Dimensions (UK) Limited

Dimensions Berkshire Domiciliary Care Office

Inspection report

4-8 The Broadway
Newbury
Berkshire
RG14 1BA

Tel: 03003039012

Date of inspection visit:
03 December 2018
04 December 2018

Date of publication:
11 January 2019

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

Dimensions Berkshire Domiciliary Care Office is a domiciliary care agency providing a supported living service for approximately 146 people throughout Berkshire. The service supports people with a learning disability and associated needs. This service provides care and support to people living in a number of '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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People and their relatives felt confident that people were safe and secure when receiving care. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

Sufficient staff were deployed to ensure that people had a consistently reliable service. Recruitment procedures to appoint new staff were thorough.

People were supported to take their medicines safely. We have made a recommendation in relation to ensuring appropriate guidance is in place relating to 'as required' medication.

People who use the service used a range of communication methods. These included non-verbal to limited verbal communication. People's individual methods of communication were clearly understood by staff.

People received good quality care. Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people they supported and used creative ways to enable people to remain independent.

There were a range of quality assurance systems in place to monitor the quality of the service provided and

understand the experiences of people who used the service. The provider involved people and their relatives in monitoring their services and staff teams discussed their findings. We have made a recommendation in relation to audits of medicine administration records.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently.

Further information is in the detailed findings in the full report.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Dimensions Berkshire 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 was unannounced and took place on the 3 and 4 of December 2018. The inspection was completed by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included the previous inspection report 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.

We looked at care records for 10 people who use the service. This included care plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During and after the inspection, we spoke with six people who live in the service and observed interactions between people and the care staff. We spoke with 14 staff members including support workers, lead support workers, locality managers, a performance coach and the registered manager. We requested information from external health and social care professionals including the local safeguarding team. All responses were extremely positive. We received comments from five relatives, which were also positive.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support to people.
People we spoke with told us they felt safe living in their homes and when they were receiving their care from staff. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

We found that staffing levels throughout the service were sufficient to meet people's needs. People had been allocated a specific number of contracted hours by their local authority to be used to support people such as enabling them to live as independently as possible, develop life skills and access the community.

The provider had recognised the risks people faced due to their learning disability and associated needs. People had risk management plans in place which provided guidance to staff, along with information about how to mitigate these risks. We saw these proactive measures minimised identified risks. Personal Emergency Evacuation Plans (PEEPS) were in place for people living at home and these were up to date and relevant.

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Staff signed a medicine administration record (MAR) sheet and recorded in people's records when medicines had been given. However, where people were prescribed 'as required' (PRN) medication, the service did not have protocols or guidance in place to ensure that people always received their PRN medicine appropriately. When we spoke to staff they were aware of people's needs in relation to PRN medicine. We discussed this with the locality manager who advised they would action this immediately to ensure full guidance was in place.

We recommend the provider seeks guidance in line with best practice to ensure people have appropriate guidance in place in relation to 'as required' medicines.

There were procedures in place for the reporting of any accidents and incidents. We saw that when incidents occurred they were discussed and communicated across the staff team and the whole organisation as a learning experience.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment to ensure staff were suitable to work with people who used the service. Records confirmed Disclosure and Barring Service (DBS) checks and satisfactory conduct information were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. We observed staff wore protective clothing when providing personal care and

carrying out other tasks.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People received care and support from staff they knew and who knew how they liked things done. Each care plan was based on a full assessment of people's needs and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended, as needed.

Staff completed an induction to their role when they started to work for the service, which included training and working alongside more experienced care staff. They said this helped them to understand their role and how to support people. Staff completed regular training in topics such as safeguarding, health and safety, moving and handling and infection control. They were also provided with training specifically tailored to the complex physical and mental health needs of people they supported, for example in areas such as epilepsy and autism. The registered manager told us the induction training included the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. One relative told us, "I believe that the staff have the skills to support my [relative]". Staff had observations of their practice during their induction to make sure they were competent and confident, before they worked on their own. We saw that staff received regular supervision and annual appraisals to support them in their roles.

People's health care was managed to support them to live healthy lives. We saw when any health concerns were raised they were addressed with the required health care professional. For example, staff had identified one person who was not well and had reoccurring health issues. The staff obtained medical advice and the person was referred to a health professional. Daily communication diaries gave an overview of any appointments that people had and staff recorded people's general moods and if they had any concerns. One relative told us, "She has not had better care than where she is."

People were happy with the arrangements around food, meals and choice. Staff encouraged and supported people to eat healthily and, wherever possible, to be involved in shopping, cooking and budgeting. Meals were prepared and well presented to meet people's individual needs and alternatives of the main meal were offered. Appropriate referrals were made to the dietitian and speech and language therapists when staff had concerns about people's wellbeing. One person told us, "We help to do the house cleaning and go shopping and choose our meals and cook a bit". Another person said, "I can eat anything I like."

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. We checked whether the provider was working within the principles of the MCA.

The registered manager and locality managers understood their responsibilities under the Act. They understood their responsibilities to protect people's rights and what to do when someone may not have the

capacity to make their own decisions, so these were made in people's best interests. People's consent to care continued to be sought and people's rights with regards to consent and making their own decisions was respected by staff. Care staff told us everyone they visited could make everyday decisions for themselves or had someone who could support them to do this. We saw staff encouraged people to make their own decisions and ensured people important to the individual were involved in this decision making, if appropriate.

