Dimensions (UK) Limited

Dimensions West Midlands Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 05 June 2017.

Dimensions is registered to provide personal care to people who live in their own homes. On the day of our inspection 20 people were using the service.
This was the first rating of the service since it was registered on 07 July 2015.

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

People using the service felt safe. Care staff were aware of the processes they should follow to minimise risk to people. Systems were in place to protect people from the risk of harm and abuse. Care staffing levels and skill mix ensured that people's needs would be met.

Care staff had the skills and knowledge required to support people effectively. Care staff received an induction prior to them working for the service and they felt prepared to do their job. Care staff could access on-going training and regular supervision to assist them in their role. Care staff knew how to support people in line with the Mental Capacity Act 2005 and gained their consent before assisting or supporting them. Care staff assisted people to access food and drink.

Where possible people were involved in making their own decisions about their care and their specific needs. Care staff provided dignified care and showed respect to people. People were encouraged to retain their independence with care staff there ready to support them if they needed help.

Care staff understood people's needs and provided specific care. People's preferences had been noted and acted upon where possible. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Quality

assurance audits were in place to provide an awareness of any patterns or trends, which may develop and impact upon the service provided to people. We received notifications of accidents or incidents that had occurred.

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 felt safe and staff understood how to recognise and report abuse or harm.

Care staff recruitment was carried out appropriately.

Medicines were administered appropriately.

Is the service effective?

Good

The service was effective.

Care staff were provided with an induction before working for the service and with on-going supervision and support.

Care staff knew how to support people in line with the Mental Capacity Act and gained their consent before supporting them.

Care staff assisted people to access food and drink where appropriate.

Is the service caring?

Good

The service was caring.

People felt that care staff were kind and caring towards them.

People were given choices and encouraged to make decisions where possible.

Care staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Care staff were knowledgeable about people's needs.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well-led.

A small number of notifications were not always sent to us as required.

People were happy with the service they received and felt the service was well led.

Adequate quality assurance audits were carried out.

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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.

Our inspection was announced and took place on 05 June 2017. The inspection was carried out by one inspector with telephone interviews taking place on 09 June 2017. We gave the service 48 hours' notice of the inspection as we needed to be sure that staff would be available to speak with us.

We asked the local authority their views on the service provided and used this to assist our inspection. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used this information to plan what areas we were going to focus on during our inspection.

We ask providers to complete 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 used the information provided to assist us with our inspection.

We spoke with four people, one relative, four members of care staff and the registered manager. We viewed care files for four people and the recruitment and training records for three members of staff. We looked at four people's medicine records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to manage and monitor the quality of the service.

Good

Our findings

People told us that they felt safe, with one person saying, "I feel safe, staff keep me safe". A relative told us, "We were previously concerned about [person's name's] safety, but there have been massive positive changes in the last six months and now we are extremely happy with the care provided to [person's name]". A care staff member shared with us, "People are definitely safe here 110%".

Care staff we spoke with understood how to report any concerns regarding people's safety and how to adhere to safeguarding policies. One care staff member said, "I know about safeguarding, if people had bruises I would notify manager and there is an incident form to complete". We saw that all incidents had been recorded and of those that were of a significant concern they had been raised appropriately with the local authority. The numbers and types of injuries were recorded so that any patterns or trends emerging were clear and could be acted upon. Staff were able to tell us what action they would take in the event of emergencies and we saw that people had specific evacuation plans, which staff were knowledgeable about.

We found that risk assessments had been completed to minimise potential risk to people and we saw that these covered; using vehicles for transport, mobilising, needs relating to epilepsy, utilising the local community, using the kitchen, behaviours, smoking and finances. Further assessments were also based around expressing sexuality and relationships with others. We saw that the risk assessment questioned what was the hazard? Who might be harmed and how? Control measures in place and further action. We found that risk assessments were reviewed regularly and that where actions were to be taken these had been carried out. An example being where staff looked after people's finances all monies were recorded and signed for and receipts for purchases were kept.

