

Dimensions (UK) Limited

Dimensions Kent

Domiciliary Care Office

Inspection report

Unit 1
Downs Court Farm Offices, Sandown Road
Sandwich
Kent
CT13 9JZ

Tel: 03003039011

Website: www.dimensions-uk.org

Date of inspection visit:

07 November 2016

08 November 2016

Date of publication:

28 December 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 7 and 8 November 2016 and was announced.

Dimensions Kent Limited provides supported living services to people living in their own homes. At the time of this inspection fourteen people were being supported who had high complex needs and required a one to one bespoke service. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. Each person had a tenancy agreement for their property and received 24 hour support in all aspects of their care to enable them to remain as independent as possible. People lived in several properties in the East Kent area in their own flats, with communal areas. The care and support people received was overseen by a manager (who was applying to be registered), and two locality managers, who were in day to day charge of the service.

The previous registered manager had left the service on 31 October 2016. The organisation had taken prompt action and appointed a new manager who had experience in covering these types of services in other areas of the same organisation. They commenced their duties on 1 November 2016 and their application to become the registered manager was currently being processed by the Care Quality Commission. If a service does not have a registered manager in post at the time of the inspection the rating in the well led domain is restricted to being judged as requires improvement. At this inspection as the registered manager's application was being processed by CQC and the evidence in well led was positive we having taken a proportional and balanced view to rate the domain as good. A registered manager is a person who has registered with 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.

People, staff and relatives spoke highly of the management and staff. They told us that it was an excellent service where people were supported to enjoy their lives to the full. The management team and staff were passionate and committed to supporting people with person centred care to have meaningful lives, and reach their full potential. The management team visions and values were imaginative and person-centred, and made sure people were at the heart of the service. The culture of the service was extremely positive, with a clear vision of providing high quality care to people. The management team sustained high quality practice, with the ethos of development and continuous improvement of the service. Everyone we spoke with were highly motivated and actively involved in the service to ensure that people received consistent high quality care.

Staff understood the importance of making people feel safe and protected from harm. Staff treated people with respect at all times; they were patient and kind, and gently encouraged people to take their time to communicate their needs. Detailed plans about individual's communication needs enabled people to express themselves in ways that were understood by staff. People showed affection towards staff who listened and acted on what they said or needed.

People were encouraged to live their lives to the full and risks were managed proactively. When activities did not go as planned the staff reviewed the risk assessments and made adjustments so people could continue with their chosen activity safely. When people's behaviours impacted on their day to day lives, detailed guidance was available to staff to support them to manage their anxieties. People's finances were protected and checked to make sure people could access their monies when they wanted to.

Systems were in place to record accidents or incidents, with a clear process to investigate, review and look for patterns and trends to reduce the risk of re-occurrence. The provider had a business continuity plan to make sure they could respond to emergency situations, such as adverse weather conditions. There was an out of office on call system to ensure that people and staff could access support and guidance at any time if needed.

Some people had equipment in place to aid their mobility, such as hoists. Staff were aware that the equipment needed to be serviced to remain safe, and systems were in place to confirm the equipment was being serviced according to the manufacturer's guidelines.

People had all been assessed to receive one to one care and staffing levels were constantly reviewed to make sure additional staff were available if people needed two members of staff to help with their mobility or personal care. Staff were carefully matched to each person to ensure that they shared interests and hobbies and this helped to build strong caring relationships. People were supported by core team members to ensure they received consistent care from staff who knew them well.

Staff received regular training including specialist training to help people with their complex needs. All staff had received regular supervision from their line manager and an appraisal to discuss their training and development needs. Staff were recruited safely and people were involved in the process where possible. New staff were checked before they started work to ensure they were suitable to be employed in the service. As part of the induction programme new staff shadowed established staff until they got to know the people and how to care for their individual and specific needs.

People were receiving their medicines safely. Staff were trained in the safe administration of medicines and kept records that were accurate. People received medicine reviews to make sure their medicines were working effectively. People were supported with their health care needs, which were regularly assessed and monitored. Health care professionals were involved when required and their advice and recommendations were followed by staff.

