Dimensions (UK) Limited

Dimensions Bracknell Domiciliary Care Office

Inspection report

Unit 2
Forest Park Business Unit, Horndean Road
Bracknell
Berkshire
RG12 0XQ

Tel: 03003039029
Website: www.dimensions-uk.org

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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 inspection took place on 17 and 18 October 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the location since it was added to the provider's registration on 9 December 2016.

Dimensions Bracknell Domiciliary Care Office is a domiciliary care service providing personal care to people in their own homes. The people they support have learning disabilities and/or autistic spectrum disorder.

At the time of our inspection the service was supporting a total of 243 people. Of those, 64 people were supported with personal care needs. Fifteen people were living in their own flats or houses. The remaining 49 people were living in supported living settings in 15 different houses. In supported living settings people's care and housing are provided under separate contract agreements. Not everyone using Dimensions Bracknell Domiciliary Care Office received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. In addition, CQC does not regulate any premises used for supported living, this inspection only looked at people's personal care and support.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 present and assisted us during the inspection.

We have recommended that the provider review their duty of candour policy to ensure it provides accurate information to staff. We have also recommended that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were protected from the risks of abuse. Some staff recruitment issues were identified, but were dealt with by the registered manager before the end of the inspection. People and their relatives confirmed people were encouraged and supported to maintain and increase their independence.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and the relatives who gave us their views.

People received care and support that was personalised to meet their individual needs. People were supported to maintain relationships with those important to them. The service provided access to local events to enhance social activities. This meant people had access to activities that took into account their individual interests and links with different communities.

People received effective care and support from staff who knew them well and were well trained. They told us staff had the training and skills they needed when providing their care and support. People received effective health care and support. Medicines were stored and handled correctly and safely.

People mostly knew how to complain and knew the process to follow if they had concerns. People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people were potentially being deprived of their liberty, the service had made the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of Protection for the appropriate authorisations.

People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs. People's diversity needs were identified and incorporated into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. Staff were happy working for the service and people benefitted from staff who felt well managed and supported. People and the staff felt the service was well-led.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care and support to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005. Where people were potentially being deprived of their liberty, the registered manager had contacted their funding authorities so that appropriate applications could be made to the Court of Protection.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and they were encouraged to live as full a life as possible, maintaining their independence where they

could.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People spoke to care staff if they had any concerns and felt they responded well to any concerns raised.

Is the service well-led?

Good

The service was well led. People told us they would recommend the service to another person.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the registered manager and locality managers and thought the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Dimensions Bracknell Domiciliary Care Office

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 was planned to check 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.

The inspection took place on 17 and 18 October 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

We looked at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and five members of staff. We received feedback from 14 people who use the service, seven relatives and 15 members of the care staff team. We requested feedback from 26 community professionals and received one reply.

We looked at six people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, management audits, incidents records, compliments received, staff meeting minutes and the duty of candour policy.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe when they were with staff. Relatives said they felt their family member was kept safe by the service. One member of staff told us, "I am very happy with the support Dimensions give the people we support and staff. I am aware of … safeguarding and whistleblowing. I am confident in the way I work." A community professional felt people were safe at the service and that risks to individuals were managed so that people were protected. They commented, "Dimensions support a wide range of people and have demonstrated a balanced approach to risk taking across that spectrum."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as epilepsy. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People were mostly protected by recruitment processes. We looked at the recruitment files for six recent employees. Checks had been made for all of them to see if they had any criminal records or if they were barred from working with vulnerable adults. Checks had also been carried out to see if there were any medical reasons why the employee would not be able to fulfil their role. Their identity had been checked and there was a recent photograph on file for each new employee. However, for two of those employees there were some gaps in employment that had not been explained in writing and that had not been identified by staff involved in recruitment. In other files no-one had verified the employee's reason for leaving previous employment working with vulnerable adults, as required.

With regards to agency staff, we looked at the details of staff provided by the two agencies the service used when they needed additional staff. Neither agency gave verification that they had carried out all checks required by the regulations. This meant the registered manager could not be sure people supplied by the agencies were of good character before they were allocated to work with people who use the service. The registered manager took immediate action and obtained the missing information in the Dimension staff files before the end of our inspection. The registered manager also obtained confirmation from one of the agencies that all required checks had been carried out by them before the end of our inspection. The registered manager contacted the second agency and assured us their staff would not be used until she was sure the appropriate checks had been carried out. The registered manager also put plans in place to check the remaining staff recruitment files. She devised and implemented a new system to ensure that, in future, she would do a final check of recruitment documentation prior to allowing a new employee to start working with people who use the service.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. People told us they received care and support from familiar staff, although two people told us the staff did not always introduce themselves

when they arrived. These comments were passed to the registered manager who planned to re-iterate with all staff that they should always introduce themselves on arriving at a call. Relatives felt there were enough staff to provide the support their family members needed. One member of staff told us, "I have been working within a consistent and well-structured team which enables me to perform my role effectively when supporting individuals using the service." A community professional felt there were enough staff to keep people safe and meet their needs and added, "All their services appear to be adequately supported and managed."

