

Dimensions (UK) Limited

# Dimensions South Yorkshire (South) Domiciliary Care Office

## Inspection report

458  
East Bank Road  
Sheffield  
S2 2AD

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22 January 2023  
25 January 2023

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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

The service is a supported living service, providing support to people living in their own tenancies. 53 people were using the service at the time of the inspection

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

### Right Support

Staff provided support to identify people's aspirations and goals and assist people to plan how these would be met. Staff demonstrated a good level of understanding of people's strengths and promoted what they could do. Some staff at the service had worked with people for many years.

Where possible, people had choices about their living environment and had made decisions about décor and how their properties were set out. For some people, who were not able to communicate their preferences, staff used what they knew about people to create an environment that they believed would reflect their wishes.

Staff supported people to make decisions following best practice in decision making.

People used their local communities with staff support where required. This included using leisure and social facilities, and participating in work where achievable.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff engaged with people in a respectful and compassionate manner. One relative described their loved one as "well looked after and happy." Another said: "The team are very caring."

Staff understood how to protect people from abuse. The service worked with other agencies to do so. Staff had received safeguarding training and could describe the principles of it.

People could take part in activities and keep in touch with people who were important to them. They were supported to develop and maintain meaningful friendships and relationships in the wider community. Most of the relatives we spoke with confirmed this.

### Right culture

Feedback was regularly sought from people, although a small number of relatives told us they did not always feel engaged and felt there was a high turnover of staff and managers. The majority of relatives did not share this view and told us they were as engaged as they wished to be.

Staff and managers ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

### Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Dimensions South Yorkshire (South) Domiciliary Care Office

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

### Service and service type

This service provides care and support to people with a learning disability living in '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.

### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were 4 registered managers in post.

#### Notice of inspection

We gave the service short notice of the inspection. This was to enable the management team to provide the documentation we needed to undertake the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We asked the provider to complete a Provider Information Return (PIR) This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We observed staff providing care and support to 10 people using the service in 4 different properties and spoke with 9 people's relatives about their experience of the care provided. We spoke with 7 members of staff and received email feedback from 3 staff. We reviewed a range of records. This included 7 people's care records and various medication records. We looked at 3 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and act upon any suspected abuse.
- Staff had received appropriate training to ensure people's safety, and told us they were confident in this area.
- People's relatives told us they had no concerns relating to safety when their loved ones were receiving care and support. Where people were at specific risk of abuse, for example when out in the community, there were detailed risk assessments in place to ensure the risk of abuse was managed and minimised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk was predominantly safely managed within the service,
- There were risk management plans in care records. These were detailed although did not always appear to be personalised. For example, some risk assessments referred to other people rather than the person whose assessment it was, indicating it may have been "cut and pasted" from another person's risk assessment.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, by tailoring the way staff worked with people, or by working with external professionals.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met. Staff said they felt there were usually enough staff available to provide care and support safely.
- When people requested assistance staff were on hand to provide it, and where people needed one to one support we saw this was being provided.
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed.
- Medicines, and records of medicines, were audited frequently. However, we noted that the audit system had not identified all shortfalls.
- Where people required medication on an "as required" basis, often referred to as PRN, there should be protocols in place setting out when these medicines should be used and what the outcome should be. We

found that although some of these medicines had protocols, this was not the case for all of them. The provider told us they would address this when we raised it.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they had experienced no problems with the availability of PPE
- The provider's records showed staff had received training regarding infection control, which staff confirmed.
- In our observations of support taking place, staff used PPE appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried out, and these informed the way staff provided care. Staff told us they always had the opportunity to read people's care plans. However, at one house staff could not access the online care plans without phoning for support.
- There were audits in place, undertaken by registered managers and other senior staff, to ensure care provided reflected best practice and legal requirements.

Staff support: induction, training, skills and experience

- Staff told us their inductions had been thorough. They told us they shadowed experienced staff for two weeks, and said they could have requested another week if they felt like they needed it. They also confirmed they received regular supervision.
- Staff said management were available during the week, and there was an on call system for out of hours support. Staff told us when they accessed on call it was supportive.
- The provider's training records showed staff completed a broad range of training when they started work, and this was refreshed where applicable to keep their knowledge up to date. Some staff told us they would like additional training in skin integrity, which we fed back to the provider.

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

- Staff knew people's food preferences well, and where possible people were encouraged to make choices about what to eat, and be involved with food preparation. One person described the food as "brilliant."
- People were able to eat and drink in line with their preferences, with care records reflecting this.
- Where people had specific support needs in relation to food and drink, for example, if they were at risk of choking, the provider worked with external healthcare professionals. This ensured people's food and drink needs were met safely.

