

Dimensions (UK) Limited

Dimensions Colchester Domiciliary Care Office

Inspection report

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31 October 2019

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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 Colchester Domiciliary Care Office is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 100 people. Ninety-four people received support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People using the service were supported to stay safe. Staff had good understanding of safeguarding procedures and how to report concerns. Risks to people, including the spread of infection were assessed and managed well. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The introduction of 'Active Support' a model of care developed in conjunction with the University of Kent and The Behaviour Foundation provided support to people which focused on them having as many opportunities as possible to gain new skills and become more independent.

Sufficient numbers of staff were employed and adjusted when needed to meet people's complex needs. The recruitment, induction and training processes in place ensured staff had the right skills and experience and were suitable to work with people who used the service.

Systems were in place to ensure people's medicines were managed safely, including working towards reducing people's psychotropic medicines. These are medicines that affect the mind, emotions, and behaviour. The organisation had implemented campaigns designed to improve outcomes for people using the service. 'I'm with Sam' promoted awareness of dealing with and tackling hate crimes against people with a learning disability and autism, and 'My GP and me campaign' was designed to improve outcomes for people with learning disabilities or autism when visiting their GP.

People using the service were cared for by staff that knew them well. People had access to food and drink of their choice and were supported to live a healthy lifestyle. Staff worked well with other professionals to ensure continuity of care and support to people when moving between services. People's privacy, dignity and independence was promoted and respected. People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific approach for providers of health and social care to meet the communication needs of people with a disability, impairment or sensory loss.

Work was in progress to develop end of life care plans to ensure people's wishes will be considered at such time, and ensure they experience a pain free and comfortable death.

Staff were aware of the vision and values of the company, and intuitively applied these in their day to day roles ensuring person received person centred care. People, their relatives and staff were involved in the service, and feedback was used to improve the service provided.

Systems were in place to assess the quality of the service and ensure risks and regulatory requirements were being understood and managed. Where things had gone wrong, the registered manager took quick and appropriate action to put things right. Systems were in place to learn from incidents and improvements made. The provider had a range of ways to engage with people and their families to ensure they were involved in how the service was ran. This included annual regional events and involving people who used the service as 'quality checkers' to have oversight of the services provided, and involving them in the recruitment of staff.

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

Rating at last inspection

The last rating for this service was Good (published 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Dimensions Colchester 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 Care Act 2014.

Inspection team

The inspection team consisted on one inspector, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, as well as care and support to people living in 32 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR) This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited five supported living services and spoke with seven people about their experience of the care provided. We spoke with eight members of staff including the registered manager, four assistant locality managers, one service lead and two support workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

On 7 and 10 October 2019 the Expert by Experience spoke with one person who used the service and eight relatives by telephone about their experience of the care provided. We continued to seek clarification from the registered manager, returning to the office on 31 October 2019 to validate evidence found. We looked at training data, mental capacity and deprivation of liberty assessments and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person told us, "I feel absolutely safe. I have 24-hour care so there's always a carer here. The house is safe and locked up."
- Relatives told us they felt their family members were safe. Comments included, "I trust staff as I trust myself. I know each of the staff very, very well", and "Absolutely 100% [Person] is safe. I know they are well cared for. Staff never act inappropriately, never."
- Staff had a good understanding of safeguarding processes to keep people safe and how to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. This included risks such as the use of moving and handling equipment and managing finances.
- Environmental assessments had been completed, and measures put in place where people were deemed at risk. Locality managers completed monthly 'walkthroughs' of each of the supported living services to reassess risks to people and ensure the measures in place remained effective.
- Fire systems and equipment were checked regularly, and routine fire drills carried out in each of the services to ensure staff knew what to do in an emergency. People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- People with complex behaviours were supported by small teams of consistent staff. Staff knew people's needs well and were able to explain how they supported them to manage their behaviours, deal with difficult situations and respond to unforeseen events using positive behaviour support to avoid the need for crisis intervention.