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with the incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

People's medicines were mostly handled safely. The registered manager explained there were some occasions where medicines were being missed. Work was ongoing and additional checks had been introduced. This meant the incidents of missed medicines had reduced and incidents that had happened were identified quickly and rectified. Only staff trained and assessed as competent were allowed to administer medicines The training records confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. A community professional felt the service provided effective care and supported people to maintain good health. They added, "They support a wide range of people, including those with Autism, challenging behaviour or more profound needs. As examples, they support [name] to maintain her employment and [name] with his behaviour. They are very effective."

New staff were provided with induction training which followed the care certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. Ongoing staff training was overseen by the head office and locality managers. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, health and safety, food safety and safeguarding adults. Other mandatory training included first aid theory, medication and infection control. The training records showed staff were up to date with their training, where training was due we saw this had been identified and training arranged.

Additional training was provided to staff depending on the needs of individuals they worked with, such as autism spectrum conditions, epilepsy and dementia. Staff said they had completed an induction which had prepared them fully for their role before they worked unsupervised. They felt they had received the training they needed that helped them meet people's needs, choices and preferences.

We noted the training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in first aid theory every three years, whereas current best practice guidelines say first aid should be updated annually. Other topics recommended for social care staff were not included in the provider's mandatory training curriculum such as recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

People benefitted from staff who were well supervised. The service aimed to provide staff with one to one meetings (supervision) five times a year and then a one to one annual appraisal of their work with their managers. Records showed staff were up to date with their formal supervision meetings. Staff told us they had regular supervision which they felt enhanced their skills and learning.

People told us staff asked their consent to the care they received. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in supported living accommodation, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out. Where indicated, applications had been made to the Court of Protection for a deprivation of liberty order.

Where it was part of their care package, people were able to choose their meals, which they planned with staff support. Staff supported people to obtain foods to meet their individual taste and diverse needs. Where there was concern that someone was losing weight, staff made referrals to the GP. Where nutritional intake was a concern, food eaten was recorded in the daily notes. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists. People had health action plans. The health action plan held information about a person's health needs, the professionals who support those needs and their various medical appointments. All people had an annual health check from their GP as part of their health action plan. A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They added, "They support a number of people with complex health conditions and they do it very well." We also saw a recent compliment from staff at Wexham Park Hospital who complimented the service on the way staff had managed a person's diabetes.

Good

Is the service caring?

Our findings

People told us the care workers were caring and kind. One relative added, "The attention she receives is beyond praise." And another said staff were, "Exceptionally caring and empathetic." A community professional said the service was successful in developing positive, caring relationships with people using the service and added, "Even with the most challenging of individuals, people are treated with compassion and good humour."

We saw a compliment sent by a funding authority to the service after one of the people they supported had passed away. The care manager wrote, "You and your team did an amazing job of caring for [name]. You went above and beyond what he would have had anywhere else. This was also mentioned by the district nurses [regarding] how wonderful his care had been. Please can you let all staff know how grateful we are for all the hard work they have put in at this very sad time."

People and their relatives confirmed they were consulted and involved in making decisions about their care and support needs. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. People told us they received care and support from staff they knew and who knew them. Staff were respectful of people's cultural and spiritual needs. Their equality and diversity needs were identified and set out in their care plans.

People and their relatives said staff treated them with respect and dignity. One relative commented, "Yes, at all times." This was confirmed by a community professional, who told us the service promoted and respected people's privacy and dignity. They commented, "Dimensions staff appear well trained and have a very sound value base. This is something they seem to prioritise as an organisation." In August the service held a summer barbeque for people and their relatives and friends at one of the supported living houses. A relative wrote to the service afterwards thanking them and adding, "All my family and friends enjoyed it and remarked what a lovely well run home [name] lives in. The atmosphere is very friendly and welcoming. [Name] is looking very well too so thank you for another enjoyable afternoon."

People told us the support and care people received helped them to be as independent as they could be. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support.

Care plans had clear goals that people and their support staff were working towards. For example, one person had always watched one of the soap operas on television ever since it started. Together with a member of staff the person planned a short break away. They were able to visit the studio where the soap opera was filmed with the support of the staff member. They were also able to enjoy some countryside drives and a visit to a tropical animals attraction in the area before returning home after two nights away. In another example we saw how staff were working with a person who wanted to return to a previously enjoyed pastime but had lost confidence. We saw how the staff were working with the person on small steps

towards their eventual goal to return to the activity on a regular basis.

