

Dimensions (UK) Limited

Dimensions Dorset

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?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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.

About the service

Dimensions Dorset Domiciliary Care Office provides care and support to people with a learning disability and autistic people. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 25 people. Most people lived in their own accommodation, some people shared a house with other people using the service.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Right Support:

Staff received person centred training and were confident in their abilities to promote positive risk taking which enabled people they supported, the freedom to pursue their own interests and to live their lives as they chose. A staff member informed us, "We work with the tools given and the spaces given to really make a difference in a person's life. You can see the changes and see what people we support can accomplish."

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.

Right Care:

People were supported by staff who consistently strived to improve the quality of care people received. Staff understood people's individual ways of communicating. This enabled people to be listened to and people were supported to actively engage in daily living tasks. For example, a staff member explained, "For one person clapping is encouragement and could be used to help motivate them to complete a task but for another, clapping means all finished. We must never clap at dinner, or they will stop eating and will not restart this activity until the next meal."

Right Culture:

Without exception, staff fed back that people were placed at the heart of Dimensions Dorset Domiciliary Care Office. One staff member commented, "It's lovely to see [person's name] has become part of the local community, they are recognised as a neighbour, friend, beautiful person, and not a person with a label learning disability." Another informed us, "The values that Dimensions have [Respect, Courage, Ambition,

Integrity, Partnership] are so aligned with the management team. I love everything about this company, very useful trainings and professional trainers, flexibility to work, the balance between work and home life."

The staff team's commitment to supporting people and focus on continued improvement helped reduce the risk of closed cultures developing within the service. Staff had received training on recognising the signs of a closed culture and were able to answer confidently what action they would take when raising and escalating concerns.

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

Rating at last inspection

This service was registered with us on 15 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

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 Dorset 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

The inspection was carried out by 1 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.

Service and service type

This service provides care and support to people living in 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 5 registered managers in post.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using the service could not

consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 7 March 2023 and ended on 27 March 2023. We visited the location's services on 8 March 2023, 10 March 2023 and 14 March 2023.

What we did before the inspection

We reviewed information we held about the service and contacted the local authority. We used the information the provider sent us in the 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. We used all this information to plan our inspection.

During the inspection

We visited 7 people and spoke with 9 relatives about their experience of the care provided. We received feedback from 33 members of staff and spoke with the registered managers and operations director. We received feedback from 5 health and social care professionals.

We reviewed a range of records. This included 6 people's care and support records and 4 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, audits, accident and incident records, safeguarding records and reports.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were assessed and recorded in people's care records. These covered areas such as mobility, skin integrity, eating and drinking.
- Staff had received training in how to use specialist equipment and techniques to support people safely, for example the use of suction and continuous positive airway pressure machines, known as CPAP machines, these were used to help people with sleep apnoea. Sleep apnoea is a sleep disorder in which pauses in breathing or periods of shallow breathing during sleep occur more often than normal. The disorder disrupts normal sleep and people affected may experience sleepiness and feel tired during the day. Individual risk assessments for people detailed the action staff must take to reduce the risk of avoidable harm.
- Systems and processes were in place to ensure fire safety. People had personal emergency evacuation plans which were displayed in picture accessible format if required.
- Accident and incidents had been recorded and lessons had been learnt when things went wrong. A registered manager provided detail of action taken following a series of medication errors, "I met with the operations manager and nominated individual as part of identifying how these incidents occurred and what action I could take to prevent further errors. The learning from this was shared with the houses."
- The provider used an electronic system to record accidents and incidents. One registered manager stated, "I really like the new system, we have provided support sessions for staff to get the most from the platform. I think it is a good tool because it doesn't let you move on until you have completed all stages of the incident analysis."

Systems and processes to safeguard people from the risk of abuse

- People and their loved ones told us they felt safe supported by Dimensions Dorset Domiciliary Care staff.
- Staff had received appropriate training and knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff were confident any concerns raised would be actioned by the registered managers. Comments from staff included: "I feel very confident that whatever the issue was, it would be dealt with straight away and very professionally.", "I will report concerns to the registered managers, and they treat everyone equally.", "I do believe I would be listened to."
- A health and social care professional informed us people were safe from abuse, "Appropriate immediate action was taken following an incident, with safeguarding alerts made to appropriate authorities. Remedial action was taken and openness to ensure lessons could be learnt and care plan changes introduced to minimise risks."
- The provider had a regional safeguarding board which analysed themes and specific situations and shared the learning across the organisation.