People were supported with all their meals and drinks. Each person's care plan provided guidance for staff about people's preferences and any specific dietary requirements. People were able to choose their meals with the support of staff and their preferences were respected.

People's rights were protected as the provider had clear systems in place to assess people's capacity. People were supported by family and health care professionals to make decisions in their best interests, which were clearly recorded and followed by staff.

The management and staff team were very motivated and exceptional in enabling people to remain as independent as they were able. They were determined that people would receive the support and independence they needed to remain living in their homes. They had an in-depth understanding of people's individual needs around all aspects of their care, including upholding their privacy and dignity. All interactions between staff and people were very caring and respectful.

Staff were very understanding and consistently patient, kind and compassionate. People smiled and turned around when staff entered their home and spoke with them. They welcomed staff into their home and showed affection and warmth when they communicated with each other. People were relaxed and very comfortable with staff who knew them well.

People were given choices and involved in day to day decisions about their care. They only received care from staff they had met before and were relaxed, and comfortable with them. This ensured that people's individuality and diversity was nurtured and they received care in a way that suited them best.

People had their own transport and were able to choose when they went out into the community with staff as they wished. They were supported to have very varied, interesting and personalised activity programmes of their choice. Staff encouraged people to enjoy new experiences to enable them to lead their lives to the full in line with their individual interests and abilities. People visited their favourite places, such as local cafes and attended church on Sunday.

People and their relatives were involved in planning their care. There was a strong emphasis on person centred care in all aspects of people's daily routines. The care records were clear and continually reviewed to ensure that staff understood people's changing needs. People, their relatives and outside agencies were consulted and involved in assessments and reviews to ensure people received the care they needed.

People who needed support with communication skills were supported by staff who knew them well. Care and support plans had information of how people would present if they were happy or when something was wrong. There had been no complaints this year and although the relatives told us that they did not have any complaints they said they would not hesitate to raise and discuss any issues with the locality managers if they had any concerns.

The leadership from the management team and support from the provider ensured that all staff were clear about their roles and responsibilities and what was expected of them. Staff sought advice and thought of different ways to ensure people received personalised care by working closely with relatives and health care professionals. Staff were proactive and recognised the importance of new concepts of care as a way to improve people's standard of living.

Staff told us they were fully supported to do their jobs well and were very positive about working at the service. They felt valued and staff morale was high. They told us the support they received to do their jobs properly was excellent and there was always training and development opportunities available to enhance their skills.

Effective systems to continually monitor the quality of the service ensured that people received a high standard of care. The provider gathered information about the quality of their service from a variety of sources including people, relatives and external agencies. Any comments or suggestions were used to improve the service.

The service had developed and sustained effective links with organisations such as the local university that helped them develop best practice and in turn contributed to the development of new concepts to support people with learning disabilities. In addition they were involved in sharing practice through a project in India. At the time of the inspection one staff member was providing support to people in India to exchange best practice in areas of personalisation.

Accurate records were maintained about the care and support people received, and detailed information

was available to staff to help them provide safe and consistent care to people. Notifications had been completed to inform CQC and other outside organisations when significant events occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff ensured that people were kept safe and protected from harm and abuse.

People were supported to take positive risks to live their lives in the least restrictive way possible whilst being protected from avoidable harm.

Staffing levels were flexible and determined by people's needs.

Safety checks and a thorough recruitment procedure ensured new staff were suitable to work with the people being supported.

People received their medicines safely and medicines were reviewed and monitored to ensure they were effective.

Is the service effective?

Good ●

The service was effective.

Staff were skilled in meeting people's needs and received ongoing support and training so that people received effective care.

People were supported to express themselves and be involved as much as possible with day to day decisions about their care. Staff were knowledgeable about their responsibility to maintain people's rights and choices.

People had an active and healthy lifestyle with support from the staff and health care professionals.

People were supported to prepare and eat a healthy varied diet of their choice.