Staffing and recruitment

- People told us, they were happy with the number of staff supporting them. Comments included, "There is usually two staff to help the three of us that live here," and "I think there are enough staff. Somebody (staff) also sleeps here. It works for me."
- Seven of the eight relatives spoken with were positive about staffing levels. One relative felt there was not enough staff to cover the rota, without staff working extra hours. However, other relatives' comments included, "We feel our [Person] is safe because there's always a member of staff at hand. The one thing that's particularly good is no agency staff," and "Staffing levels are good, my [Person] has two staff, most of

whom have been there since we started using the service."

- The registered manager told us staff rotas were planned around people's individual contracted hours. They informed us the organisation had partnered with a legal coalition who provided legal advice and support to managers to renegotiate people's funding to ensure they received the right level of care they needed.
- A thorough recruitment and selection process was in place. This was undertaken in accordance with the core values of the company, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

Using medicines safely

- Each supported living service had their own audits and stock control systems in place to ensure people received their prescribed medicines. However, we found these systems had not been used effectively in one of the services. We found occasions where medicines were unavailable or not administered and missed signatures on the medication records. The registered manager took immediate action to investigate these issues and put measures in place to prevent further errors being undetected.
- Relatives were confident their family members received their medicines when they needed them. One relative told us, "My [Person] has their medication on time and when they need it. Their medication has never run out."
- The registered manager told us 44 people using the service had plans in place to reduce their psychotropic medicines, which was helping them to have a better quality of life. One person confirmed this stating, "My medicines help control my mood, but I have reduced the amount I take, I previously self-harmed, and can still get moody, but staff know how to support me."

Preventing and controlling infection

- People's homes were clean and tidy. One person told us, "They [staff] keep my home and the environment clean."
- Staff had access to and understood policies and procedures for the prevention and control of infection and were observed putting these into practice. Cleaning products were stored safely, and colour coded equipment, such as mops, were being used appropriately to ensure the risk of cross infection was minimised.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned and improvements made when things went wrong. One relative told us, "There has been one incident recently, which has been investigated. I think the incident was handled as well as can be expected."
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- The registered manager told us all incidents were entered on a data base, tracked through to completion, and the outcome of investigations were shared with staff at team meetings. Data was also collected and shared at the providers quality and risk performance meetings held regionally and discussed nationally to identify emerging themes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The registered manager told us they were working in accordance with STOMP, a national NHS England campaign aimed at stopping over medication of psychotropic medicines to people with learning disabilities, autism or both. Psychotropic medicines are often prescribed to people with a learning disability and 'challenging behaviour' as a way of chemically sedating or 'restraining' them.
- People's care, and support was delivered in line with legislation, standards and evidence-based guidance, such as the requirements of the Accessible Information Standards. Staff were trained to use Makaton, pictures, symbols and technology to effectively communicate with people using the service.

Staff support: induction, training, skills and experience

- People's relatives told us they were confident staff had the skills to support their family members. One relative told us, "Staff have so much training. They're all trained in medicines and are not allowed to give them to [Person] until they've had full training. They do it better than I do, and I'm so fanatical about them." Another relative commented, "Staff had PEG training, and the SALT advised them on dysphagia, so they're all trained. I've seen staff manage my [Person] PEG, two or three times, and they did this well."
- Staff told us they received training that gave them the skills and knowledge to carry out their roles. One member of staff told us, "I've learnt a lot under Dimensions, they are a good company to work for, they give a lot training."
- Staff predominately worked in the same supported living services. They told us they received specific training related to the people living there, which ensured they had the right skills to meet their needs. For example, one member of staff told us they supported a person with epilepsy and had been trained to administer their emergency medicine, buccal midazolam in the event of prolonged seizures.
- New staff confirmed they had completed an induction when they first started working for the agency, which had included a lot of training and shadowing an experienced member of staff.