Staffing and recruitment

- People were supported by staff that were recruited safely. The provider's recruitment process required staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
- Staff files contained valid Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels met people's care needs. The provider adjusted rotas to ensure staff overlapped during the day. This ensured staff were able to provide higher levels of support where required, for example during activity sessions.
- The provider held 6 weekly meetings with agency workers. One registered manager told us, "These meetings are an opportunity to share any lessons learnt, discuss complaints, and most importantly encourage the agency staff a chance to feedback about bookings and their training. It helps us plan in advance and keep the agency staff member with the same people where possible."

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People's medicines were reviewed in line with the stopping over medication of people with a learning disability, autism, or both (known as STOMP) NHS guidance. One staff member told us, "Over the last few months, we as a team have been working on STOMP, we have worked with the person's GP to follow the principles of STOMP and reduce and then remove the medication. Our recording of their daily behaviour and any changes in their mood has been important to making this successful."
- People had medicines guidance in place for as and when required medication. Guidance in support plans explained how each person presented which helped staff to support people who were unable to communicate verbally.
- Medicines information leaflets were available in easy read format.
- Medicines were stored safely. Detailed and accurate records of stock were maintained.

Preventing and controlling infection

- The provider's infection prevention and control policy were up to date.
- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. The registered managers sought feedback from people using the service and their relatives to ask their preferences as to whether staff were to continue to wear masks when visiting people in their homes.

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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Support plans included proactive strategies to enhance independence as much as possible. The service was totally focused on people's strengths, promoting what they were able to do and actively supporting people to make their own choices about support they received. This commitment enabled people to lead exceptionally fulfilling and meaningful lives. One registered manager stated, "I am proud to lead a team of staff who are passionate about the people we support trying new and existing activities where the person chooses it, always."
- Support plans and care records demonstrated evidence of innovative person-centred planning, people and their relatives told us their voices were heard. Assessments were carried out for each person before they moved into the supported living setting. Further changes to support plans were made with the person ensuring their involvement in the process.
- Dimensions Dorset Domiciliary Care Office supported people to identify their goals and aspirations, we saw people's goals and aspirations becoming reality through positive risk taking with support from staff who knew people well. People were confident their goals could be achieved and were able to track the progress of this as each individual objective outlined the level of support needed and timeframe to achieve this. Achievements included people getting a tenancy in their own right, another person being the champion for menopause and mental health in the local community and people being able to reconnect with cultural identity.
- People, and those important to them reviewed support plans regularly to enhance an individual's independence. The attention to detail in assessments and readiness to reassess what support people required when their needs changed enabled people to live confidently and inclusively, experiencing the best quality of life. Relatives stated, "I am very involved, staff are approachable and keep me fully informed." "I am involved in care discussions. Staff listen to me."
- A health and social care professional informed us, "Staff are vigilant and report any issues that need addressing and are keen to be involved in assessments for the clients." Dimensions Dorset Domiciliary Care Office prided itself on the positive impact of this flexible and person-centred support provided to people in times of emotional distress and how staff could safely implement ways to support people who demonstrated focus or fixation on potentially harmful activities such as fire starting.
- We observed skilled communication between people and the staff supporting them to increase the person's participation and promote choice. One relative commented, "[Person] lets staff know what they want." Staff were committed to empowering people to pursue new skills and acquire knowledge for example to consider the impact overspending their budget may have on their ability to attend activities and learning about the positive effects of keeping active on their general health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked completely with people to plan how best to provide support during periods of distress to minimise any restrictions. Staff confidently described restrictions as a last resort. This enabled choice and ensured people had maximum freedom and control over their lives. One staff member informed us, "This lock on the fridge, this is not to be a blanket decision. Today it is not locked because [person's name] was excited to meet you and will be going out later so has not had time to fixate on food. This is the importance of respecting values and interests of people we support."
- Promoting choice and respecting each decision made by the person was embedded in the culture of Dimensions Dorset Domiciliary Care Office. A staff member explained how this is put into action, "I see opportunities for people and think of ways I can do more to include them and respect their choices and decisions, so I learnt with positive behaviour training that people are making their choice in a different way and I have to respect that, even someone who lacks capacity can communicate to me if I am not providing support in the way they like."
- People's consent to care and treatment was obtained and recorded in their care records. Staff understood decisions around a person's capacity could be communicated by body language and behaviour with one staff member described decision making as 'fluid' and 'voting with your feet', "When we opened the door for a walk and it was raining, the person closed the door and took their shoes off."
- Registered managers and staff proactively endorsed the principle of allowing people to make what may be considered an 'unwise decision', which is one of the fundamental principles of the Mental Capacity Act. People's previously known wishes and right to choose was advocated. For example, following a long hospital stay a person using the service no longer smoked and had been prescribed nicotine patches to manage any cravings, the registered manager told us, "We discussed this concern with the person's wider circle of support, the person has always chosen to smoke and although we want to weigh up the potential risks to health against promotion of choice, in this instance it was felt that taking cigarettes away from them would cause them further distress and confusion. It was against the wishes they previously demonstrated at a time they had capacity."
- Assessments included consideration for any advance decisions or known wishes, these included details of objects and personal effects which people would like with them on their final journey out of their home. The registered managers had obtained evidence of lasting power of attorney or deputyships. Copies of these documents were held electronically with people's care records.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide

consistent, effective, timely care

- The service had contributed to the development of best practice by showing innovative leadership and working in partnership with other organisations. A bereavement coach had been sourced by the provider to give staff and people support to understand their feelings and work through the grieving process. People had been able to share their memories and explore their relationship with a person who had died in a safe and supportive environment. Staff contributed to ways people could be supported including how they spoke about the person who had passed away.
- Staff received consistent support from the provider throughout their induction, this gave staff a platform to build upon to embody high quality care and further their careers. Staff told us once their induction was completed; they were eligible to access personal and professional development beyond the level necessary for their role. One registered manager commented, "Some staff apply to the career development programme to be better at what they already do, others find other roles in the organisation. It helped me focus on skills wise, knowledge wise, there is a 1:1 coach, who challenges you to focus on improving your areas of weakness with a targeted action plan to develop." This provided people using the service access to a skilled team of staff offering a holistic approach to meeting their needs.
- Relatives told us the staff were well trained, staff knew people's non-verbal and behaviour cues exceptionally well to support people in ways they preferred. One relative told us, "All staff have regular training and updates on medication", Another stated, "Recently staff identified a urinary tract infection and antibiotics were prescribed quickly."
- Staff were proactive when they needed to escalate any concerns about a person's wellbeing to a healthcare professional. Without exception, health and social care professionals praised the commitment of support staff and described a distinctive commitment from registered managers to learn new skills to support people with complex physical and sensory needs. Successful partnership working and enhanced risk assessing enabled people to remain living independently following incidents of property damage linked to fixation with fire. Comments from professionals included: "Dimensions Dorset Domiciliary Care Office support people with a range of needs that can fluctuate very quickly and require a whole team approach to keep people safe." And, "They are always happy to take on complex clients and learn new skills to support them. They are unlike other care agencies."

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

- There was guidance in place to support people to eat safely when they were at risk of choking or needing their food to be a certain consistency. Staff demonstrated they understood how to support people with this. One registered manager provided an example of when staff recognised a change to a person's swallow and persisted with referrals to have the person assessed, "Each and every one of the staff team has been a brilliant advocate through this turbulent time, when the person we supported showed behaviour of distress, staff were proactive and swapped their shifts with agency workers so it was the same core team consistently attending many health appointments and I will be nominating the entire team for a Dimension's Inspiring People's award." The person's circle of support were all in agreement the positive health outcomes achieved prolonged the person's life and were a direct result of care staff input.
- People's support plans outlined their food and drink preferences. Support plans identified the level of support people needed from staff to prevent malnutrition and dehydration.
- Staff encouraged people to actively participate in preparing and cooking their own meals. Examples observed included, a person being encouraged to make a sandwich in the kitchen, a person making a cup of tea and in one house a cake was being baked. Further examples highlighted people and staff communicating about what shopping was needed to make the meals the person had chosen that week, one person used sign language to tell us what they needed to buy.
- Staff promoted a varied diet and had conversations with people about the health benefits of certain foods and the cultural meaning of other dishes. One person told us, "When mummy buys me cake, I say no

mummy! I eat well to look after my heart, I walk [staff name's] dog. Moving is good for you."