Is the service caring?

Outstanding ☆

The service was outstanding in caring for people.

Staff had extremely positive and caring relationships with people and knew them well.

The management team and staff were extremely committed to a strong person centred culture which put people first.

People received support to make choices and decisions about their care to enhance their quality of life.

Staff promoted people's independence and encouraged them to do as much for themselves as possible.

People were treated with dignity and their confidentiality was respected.

Is the service responsive?

Outstanding 

The service was outstanding in responding to people's needs.

The service was a dedicated one to one service, where staff were matched to people's shared interests. Relatives told us that it was standard practice that staff provided excellent support.

People received care that was based on their individual needs and preferences. People and their relatives were involved in planning their care and staff were very flexible when they needed to respond quickly to people's changing needs or wishes.

People were listened to. There were systems in place to enable people to share any concerns with the staff. There had been no complaints in the past year.

Is the service well-led?

Good 

The leadership and management of the service was good.

The management team knew people well and without exception staff and relatives told us the organisation was very well led.

There was an open and inclusive ethos of the service and feedback from everyone was actively encouraged to evaluate and improve the service.

Staff told us they felt valued and were totally committed to providing the best quality of care the service could achieve.

The service worked effectively in partnership with other organisations and forged positive links with the community to

improve the lives of people with disabilities.

Records were accurate, organised and stored securely.

Dimensions Kent 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.

This inspection took place on 7 and 8 November 2016. The provider was given 48 hours' notice because the location is a domiciliary care agency and we needed to be sure that staff would be at the office. The inspection was carried out by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service. We looked at the PIR, the previous inspection reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

Some people were able to talk a little with us but mostly people were unable to verbally communicate with us so we observed people's lifestyle and their interactions with staff when we visited them in their homes.

We spoke to the newly appointed manager, (who had applied to be the registered manager), two locality managers, a deputy manager, four staff members and three relatives following the inspection. We also spoke with two health care professionals who gave us positive feedback about the service.

We visited four people in their homes and reviewed a range of documents about people's care and how the service was managed. We looked at six care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 21 February 2014 and there were no concerns identified.

Is the service safe?

Our findings

People indicated that they were happy being supported by staff in their own homes. They were relaxed and comfortable with staff. They smiled and communicated with staff, looked at ease and staff were able to reassure people to make them feel safe. One person said, "I like the staff, they are good and I feel safe". Relatives told us that staff made sure that people were safe, they said their relatives received care from people they trusted. A relative said, "I am sure my relative feels safe with the staff support they receive".

People were protected against the risk of potential harm or abuse. Staff had received training on how to keep people safe and understood their responsibilities to report any concerns to their line manager within the service or outside agencies. Staff told us they would not hesitate to use the whistle blowing policy if they observed poor practice from another member of staff. Whistle blowing posters stating 'be bold/speak up' were on display in the office so that staff would be able to alert the management team promptly and confidentially if they had any concerns.

People were protected from financial abuse. People were supported to have control over their finances and spent their money on what they wanted. People knew how much money they had to spend and this was agreed and recorded in their care and support plans. The care plans clearly stated what and how they liked to spend their money. Records were kept to ensure that all monies could be accounted for, together with receipts of transactions. These were checked by different staff members to ensure they remained accurate and up to date.

Staff discussed risks with people and talked about how they could work together to manage and minimise the risk of harm. People were asked how much help they wanted or needed, and then levels of support were negotiated and agreed. All risk assessments were designed to enable people to have as much freedom as possible and if there were any changes to the level of risk, the assessments were promptly reviewed and new measures put in place to keep people safe.

The staff created a 'can do' atmosphere, people were asked what they would like to do and the staff worked to mitigate the risks so that people were able to enjoy their daily lives. Positive risk taking was encouraged and the process started from an understanding that people should be able to do as much as possible. The staff recognised people's level of understanding of risk and worked with that. For example, one person liked to bake; they understood about the risks involved with using a cooker but needed support to wash their hands. The risk assessment was focused on what the person could do and what staff needed to do support them to be in control of the activity. The guidance for staff was to remind the person to wash their hands before starting and then to be available to help if the person needed or wanted additional support.