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

- People and their relatives were complimentary about the food. One person told us, "Staff support me with my meals; all the choices are mine. I'm not a big fan of cooking, but I can have whatever I like to eat." A relative commented, "My [Person] loves their food and eats well."
- Staff were aware of people's dietary needs and encouraged them to make healthy choices. Relatives confirmed this, one relative told us, "Staff are respectful of my concerns around [Person] eating healthily and not too much junk food. [Person] likes their food and staff monitor their weight, if they start putting on

weight, we ask them to reign it in a bit, and they do."

- Staff supported people to manage specific diets well, including those who required their meals via a PEG, and on a low potassium diet. One relative told us, "Everything [Person] eats is devised by dietician. Staff go through the menu and work it out with [Person]. They do whole meal pasta, fruit, whatever they choose. They're so good, they are a dedicated team."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they had worked with local authorities, housing associations, health professionals and their own positive behaviour support team to successfully support eight people to move from assessment and treatment units, into the community within the last year. One person confirmed this and commented, "In April this year, I moved to my own flat, supported by Dimensions staff, and have really progressed, I did have two staff all the time to support me, now I only need one."
- Staff had worked well with the community nurse and learning disability team at the local hospital to develop a plan to support a person to have a minor operation. This joined up work and plan helped the person know what to expect when they arrived for their operation.

Adapting service, design, decoration to meet people's needs

- People told us they were involved in making decisions about where and how they lived, including the décor of their homes. This was confirmed in discussion with relatives, one relative told us, "The bungalow is big and spacious, as [Person] has mobility problems, so this gives them space to move around and they love it. A path is being made around the outside to the garden, so [Person] can go out in their wheelchair."
- Specialist equipment was available to people, which provided comfort, safety and enabled staff to provide the care and support they needed.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other professionals to ensure people had access to healthcare services.
- The organisation had developed a 'My GP and me campaign' to improve outcomes for people when visiting their GP. The registered manager told us this involved talking with GP's, nurses and receptionists about making surgeries more accessible for people with learning disabilities or autism. One person told us, "My health is okay, I've done so well. I was supported to go to appointments, and now I go by myself. I now have a level of independence and I feed back to the staff when I get back."
- People's relatives told us the 'My GP and me' initiative enabled their family members to have better access to the healthcare they needed. One relative commented, "Historically it's been difficult to get [Person] to the GP. Staff have managed to support them to visit once or twice in the last year, and the dentist."
- Relatives told us they were kept informed about their family members health and wellbeing. One relative told us, "My, [Person] was very seriously ill, but the family were regularly contacted and updated. Person had difficulties with mobility afterwards, but with staff support they are back to their old self and mobile again," and "We have never had any concerns regarding [Person's] appointments to see the GP and dentist, etc. The locality manager is on the ball with things like that. I'm involved, and I get asked my opinion."

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans contained details of the support they needed to be involved in making decisions about their care. For example, one person's 'How I stay in control decision making agreement' stated due to my lack of capacity it is difficult for me to fully participate in decision making. I can still be present at the meeting however decisions are made in my best interest by people relevant to me.' This process ensured their human and legal rights were upheld.
- Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, relevant people including their Power of Attorney (POA) and health professionals had been involved.
- The registered manager provided examples which confirmed where DoLS were required to restrict people's freedom for their own safety, these had been submitted and authorised.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, respect and compassion. This was reflected in the feedback from relatives of people using the service. Comments included, "Staff are young, lovely, just so excited about doing things for my [Person] and even designed the garden for them. They have put a pampering program in place that includes, hairdressers, chiropodist, and fingernails," and "Yes, staff are absolutely caring. They show compassion and kindness. I'm satisfied, my [Person] is happy and I feel okay when I come away, they love the staff."
- We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful. One person told us, "The staff treat me like one of them, with the same level of respect. They treat us like we should be treated and there's a lot of fun and humour in the house. We all laugh and joke."
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One relative confirmed this, saying, "There is a core team of staff who have worked very well with [Person], especially [staff name] who has been very good with them."
- Staff had good insight to people's needs and how to provide their care and support. One relative told us, "Staff call immediately if there is any change. Two days ago, they had a problem with my [Person's] PEG. They called the PEG nurse, as well, who advised going to hospital, in the end they didn't need to go to hospital, but I was reassured staff had shown concern."