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

- Staff advocated strongly for people, providing care records and daily recording charts which evidenced to health and social care professionals where people were able to exceed the expectations of their initial assessment.
- People had health profiles which detailed how they communicated, including how they showed they were in pain. A health and social care professional told us, "Services are very person-centred and cater to the individual needs of the individual that they support. People are supported by staff who know them well, and are supported to have excellent quality of lives."

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

- People told us staff were kind to them. Some people who used communication aids gave a 'thumbs up' sign or held a staff member's hand when we asked if staff were kind. One person told us staff make them "Happy." Another used staff member names as part of a list of their favourite things, the list also included toys, favourite transport and other belongings in their home.
- We observed friendly, caring and kind interactions between staff and people.
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Staff told us they worked closely with people and their families to learn about their culture and considered how they could act in a person-centred and inclusive way each day. One registered manager told us, "Staff have developed a diversity calendar and have regular discussions with people and their relatives to get feedback about traditional foods and activities so they can make this part of the person's day."
- A health and social care professional commented, "The whole staff team has evolved, the registered manager has cemented a team attitude which provides valuable cultural aspects (cooking and language) to people that other care agencies could not provide."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were encouraged to make choices and felt involved in their care and support. One relative told us, "[Name] is non-verbal, staff try and give [name] a choice. [Name] likes watching DVDs and listening to CDs or having a book read by staff, staff wait for a smile to indicate which one." Another relative stated, "Staff know how to get the best out of [name]. The staff have different qualities and the right attitude. They go that little way extra."
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred their care and support to be delivered. One staff member informed us, "It is important not to do things for someone because it might be quicker, I need to promote the person's independence and keep their skills up. For example, putting on shoes, we shouldn't just do it because we can. [Person's name] feels pride and likes to show off their achievements so we must encourage this, always."
- People, relatives, staff, and health professionals were all involved in decisions regarding ongoing care and support. One health professional stated, "Staff have been nothing but kind and supportive to all they meet. I wish all care was as supportive and accommodating as the staff at Dimensions Dorset Domiciliary Office."
- Each person's support plan had targets which identified goals and aspirations, and how these targets could be achieved to support people to have greater confidence and independence. The provider told us about a person, who discovered a passion for creativity during lockdown, being featured on the local news with their own art exhibition supported by staff and their family.

- People had social stories and visual timetables to plan tasks such as shopping, visits to health professionals and seeing friends to increase their independence and understanding around the planning of their day.
- People's support plans highlighted the importance of respecting people's privacy and dignity. People and relatives told us staff spoke with them respectfully and were attentive to their wishes. Comments included: "I have never heard them say anything disrespectful. Staff treat [name] lovely." And, "They take [name] and [their] ways on board."
- People's personal information was kept secure. People's care records were kept at their home or stored electronically to ensure people's confidentiality was maintained by using systems which could only be accessed by authorised persons.

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; 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's support plans detailed their support needs and how they wanted these to be met. The focus of the service was person-centred.
- Staff spoke knowledgeably about people's needs and care preferences, including what their interests and hobbies were, what things were important to them and what events they enjoyed. Comments from relatives included: "Staff know [person's name] very well.", "Staff let me know of any changes and I go to all annual reviews." And, "Staff try and interact, converse and involve [person's name], staff get people involved in any way they can like helping to make a cup of tea."
- People were encouraged and supported to maintain contact with those important to them including family and friends. One person told us, "I like to see [friend's name] at the parties. I'm going to see them at their house for lunch. I will take daffodils from the garden and see their big garden. We might do gardening."
- People told us they were supported by staff to take part in activities they had chosen.
- During visits to people's homes we saw people participate in activities such as baking, spending time in the garden, and decorating. Staff offered people the choice of what to do later in the day, one person told staff "The beach." Another person asked us, "Is it time for you to go? Meeting you, then shopping. I have my list ready. It's time for you to go and I can go shopping."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans included a section detailing 'how I like to communicate, the best way for you to communicate with me'. This provided staff with detailed instruction to provide person centred care.
- People's preferred methods of communication were shared with health and social care professionals when required. For example, when people required admission to hospital they had a picture accessible profile.
- Staff described different ways in which people liked or needed to communicate. We saw staff using short simple sentences when needed. We saw staff making good eye contact with people and positioning themselves to eye level to ensure people understood and had their attention.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People and their relatives knew how to make complaints should they need to. One relative stated, "When I raised concerns the registered manager sorted it out and got back to me promptly." Another relative told us, "I see their point but have objected [to the action taken by staff]. They are taking my views into account."
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and CQC.
- The provider kept a log of formal complaints which detailed changes made following investigation to improve the service and raise staff awareness by sharing lessons learnt to prevent a recurrence.

