoy and would put them at ease. For example, one person's review had taken place on an open top bus as they enjoyed going on the bus. The manager was also looking at ways to make support plans, decision making and other information more accessible to people. For example, when someone who used the service had raised a concern the manager had recorded a verbal reply to be played to them as they would have not been able to read a letter.

When complaints had been received they had been investigated in a timely manner and any appropriate action taken. The person who had made the complaint had been made aware of the outcome of the investigation. The manager showed us where the findings from complaints had fed into local action plans so that the service could be improved. The manager stated that he would make improving the complaints system by making it more accessible to people who used the service.

Is the service well-led?

Our findings

From discussions with the manager, care staff, people who used the agency and their relatives, it was evident that the agency had a culture of putting people first and that people's privacy, dignity and happiness was promoted by the staff. One person told us they would, "talk to the manager" if they were worried about anything and that the staff, "listen to what I say."

Although we identified two areas where improvements were needed, the manager had already identified both of these areas of concern and had started to take action to address them.

The manager and organisation encouraged people who use the service and their relatives to give their feedback on the service they received in a number of different ways. People had been encouraged and supported to attend local and national meetings and forums to discuss how the service could be improved. Members of the management team also attended these meetings and used the information to make improvements to the service. The manager stated that he was also going to be piloting ways of making the meetings more accessible to people who may not want to attend a formal meeting setting. For example by streaming the meetings live on line so that people could watch them on a computer and text comments in if they wanted to.

Comments from the health care professional's questionnaires included one person stating, "I work with this organisation frequently and find their approach both sensitive and professional. Their managers are passionate and committed as are the support staff and organisational staff. Dimensions offer support to create bespoke services which are often vital for those with sensory and communication difficulties".

The manager work alongside organisations that promote and guide best practice, keeping themselves up to date with new research, guidance and developments and making improvements to the service as a result.

There was an effective system in place to manage and evaluate accidents and incidents so that their reoccurrence could be avoided.

There were systems in place to protect people who used the agency. The manager had responded appropriately when any safeguarding issues had been raised and had followed the reporting procedures to other organisations and supported them in their investigations.

A service quality audit had been completed in March 2014 which involved assessing the service that had been provided to six people who used the service. The audit was carried out by the Dimensions Quality and Compliance team including one person with a learning disability. There were seven quality indicators which included being an active and valued member of the community, having choice and control over relationships, what to do and when and who supported people, getting good support, feeling healthy and safe and deciding how to spend their own budget. This meant that there were systems in place so that the service identified areas that could be improved and action plans had been put in place to monitor the progress made.

The manager had ensured that staff had opportunities to get support from their colleagues and share best practice. Care staff that we talked with told us that they felt supported by the management team and that if they had any concerns that they could raise them and they were dealt with appropriately. They confirmed that they received regular supervisions, attended team meetings and training and could request any extra support that they needed. Staff knew who to contact for support or guidance. The manager meets with their management team monthly to cascade information that needs to be cascaded to all the staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>How the regulation was not being met: The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed.</p>