Staff had an excellent knowledge of how to support people when their behaviour may be challenging. People were supported by the organisation's behaviour specialist when required. Detailed, specific person centred behavioural plans gave staff the guidance they needed to support the person in the best way possible. The plans identified triggers and how to avoid these.

Staff understood what may trigger behaviours. When people displayed behaviour that was challenging, there were instructions about how to minimise the behaviour. For example, one person presented negative behaviour around drinks, the guidance for staff stated that the person should be offered a drink first and then staff asked if it was ok for them to have a drink as well. This had a positive effect on the person and there had been no negative behaviours since this guidance was implemented and followed, the person now enjoyed having a drink with staff.

Accidents and incidents were recorded on an on line system and systems were in place to ensure that any trends were identified and addressed to prevent reoccurrence. In addition to this they were reviewed by the health and safety manager for the organisation who ensured that appropriate action had been taken or to offer further advice in managing risks. There had been an incident with a person falling in their home, which resulted in grab rails being installed to prevent further incidents.

Contingency plans were in place in the event of emergencies and 'on call' arrangements were on display at the location office to ensure that staff had access to the management team at all times. There were always two managers on call to support staff with any issues or to give further guidance if required.

People received one to one care from staff with an additional staff member being involved at certain times of the day to support them with their mobility or personal care. Staffing levels were kept under constant review to ensure that the service had enough staff to support people with their complex needs. When people required additional support to attend appointments with health care professionals, additional staffing was also made available. The staff had shift patterns which included sleep overs to cover nights. The service was actively recruiting staff to sustain core staff members.

The staff were matched to people preferences and there were core team members to ensure people received continuity of care. New staff were observed and assessed by the management team to ensure that people were relaxed and able to positively interact with them. The service endeavoured to ensure that people were supported by staff that knew them well and were able to meet their needs. The service had 'bank staff' to call on in times of staff sickness or annual leave and agency staff were used as a last resort, which was not very often. Agency staff received an induction and did not work alone with the people until they had met them and understood their needs. The management team based at the localities were also available to cover if needed. Staff told us that the staffing levels were consistent and shifts were always covered.

The provider had a robust recruitment policy and process. The service included the values of the organisation when recruiting new staff to focus on promoting respect, partnership, courage and ambition. This had improved the recruitment process and the retention of quality staff. Recruitment checks were completed to make sure people were honest, trustworthy and reliable to work with people. References had been obtained and any gaps in people's employment history had been discussed at interview. Interview notes and questions had been used to assess if the person was suitable and had the right skills to support the people safely. Disclosure and Barring (DBS) criminal records check were completed for all staff. The DBS helps providers to make safe recruitment decisions and helps prevent unsuitable people from working with people who use the service. A disciplinary procedure was in place and would be used by the provider if poor practice was identified.

The organisation had a scheme to recruit volunteers and had joined the Community Volunteering Champions to promote local volunteering to support the staff team and enhance people's care and support.

Prospective staff were observed with people to assess their interaction and communication skills and feedback was requested from the people on their suitability. As part of the interview process prospective staff had to give examples of the organisation's value base so that managers could assess their ethos when supporting people with their care. The management valued their staff and offered incentives such as offering a reward to introduce a prospective member of staff who may share the values of the service.

People received their medicines safely and when prescribed. Medication Administration records (MAR) were accurate and in good order. Medicines were stored safely in people's homes and stored at the correct temperature to ensure that they were effective. Some people were given medicines on a 'when required' basis. There was guidance for each person on how to identify the person may need the medicine and the frequency which it could be administered. Staff received training in supporting people with their medicines and their competency was regularly assessed to ensure they continued to give people their medicines safely.

Is the service effective?