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

- Staff understood how important other agencies were in people's lives, and could describe the impact they had on people.
- People's care records showed staff communicated well with external agencies to ensure people's care and support was effective and helped them achieve their goals and aspirations.
- Staff described how they were regularly seeking external support, such as day services and specialist groups, to enable people to live rounded, satisfying lives.

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

- People were referred to relevant healthcare professionals to support their wellbeing and help them to live healthy lives.
- People were supported to access health screenings and primary care appointments.
- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

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

- Where possible, people gave consent to their care and support. Where people lacked the capacity to give consent, the principles of best interest decision making were followed. However, we found some staff did not have a good understanding of what capacity meant. The registered managers confirmed they would address this and check staff's knowledge.
- Throughout people's care plans there was an emphasis on supporting people to make their own decisions with details about who could assist people in making decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- In our observations of support and care taking place, we saw staff treated people well. Most relatives confirmed this, with one describing the staff as "caring and understanding." Another person's relative said: "They know [my relative] and they love her."
- People received kind and compassionate care from staff. People appeared to be very comfortable in the company of staff, and staff we observed demonstrated respect when interacting with people.
- Staff we spoke with had a good understanding of people's needs, their histories and their preferences. This meant people received support which was tailored to their needs and respected their equality and diversity rights.

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

- Many of the people we met had limited ways to communicate their views. Staff told us they used information from people's families, or from people's pasts, to try and understand what people's decisions might be. Where people could express their views, these were incorporated into their care planning.
- When staff were interacting with people, they routinely ensured people's views and choices were supported.
- Some families told us they had been involved in decision making and reviewing their relative's care, although others told us they didn't think this had happened.

Respecting and promoting people's privacy, dignity and independence

- In our observations of support taking place we saw the staff took steps to uphold people's dignity and privacy.
- Staff communicated discreetly with each other about care tasks, to ensure people's privacy was upheld.
- We saw staff encouraged people to be independent, and gave examples of how people with limited abilities to be involved were encouraged.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them, and took into consideration their needs and preferences.
- Staff were very familiar with people's likes and dislikes and many staff had worked with people for a long time. Staff were able to tell us in depth about people's preferences
- Care records showed people's needs and preference had been analysed in depth when their care and support plans were devised, although some did not appear to have been reviewed for some time, meaning it was not clear whether people's preferences had changed. The operations director told us a programme of reviewing all care records was about to start and these issues would be addressed.

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 carried out assessments of people's communication needs.
- There was information in people's care plans about the specific ways they communicated. This included an analysis of idiosyncratic gestures people might make, what they were understood by staff to mean, and how staff should respond.
- Where appropriate, signs and symbols were used within care records and around the house, so that people's comprehension was enhanced.

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

- The provider placed an emphasis on supporting people to maintain friendships and relationships where possible.
- Care records showed people were supported to be active in their local communities, in order to avoid social isolation.
- People's care plans showed they were supported to access a wide range of activities, employment and community facilities, including attending football matches, day services and social events.
- One person said: "We go to Bridlington, it's brilliant, I love it. We do all sorts." Their house contained a photo display showing numerous activities and day trips they had participated in.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place.
- Most of the relatives we spoke with told us they would be confident to raise concerns or complaints. One person's relative said: "There was a concern about 1 carer who I thought was not being appropriate with [my relative]. They were belittling them and stopping my relative from doing things but they removed this person and it was resolved quickly."
- The provider had not received any formal complaints in the 12 months prior to the inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's care records showed care was designed to be provided in a person-centred way and support people in achieving their goals and aspirations.
- Staff told us they found the culture supportive, and said both the management team and the support teams operated in a supportive way.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement. For example, when we identified some shortfalls in care records, this was addressed quickly.
- Staff understood the responsibilities of their roles, and told us they were committed to ensuring care was high quality. They said they were proud of the quality of care people received.

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

- There were comprehensive systems in place to engage and involve people, including meetings and surveys.
- People's relatives gave us a mixed picture in this area. Some told us they felt involved but others told us they did not feel engaged and said they felt this was due to high staff and manager turnover. Records we checked showed the provider did take steps to involve relatives in people's care.

Working in partnership with others

- The provider sourced a range of community services to support people in being a meaningful part of their community. This included having part time work where possible, or attending local football matches.
- We saw evidence throughout people's care records which showed the provider worked alongside external healthcare providers to ensure people's health and care needs were effectively met.