We found that effective recruitment systems were in place. Care staff confirmed that checks had been completed before they started work with one care staff member telling us, "I had to have a police check done and get references before I started". We looked at four staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective care staff member had a criminal record or had been barred from working with people due to abuse or other concerns. We saw that completed applications provided a full work history.

People told us that there was an adequate number of care staff available to them, with one person saying, "I think there are enough staff to look after me well". A staff member told us, "There are enough staff, the only time it is difficult is if there is sickness or annual leave, as we cover our colleagues, but this isn't that often to

be a problem".

People we spoke with told us that they received their medicines when they should and that they were given appropriately. One person told us, "I get my medicines when I should". A care staff member told us, "I am trained to give medicines. I am tested yearly and checked by my manager weekly". We saw written evidence of this. We found that Medicine Administration Record [MAR] sheets were being completed appropriately. Where people took medicines, 'as and when' there was information for staff on how the medicine was to be taken and a step by step guide to follow.

Good

Our findings

People we spoke with told us that they thought that staff were knowledgeable and effective in their work. One person told us, "[Care staff member's name] is brilliant, they know everything about me". A care staff member told us, "We learn about people, so that we can meet their needs".

A member of the care staff told us, "I shadowed staff for my induction as I had never worked in care before, so the managers were sure I was ready before I started". We saw that the induction provided to staff was one that was used 'in-house' and run by the provider. We saw the training matrix, which identified planned training as well as training already completed by care staff. A care staff member told us, "We have lots of training, the most recent was fire safety training".

Care staff told us that they received regular supervisions and records reinforced what staff had told us. One care staff member told us, "I have supervision monthly and my line manager is great. There is an open door culture and I could speak with the registered manager at any time if I needed to". We saw that appraisals were carried out and were an opportunity to reflect on the events of the previous year and plan for the coming working year.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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 where personal care is being provided must be made to the Court of Protection. We saw that where family members had Power of Attorney, they had been involved in any decisions made. We saw that where decisions had been made in a person's 'best interest' there had been an appropriate meeting put in place attended by professionals and people involved in the person's care. Where required and deemed appropriate a DoLS application had been submitted. Care staff were able to talk to us about depriving people of their liberty and one care staff member shared, "I understand DoLS and if someone was trying to get out of the building and we had to lock the door to keep them safe, without an agreement in place we could be depriving them of their liberty, which is illegal". We saw that staff had received training on mental capacity and DoLS.

People told us that staff asked their consent before carrying out care, with one person saying, "[Care staff

member's name] always asks for my consent, nothing is done without it". A relative told us, "Staff always get [person's names] consent and they are very good at telling [person's name] what they want to assist them with". A care staff member told us, "Where people are non-verbal staff understand them in our own way, pick up on body language and responses, so we are always able to get consent in some way without ".

People told us that they enjoyed the food, with one person telling us, "I like the food and drinks and the breakfast is nice". A second person shared, "The food is okay, I have drinks when I want". We saw that where required the intake and output of food and drink consumed was recorded and the findings shared with appropriate professionals. A staff member told us, "We work with the Speech and Language Therapy [SALT] team where we need to, for people's benefit".

People told us that their on-going health needs were met, with one person saying, "Staff make sure that I stay healthy". A relative told us, "The staff get [person's name] to all of their medical appointments and would get them medical help if they were poorly". A care staff member told us, "I know [persons name] very well and would notice if they were poorly. I would always get the doctor". We saw that visits from health professionals such as physiotherapists were recorded and that a full medical history of each person was given and medical letters related to appointments and on-going care was kept.

Good

Our findings

People told us that the care staff cared for them well and one person said, "I love my home and the staff they are kind". A second person told us, "The staff know all about me, we get on like a house on fire. They are very kind and caring". A relative told us, "I think that the staff are very person centred and the person is their main focus". A care staff member told us, "I love doing this job and caring for people".

People told us that they were encouraged to make their own decisions and one person said, "I make all of my own choices and decisions, but [care staff members name] will make suggestions if I need assistance". A care staff member told us, "People are given choices, it is their home, we are there to do what they want and to help where we can".