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

- People, and their relatives told us they were able to express their views and be involved in making decisions about their (people's) care. One person told us, "I talk through and make important decisions with staff. It's nice to have someone [Staff] in the house to talk things through." A relative commented, "I'm definitely involved in [Persons] care and I'm always invited to meetings."
- People were supported to make decisions about where they lived and how they spent their days. The registered manager provided an example, where a person had expressed a wish to live on their own rather than in shared accommodation. They had facilitated meetings, with the person, their family, staff, social workers, community nurse and housing associations to find a flat that was suitable. The person was in the process of choosing paint colours and purchasing items for their new property.
- Staff knew people's communication needs well and had developed different ways of establishing people's choices and views when making decisions. This included the use of technology, and communication methods such as Makaton and Picture Exchange Communication System (PECS) which allowed people with

little or no communication abilities to communicate using signs and pictures. One member of staff told us, "I have developed a lot of visual aids for [Person] to help them plan and communicate their day.

- The values of the company were used during the recruitment process to ensure staff matched the specific needs of the people they were being recruited to support. People told us they were also involved in the recruitment process. This ensured the right staff were recruited and people knew who would be providing their care.
- People were supported by advocacy services where this was needed. Staff had received training about advocacy support and how to recognise when to request it.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. This was confirmed with people's relatives, comments included, "Staff do respect [Person's] privacy and dignity. If they are in their room on their phone or iPad, they just check on them to see if they want a drink or if they are alright," and "Each person has their own room. Staff support people to use the bathroom, whilst respecting their privacy, they do things in a nice and dignified way."
- Staff understood the human rights principles of promoting people's dignity, fairness, respect and equality. We observed them putting this into practice during the inspection. One person told us, "I don't mind if I have male or female member of staff, I look at the skills they've got, and whether they 'get' me, which they do."
- People were supported to maintain relationships with family, and other social networks. One person told us, "My relative comes to see me whenever they want."
- People told us they were supported to develop their independence, including preparing their own meals, and household chores. One person commented, "I can choose my food, clothes, and I had a shower this morning, I did that myself. Staff help me with my medicines, I know what I take, I have four tablets, staff get them out and give them to me."
- Staff fully understood people's protected characteristics, such as age, disability, religion and sexuality. Examples included how people using the service were supported to maintain safe, consensual sexual relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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's care and support had been designed in partnership with their families, staff, psychiatrist, community nurses and the providers own positive behaviour support team.
- The provider had worked with the University of Kent Tizard Centre and the Challenging Behaviour Foundation to develop a model of care, referred to as 'Active Support'. This innovative approach supported people with learning disabilities and autism to develop new skills, access a wider range of opportunities and engage in activities alongside other people, building important relationships and social networks that are part of an ordinary life.
- Application of this model of care had led to people receiving support personalised specifically for them and given them more control over their own lives. One person told us how this approach had really worked for them, commenting, "I have been discharged from the behaviours support team. If you get good support, you can get through bad days. I now have a full life, a job, and a structure that gives me a sense of purpose."
- Staff told us they believed in the 'Active Support' approach and gave examples how this had improved people's quality of life. Comments included, "Where [Person] used to be very anxious about using the phone, and reliant on staff they now make their own calls, including, ordering taxis and ringing the doctor's surgery to arrange their own appointments," and "Three people I support were previously in assessment and treatment centres and are now enjoying a good of life in the community. That's how successful Active Support is, and shows it works."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had produced easy read versions of many of its policies and other key documents. They had also produced short animated films for the purposes of informing people and staff about Active Support and improving their understanding of the Accessible Information Standards.
- Peoples communication needs had been assessed and their needs recorded in their communication passports. These detailed how each person communicated, for example one person used flash cards fitted on a key ring to help them understand their emotions and discuss her feelings. This was confirmed in discussion with a relative who told us, "My [Person] can show if they are happy or not, they express happy or sad with picture cards, and type out things when they choose to, they also use Makaton and body language

to communicate."