End of life care and support

- People were given the opportunity to discuss their end of life care needs and wishes. Support plans contained easy read information outlining people's preferences and how to support with arrangements following their death.
- Registered managers gave examples of when end of life care had been provided. One registered manager told us about the impact of multiple hospital admissions for a person using the service and explained, "I have been invited to be part of a new team being formed to change the experiences of people we support when entering hospitals across Dorset."
- At the time of inspection, the service was not caring for anyone approaching the end of their life.

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

- There was a friendly, open, positive, and supportive culture throughout the service. Staff told us the registered managers were always present and encouraged staff to deliver a high standard of support. Staff fed back: "Management are excellent. Always there to give advice and help with anything" , "I would, in all confidence, state that the management of the service is very good" , "I feel my work is appreciated and the knowledge and experience I have of people I support is taken into account and respected" and, "The culture here is awe inspiring, welcoming and accept people and staff of all backgrounds and abilities."
- People, their relatives and visiting health and social care professionals gave us positive feedback about the registered managers of Dimensions Dorset Domiciliary Care Office. Their comments included: "It's a difficult job, I think staff and the registered manager are very good" , "I have a good rapport with the registered manager" and, "[Registered manager's name] has been nothing but approachable, communicative, and supportive throughout difficulties we have faced."
- Staff told us they felt well supported in their roles, felt valued and were confident in approaching their line manager at any time for support or guidance. Staff commented they all worked with people they supported and put them at the heart of everything they did.

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;

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered managers understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- Quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the service.
- The registered manager and assistant locality managers undertook a series of audits to ensure the service was safe and responsive to people's needs. These included reviewing accidents and incidents, and medication.
- Each registered manager had a service improvement plan which outlined actions from audits and tracked

whether tasks to improve the service had been completed.

- The registered managers demonstrated a commitment to learning and making improvements to the service people received as part of the provider's policy to review 'never events.' A 'never event' is a preventable event which should not happen to a person using the service if risks to the person's health and wellbeing are correctly identified and support plans are followed.
- Staff understood their roles and responsibilities. The provider told us, "Competence quizzes, good and poor practice exercises are all used to make these come alive and ensure staff have not just read a plan but fully understand it."
- People and relatives expressed confidence that the service was well led. One relative informed us, "Procedures are firmly in place, I know they are doing their best with the resources they have available."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted in the running of the service. Those spoken to confirmed they had participated in house meetings or been asked by staff what changes and improvements they would like to see.
- Relatives told us they were confident the team would communicate any concerns or updates regarding their loved ones and that this was done regularly.
- Staff took part in an annual review of the service to seek their feedback and thoughts. The most recent staff review had shown overall staff felt improvements to the service had been made, for example 90% of staff agreed that 'Everyone has an opportunity to get special recognition' and the provider explained what action was being taken to address identified areas of dissatisfaction.
- The provider told us, "The [registered manager] group works together by completing deeper dives and peer reviews in the registration group to co-ordinate and understand the whole group. The feedback from people we support is included to create a clear and measurable plan for the registration group and used for improvement."
- Feedback from health and social care professionals was overwhelmingly positive, stating the registered managers worked in partnership with their services. Comments included: "Registered managers are very responsive and timely when requests are made for information and are good at implementing advice to benefit the service user." Another health and social care professional stated, "I have only ever found Dimensions Dorset Domiciliary Care Office to be supportive of their clients within the community. The staff are always keen to support clients and enable them to flourish within their homes."