Where possible people were encouraged to be independent. One person told us, "I am encouraged to do what I can for myself. A relative told us, "[Person's name] isn't able to do things for themselves, but staff will encourage the slightest independence they can". A care staff member said, "We encourage independence, when I make [person's name] a cup of tea, I ask them to get me the milk from the fridge".

People shared that they felt that care staff treated them with respect and dignity. One person said, "They [care staff] don't have to do much for me, but they always respect me". A relative told us, "The privacy and dignity is absolutely wonderful, staff always knock the door before entering and really think about [person's names] privacy needs". A care staff member told us, "I always make sure to observe people's privacy and dignity, it is a priority".

A relative told us, "Staff share information that we need with us and they are very good. I think that they are listening more than ever now". A care staff member shared, " We [care staff] have a good relationship with people's families and it helps us to know more about them".

The registered manager told us that should people using the service require an advocate most would access this through social services, however if they required assistance to do so this would be available through the service. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Good

Our findings

People told us that they had been involved in their care plan and one person said, "We [person and care staff members] went through my likes and dislikes together and the care plan as a whole. A relative told us, "We have been involved in [person's names] care plan, it has everything it needs in there". Care staff told us, "The care plans are adequate and if there are any changes the care plan reflects them straight away". We saw that the care plan identified the appropriate care for the person and routines which would suit their needs. This included a section called 'my perfect week', which listed what should be done and when. We saw that care plans looked at what was important in the person's life and which relationships they wanted to maintain. Their likes and dislikes were noted and these included, listening to music, going for walks and being around people. A life history was also provided so that care staff had an awareness of the person's background and related needs and pre-admission information had been noted.

The care plan looked at people's religious and cultural needs and we saw that these needs were respected fully, for example the food given to people complied with their religious or cultural needs. We also saw that specialist funerals were recorded as being the person's preference. We saw evidence from written notes and people also reinforced this in our discussions. People and relatives told us that reviews were carried out appropriately and we saw that these had been recorded.

People told us that they like to visit friends and that they were supported to maintain relationships and to enjoy activities inside and outside of their home. We found that a number of people participated in some part-time work within the offices of the service and we saw them come in and interact well with the office staff.

We saw that there was a complaints policy in place and where possible people told us that they would use this if needed. One person told us, "I would go to any manager should I have any concerns, they would all listen". A relative told us, "We made a complaint previously and initially it wasn't given the gravitas it should have been, but with other agencies involved our concerns have been addressed and I think the managers have learnt from the experience and they are now more responsive". We saw that where complaints had come in these had been investigated fully with the results of the investigation and a full apology shared with those involved. Where this involved any disciplinary measures for staff these had been carried out appropriately.

People told us that they had been asked their views on the service and one person told us, "I have sometimes been asked for feedback". We looked at surveys that had been returned and saw that they were

in pictorial format. There had been five responses, which were all positive and the registered manager told us that the results were shared with people to allow them to respond and people confirmed this.

Good

Our findings

People we spoke with were positive regarding their experience of using the service and one person said, "I feel that this is the right company for me". A relative shared, "I think [person's name] likes the service, I would be able to tell if they didn't". A care staff member told us, "I have been in this job for a few years now, I love it and would never leave".

People spoke with us about the registered manager and one person said, "I wouldn't change the manager they are a good manager". A relative said, "The service is currently very well- led. I think that it is moving in the right direction". A care staff member told us, "All of the managers are very open and clear about any changes, I think they do a good job and so does [registered manager's name]".

Care staff told us that they attended staff meetings and one staff member said, "We have regular team meetings and can put forward any ideas or opinions". We saw minutes from staff team meetings where the topic of discussions included; training, any incidents and policies.

Quality assurance had been carried out and checks where made to assess any trends or patterns that may be of concern regarding people's wellbeing. We saw that where any action was required as a consequence of the audit this was carried out. Care staff told us and we saw evidence of on-going checks on the competency of care staff.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of the care staff told us, "I would whistle blow if I needed to". We saw that a whistle blowing procedure was in place for care staff to follow.

Although the registered manager knew and understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law, a small number of medicine errors had not been reported to us as we would have expected. The registered manager told us that this would be rectified from this point.