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

- People told us they were supported to access colleges, attend university lectures and access work opportunities. Comments included, "I am studying Maths and English at college," and "I do presentations at universities. I am also employed by Dimensions as a consultant looking at the quality of other peoples' homes and involved in training and interviewing new staff."
- People were supported to follow interests and to take part in activities socially and culturally relevant to them. For example, one person had been to New York to see 'Wrestlemania'. Another person told us, "I work as a volunteer for a conservation society three days a week, cutting hedges and trees. On the other days, I do what I want to do, such as listen to music, go swimming, or the pub for a pint."
- One person told us where they had been worried about their weight, staff had supported them to attend Slimming World and join a Zumba class. The person showed us a photograph of themselves, their Zumba teacher and support staff at the Dimensions Regional Event in June 2019 providing a demonstration to promote Zumba. They also gave a speech about themselves and how Zumba had helped them.

Improving care quality in response to complaints or concerns

- The registered manager showed us the systems in place to respond to and investigate complaints. The outcomes of investigations were discussed at staff and regional meetings and used to improve the quality of the service.
- The service made it easy for people to raise complaints or concerns. People and their families knew how to complain and were aware of the Whistle blowing policy 'SAFE Call', and 'Making a complaint or speaking out' leaflets, which had been provided in easy read formats.
- People, and their relatives told us they knew how to complain, if they needed to. One person told us, "I made a complaint last year, and things got sorted out from my point of view." A relative commented, "If I have any concerns there are various managers or the team leader. If the matter was more serious I would go to the registered manager. We did have an incident nine months ago, it was dealt with very quickly."
- People were encouraged to talk about what was working well and what needed to improve at a local level, and these fed into the organisation's complaint process. One person's file contained a copy of a complaint they had raised. This had been investigated, and a letter apology and an explanation provided, with the action taken to resolve the issue.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- The registered manager told us end of life care was discussed at a recent quality review and identified as an area where the service needed to improve. They stated, "This is a subject that needs to be explored sensitively and we need to train staff to have the skills to have these difficult discussions with people using the service, and families."
- The registered manager, an assistant manager and two staff with a lot of experience were leading on delivering training to raise staff awareness about death, dying and caring for people at the end of their life.
- My wishes for end of life booklets had been produced and included in the training to ensure staff knew the importance of obtaining relevant information. The booklets had been developed in an easy read format and included advanced decision making, organ donation and people's preferences relating to their cultural, religious and spiritual needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

The service has a good governance framework in place, that identify where improvements are needed and are used to drive the required improvements in the service.

- The provider had good governance systems in place to identify and manage emerging risks to the quality of the service. These were used well at service level but had not always identified issues at a local level. For example, four of the five supported living services visited based in Essex and Suffolk had good processes in place to ensure people were receiving good quality care. However, at one of the services the governance arrangements had not identified inaccuracy in peoples care records and medicines, which had the potential to place these people at risk of harm. The registered manager took immediate action to address these inaccuracies.
- The registered manager acknowledged their registration means they have overall responsibility for management of the service. They had already identified they needed to have better oversight of the individual services and had started to diarise monthly quality monitoring visits to each of the services.
- The registered manager provided an example, where an organisational review had identified an increase in the number of medicine errors nationally. As a result, they had worked with locality managers and staff to identify how errors in their area had occurred and implemented new control measures to reduce these occurring in the future.