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they had been involved in drawing up their care plan and involved in decision making about their care and support needs. A community professional thought the service provided personalised care that was responsive to people's needs. They added, "The services are designed to meet the needs of the individual rather than the organisation. There has been a recent reorganisation in [name of one supported living house] where Dimensions have managed to meet the aspirations of individuals with very different needs."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us they were happy with the care and support they received from the service.

Each person had an individual daily activity plan, which included participation in different activities they were interested in. People could choose what they wanted to do and were also able to try out new activities when identified. They were involved in the local community and visited local shops, pubs, restaurants, sports centres and other venues. This meant people had access to activities that took into account their individual interests and links with different communities. Some people were supported to find and keep jobs they were interested in. Relatives confirmed people were able to participate in activities they enjoyed and were supported to access the community.

People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. The registered manager explained that they were developing a new care planning system that was going to be computer based and enable care plans to be kept up to date all the time. It was hoped the new system would improve consistency of record keeping and also reduce the time staff took on paperwork, freeing up time for staff to spend with the people they support. Care plans included a one page profile, setting out the things in the person's life that were most important to them. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. People's changing needs were monitored and their package of care was updated when needed. The care plans we saw were all up to date.

Most people were aware of how to raise a concern but not everyone was able to understand the process fully. Where this was the case people had access to advocates and staff or relatives who could support them and/or raise concerns on their behalf. All relatives were aware of how to raise concerns. People and their relatives were confident the service would take appropriate action and said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. One staff member commented, "I am very happy that Dimensions act on anything reported to them and take the correct actions needed to keep the people we support safe and out of harm."

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

People received a service from staff who were happy in their work and worked in an open and friendly culture. Staff told us the registered manager and the locality managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. The outcomes of any investigations were recorded and actions taken if needed.

The service carried out routine audits of a number of areas related to the running of the service. For example, finance records, medicines and health and safety. The management audits were based on the five questions CQC ask when inspecting and enabled the provider to assess the quality of their service provision. The audit reports included findings that needed to be addressed and any actions required were documented with deadlines for action to be taken. At the time of our inspection the audits included auditing staff recruitment files but was not effective in identifying omissions of recruitment information. During the inspection the registered manager developed a system, to be used within the service, to make sure all recruitment information was in place before new staff were allowed to start work.

Staff told us managers were open with them and asked what they thought about the service provided. They felt managers took their views into account. They felt supported by the registered manager and the locality managers. Team meetings were held monthly, with each supported living house having daily handover meetings. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with happenings within the company.

The registered manager was aware of her responsibility in the duty of candour when things went wrong, although had not had the occasion to use it. The duty of candour is a new regulation that came into effect in April 2015. The aim of this regulation is to ensure that providers are open and transparent with people who use services and other relevant persons when things go wrong in relation to care and treatment. It sets out some specific requirements that providers must follow in those circumstances, including informing people about the incident, providing truthful information and an apology. We looked at the provider's duty of candour policy which was mostly in line with the regulation. However, at the beginning of the policy the provider sets out the purpose of the policy, stating that it applied, "..if ever we fail them in our duty of care or cause them harm." This was not completely accurate as the regulation states that the regulation applies to, "…any unintended or unexpected incident" that occurred during the provision of a regulated activity. We discussed this difference with the manager who planned to talk with the Dimensions policy team.

We recommend that the provider review their duty of candour policy against the regulations to ensure it

provides accurate information to staff.

Feedback on the service provision was sought by the key workers during their individual meetings with people, as well as during formal reviews of their care plans. Remedial action was taken if issues were raised. People confirmed they were asked their opinion on the service they received. People and staff all said they felt the service was managed well. Relatives also felt the service was well-managed but three mentioned they sometimes had problems getting prompt responses to emails. The provider carried out an annual survey of people who use the service but the surveys were sent to all people and it was not possible to separate out the responses that related only to people who received personal care. The registered manager told us she would introduce a more focussed survey so she could measure the quality of their service in the provision of personal care.

A community professional said the service demonstrated good management and leadership. They added, "The management are particularly responsive and involved in the day to day running of people's support. They set high standards for their staff. They have proved to be both flexible and responsive." They felt the service delivered high quality care and told us, "It is person centred, responsive, and safe." Staff all felt the service was well-managed with one member of staff commenting, "I am happy with my work and feel we are making a positive difference to people's lives. I can see people making progress and achieving goals they set out to do such as acquiring new cooking skills, getting a job, making friends, attending lots of different community activities. I enjoy coming to work and feel valued by my manager."