Our findings

Relatives told us the staff knew what they were doing and received the training to do their jobs well. They told us they were excellent at monitoring people's health care needs and always kept in contact to advise them of any concerns. "The service always calls if my relative is unwell or there is something that needs to be discussed". "They are straight on the phone if they have any health issues". "The staff ensure that my relative's health care needs are met, they are supported to go to their appointments such as out patients or the dentist."

People's needs were met by trained competent staff who had the knowledge and skills to support them effectively. The ongoing training programme ensured that staff were kept up to date with current practice. The training was a mixture of face to face training and e-learning (computer based). Staff received all of the required training for their role and in addition received specialist training to meet the people's individual needs, such as epilepsy, autism, dementia and positive behaviour support. Direct observations were carried out by the management team when staff were supporting people to ensure staff were competent and applying their training in practice so that people received the care they needed. To ensure that every member of staff's training was up to date a monthly training report was sent to the manager of each location which indicated which staff member had not completed their refresher training within the assigned date. Staff were also supported to achieve nationally recognised health and social care qualifications, which over half the staff had achieved.

New staff received induction training, which including shadowing established staff. The induction was linked with the new Care Certificate, as recommended by Skills for Care, a government agency who provides induction and other training to social care staff. New staff had a series of checks through a probation period until they were competent and confident to work on their own. The needs of the people being supported by the service were complex and new staff continued to shadow competent staff until they were confident they could meet people's needs. Staff told us that when new staff were introduced to one person, their needs were so complex that they shadowed an established staff member for three weeks to ensure they understood the person and got to know them well.

People were supported by staff that had regular opportunities to discuss their progress in supervision sessions with their line manager. Each member of staff received supervision five times a year, which also included a yearly appraisal to discuss their training and development needs. Staff told us that people's relatives, peers and professionals were asked to provide feedback for staff annual appraisals and probation reviews.

People were supported to make choices about the support and care that they received. Staff knew people well and respected their choices. Staff gave people information in ways that they understood to help them make decisions. For example, pictorial and easy read formats were used to support people to choose what they wanted to eat, where they wanted to go or do.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes applications to deprive someone of their liberty must be applied for via the Court of Protection.

We checked whether the service was working within the principles of the MCA. There were no people under the Court of Protection safeguards at the time of the inspection. Staff had a thorough understanding of the importance of supporting people to make decisions. When people were unable to make complex decisions, staff worked with them alongside people who knew them well including relatives and health care professionals, to make a decision in their best interests.

There were lists of different people to be included for specific decisions such as medical decisions or financial decisions. The families were included along with the case manager and the professional relevant to the area of the decision. When the person was unable to make a decision about their safety, the decision was made by the case manager, relatives and staff who knew them, and this was reviewed at each case review or before if needed.

Staff had received training and had a clear understanding about MCA. One member of staff told us, how they gave people time to make everyday decisions so that they felt in control of their lives.

People were supported to eat and drink. They were encouraged to prepare their own meals, when able. Staff supported people to go shopping and choose their own meals and respected their wishes. They offered advice about healthy eating, and encouraged people to eat well. People also chose to eat in cafés and restaurants on a regular basis.

The service had excellent links with health care professionals and they worked with specialists the speech and language team, and dieticians to ensure that people received the nutrition they needed to remain as healthy as possible. Assessments had been completed and clear detailed guidelines were in place to ensure that staff prepared people's food and drink to reduce the risk of people choking.

When people required extra support with eating and drinking, clear guidelines were in place for staff to follow to ensure that the person received support for their dietary needs in line with their medical conditions. One person needed their food pureed and there were details of how a person liked their food to be presented. The person needed support to communicate so there were details of their favourite meals and what behaviour they would present if they did or did not like the food and did not want to eat it.

People were supported to maintain good health. There was a positive behaviour support team employed by the organisation who provided advice and staff training in supporting people's communication and the techniques necessary to manage any negative behaviour.

There were clear guidelines to monitor and support people's medical conditions, such as epilepsy and diabetes, which were followed by staff. Outcomes of professional visits were clearly recorded to ensure that staff were aware of the changes to people's health care needs.