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

- The provider had set out their vision and values for the service so that staff know what was expected of them. Staff were aware of the values of the company, which were courage, ambition, partnership, respect and integrity. Staff said these were discussed at staff meetings to keep them fresh in their minds.
- The PIR stated "Dimensions' vision is, 'An inclusive society where people have equal chances to live the life they choose'. Our mission is 'to make a difference to people by delivering personalised support that improves the quality of life'.
- The registered manager provided a wide range of examples, where the providers vision and values were being achieved. One example related to a person who was interacting on a regular basis with homeless people during unsupported hours. This placed them at risk due to increased access to alcohol and drugs. Staff had worked with this person and got them involved in volunteering with charities for the homeless, which provided a safe environment for them to continue befriending homeless people.
- People, their relatives and staff told us there was a positive culture in the service. Comments included,

"Staff are open and honest," and "I don't think we ever thought we were going to be lucky with [Person's] care, but Dimensions ethos is unlike anything I've come across in care. I don't believe its luck, I'm very, very pleased."

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

- Systems were in place to ensure the provider and registered manager acted in accordance with their legal responsibility in relation to the duty of candour when required.
- The registered manager understood their responsibility to be open and transparent about events that happened in the service.
- Robust processes were in place to ensure safeguarding incidents, complaints and incidents of harm were investigated, and lessons were learned when things went wrong. Where appropriate formal apologies had been provided. The registered manager told us they saw such incidents as an opportunity to engage with people and their relatives to make improvements to the service.

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

- Locality managers were employed to have direct responsibility for the day to day running and management of the supported living services and provision of care to people in their own homes.
- The registered manager told us they had regular contact with locality managers, both formally and informally to ensure they understood their roles and responsibilities managing the services.
- People, their relatives and staff were complimentary about the locality managers. Comments included, "There's an open-door policy. I can talk to the [locality] manager any time, and I have their personal number as well as the home's number," and "[Name] is a very good manager, I can pick up the phone and e-mail them. They'll come to see me, like today because I asked them to."
- Staff understood their roles and responsibilities and told us they felt supported by the company and registered manager. Support included regular supervision and an annual appraisal to review their performance, training and development needs.
- People, and their relatives were complimentary about the attitude and competency of staff. Comments included, "I have lot of dealings with the service. Staff are approachable, and overall, we consider ourselves fortunate our [Person] is in this house."

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

- Regular meetings were held to ensure people and their relatives were involved in making decisions about the service. One person told us, "The managers come for meetings once every month. Before the team meeting they pop over to me for an hour to ask if everything's fine, or if anything's wrong."
- The provider had developed good links with people, their relatives and the wider community. One relative told us, "They have regional events, where families, and others involved in peoples' care are invited to attend seminars and give talks. Families have the opportunity to meet up and we are asked for our feedback about the service, and if there's anything more they can do."
- The provider held an annual listening event for London and the East region in June 2019, over two days. Following this event, the provider produced a 'You said, we did' family feedback letter outlining actions they were taking to improve the service. This included improvements to communication, consistency of staff teams, managing change, and improving people's oral healthcare arrangements.
- People who used the service were involved in monitoring the quality of the service. One person told us, "I have just been told I have been successful in my application to become a 'Quality Checker for Dimensions. I interviewed for the post and completed training for the role. I am very proud."

Continuous learning and improving care

- The PIR stated 'We strive to improve and be an exemplar organisation and we are doing this through rolling out training to all staff on the principles and how deliver the Active Support outcomes-based model of care.
- The registered manager told us the providers strategy for 2020 was to become an exemplar organisation. They had completed a detailed PIR which clearly outlined what worked well at the service, and showed they understood what was needed to ensure the service continued to develop to become an exemplar service, and ensure people continued to receive high-quality care.
- The organisation had implemented a campaign known as 'I'm with Sam' to deal with tackling learning disability and autism hate crime, with the mission to ensure victims received better support. Hate crimes are committed against someone because of their disability, transgender-identity, race, religion or belief, or sexual orientation.

Working in partnership with others

- The provider was committed to working alongside campaigns and with other organisations, such as STOMP, hate crime, universities and the challenging behaviour foundation, to enhance outcomes and the quality of the lives of people using their services.
- The registered manager worked well with other professionals to ensure people received the joined up the care and support they needed.