Good

Is the service caring?

Our findings

People were supported by staff who continued to provide a caring service.
All the people we spoke with were positive about the support they received and said the staff were kind and caring towards them. Comments included, ". Everyone is great. We do have different carers but they are all great. I love it here", "The staff are all a nice bunch" and "I like my carers". A relative told us about their family member who uses the service, "The staff are very supportive to her and us". Another relative said, , "Dimensions and the staff are friendly and approachable."

Care plans contained information about people's interests, family life and life history. Care records also contained people's religious and cultural needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them.

Staff knew the people they were working with and made time to get to know them and how they liked to be supported. We saw staff spent time with people when they supported them accessing the community or helping them with their daily living skills. All the staff we spoke with were able to give information about people's personal histories, preferences, ways in which they communicated with them and how they supported them if they were anxious, agitated or became upset. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service.
Interactions observed between staff and people using the service were caring, friendly and respectful. Staff listened to them and acted on what they said.

Staff were knowledgeable about each person and what they liked to do. Where people were not able to communicate verbally staff showed skill and knowledge when communicating with them in the way they understood.

The service promoted people to live as independently as possible. Staff gave examples about how they involved people doing certain aspects of their own personal care to help them become more independent. This was reflected in the support plans for people. People's rights to privacy and dignity were supported. We saw staff knew how they liked things done and did things in the way they preferred. Staff told us they knock before entering people's rooms. A community professional said staff promoted and respected people's privacy and dignity.

Staff had a good understanding of equality and diversity. They discussed how they ensured people were not discriminated against and were treated equally. The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided with care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety was in place and used according to need.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records were held in the

office and locked in cabinets.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people who use the service.

People's needs were assessed prior to receiving support from the service and detailed information was gathered about people's medical history, behaviours and abilities. The registered manager told us that staff worked with health care professionals, such as GPs and district nurses, to ensure they had advice about working with current guidance. They told us how they had incorporated information about one person's health condition into the person's care plan. This gave them information about how the condition affected the person and current good practice guidance about how to care for them.

The service was person centred. Staff could describe what person-centred care was and knew people and their needs and preferences in detail. Care plans provided clear written guidance for staff members. Information included why people needed the care and support they received, the difficulties the person experienced, what they needed help with and how staff should do this. Information was set out for different types of care needs, such as washing and dressing, continence and medicines management. Plans were written in a person-centred way, meaning that people's wishes were put at the forefront of the care process. Care plans contained information such as the person's history, how they liked things done and how they communicated their everyday care needs.

The management and the staff team were passionate about ensuring people's social inclusion in meaningful recreational and social opportunities. Each person had support staff who knew what activities the person enjoyed. Some people had routines and activities which they did daily or weekly, others had a more relaxed approach and enjoyed activities depending on how they felt on the day. Activities included, swimming, gardening and visiting local shops and parks. One relative told us about their family member supported by the service, "He swims, goes to the zoo and the seaside, art galleries and animal farms."

The registered manager had a clear vision to provide good quality care to people with learning disabilities and support them to engage with the community from the comfort of their own homes. They were passionate about breaking down the barriers people with learning disabilities and autism faced when trying to access services and integrate into the community. The service was in the process of implementing the STOMP initiative. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. We saw one person had been supported with the involvement of the service and appropriate medical professionals to reduce the medication that they had been prescribed over a long period of time. The registered manager advised that this was so far successful and the person was continuing to live an empowered and fulfilled life.

The service was complying with the Accessible Information Standard (AIS) and had a policy in place in respect of this. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Communication needs were outlined in care plans and how people should be supported around their communication.

There was an accessible complaints procedure in place and an easy read version was also available. It gave people information about what to do if they wanted to make a complaint. People and their relatives knew what to do and who they would talk to if they had any concerns. One person told us, "I would talk to [staff member] if I had a problem". Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. The provider's complaints procedure highlighted the service welcomed feedback to ensure they maintained high standards. We saw where a complaint had been raised the provider had conducted a full investigation and responded appropriately.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a clear set of values and a vision that staff understood and followed in practice. The provider recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff.

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

There was a regular programme of audits and quality monitoring systems. Audits included daily records, health and safety, care records and audits relating to medicine managements. The information gathered from these audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. However, we found where audits had been conducted on people's Medicine Administration Records (MAR) these were not always effective. We found where there were some gaps in people's MAR charts where staff had failed to sign that they had given their medications as prescribed. Audits conducted showed there were no errors or gaps in the MAR. We discussed this with the locality manager at this service who advised they would conduct a thorough investigation and provided us with a clear action plan of how they will be addressing this going forward.

We recommend the provider seeks guidance from a reputable source in relation to implementing effective audits regarding the safe administration and management of medicines.

The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff morale and a team spirit throughout the work force was good and staff were committed to their work with their colleagues.

A community professional felt the service was well-led. They said the service demonstrated good management and leadership, delivered good quality care and worked in partnership with other agencies.

The provider sought feedback from stakeholders, people, relatives and staff through regular quality assurance surveys. The provider had recently arranged an event for people and their relatives to attend to feedback and incorporated fun activities such as a raffle and karaoke to support people to engage. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service.

The registered manager ensured that people received the relevant support from other agencies as required.

This incorporated working in partnership with a range of professionals and other organisations. We saw these links had a positive impact of the people and they all worked to reflect the right outcome for the individual.