People were encouraged to visit the doctor but if they were unable to the staff contacted the surgery for a

home visit. Each person had a health action plan, detailing their healthcare needs and listed the health professionals involved in their care. These included doctors, dentists, chiropodists and specialist consultants. Records were kept of health appointments which included any guidance provided to staff from healthcare professionals. Staff supported people to attend the dentist and doctors when needed. Information was provided in easy read format so that all situations could be explained to support people to understand what was happening. Staff were able to recognise if people were becoming unwell and appropriate health care professionals were contacted. Relatives told us that the service kept them informed of their loved ones health at all times and they were contacted promptly with any concerns.

Is the service caring?

Our findings

People were relaxed in the company of staff and relatives told us that staff were very caring and kind. One person said, "The staff help me with everything I need, they are fine". Relatives said, "Staff treat people like a member of their own family". "They treat my relative with dignity and staff are very respectful". "The staff are brilliant, they know my relative so well".

Relatives told us that staff went above and beyond their caring role, one relative said, "The staff are extremely caring, they go the extra mile, such as wallpapering the lounge with my relative's favourite things, they go above and beyond their duties".

Staff also ensured that people kept in touch with their family and supported a person in their own time to visit them. One person had a large family with many relatives living abroad. A family party had been organised, staff re-arranged their duties to take the person to the party in another area of the country, so that the person could see all their family and the staff member stayed with them to support them to enjoy the festivities.

Staff spoke compassionately about the people they supported and how they supported them to enjoy their chosen lifestyles. They talked about people being in control of their lives and how they encouraged them to reach their full potential. One staff member told us how one person loved coffee and liked to go out each day to have one, and staff made sure they did this every day. Staff spoke with a real unconditional positive regard for people and it was clear they put people first.

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. The staff were attentive and supported people in a caring and respectful way. They were calm and patient and put people at the centre of everything. They listened and watched people in a way that encouraged independence whilst ensuring they were at hand if they needed additional support. One member of staff knelt down and spoke with a person, reassuring them and gently encouraging them to do what they wanted to do. Staff gently reminded and reassured people that they lived in their home and they could make decisions about their daily lives, such as what they wanted to do or eat.

The majority of the staff had worked at the service for many years, and they were able to describe people's needs and preferences in detail. People were treated and valued as individuals. Staff spoke with them in a kind and caring manner, patiently waiting for them to respond and to understand what they wanted. When we visited people in their own homes, staff introduced us and we were made welcome. The staff took time to explain what was happening and why, and made sure people were happy for us to visit. They had a calm and reassuring approach, which put people at ease, and we were able to chat with people and look at their records because staff had reassured and supported them.

People were supported by staff who knew them well and understood their communication needs. The care and support plans detailed people's communication skills and how they expressed themselves, through gestures and signs, and staff followed this guidance. One person signed for 'coffee' and the staff

acknowledged this request and promptly made them a fresh cup. There was information about people's life histories and what was important to them, so staff were able to chat about their family and interests.

Staff supported people to make decisions. They were kind and considerate and were flexible around people's changes to their routines. We observed one person changing their minds as to what they wanted to do, staff were patient and made sure they decided the time to take their shower and when they wanted to shave. They then talked about their lunch and where they wanted to go. Staff just re-arranged the schedule and when the person apologised for the changes, the staff member gently reminded them that it was their choices and they could change their minds whenever they wanted to.

Staff told us how one person really enjoyed certain television programs and had missed some episodes as they were not always at home. Discussions took place with regard to installing equipment and wi fi so they could record their favourite programmes and also use assistive technology. When we discussed the programmes with the person they smiled and laughed and said how much they now enjoyed watching their favourite programmes when they wanted to.

Staff had guidelines in place about how to recognise when people were distressed, unhappy and how they may behave when something was wrong. There was guidance on what made the day good or bad for the person, for example, a lie in is a good day, being woken up early was a bad day. The guidelines covered all activities during the day, giving examples of what people liked or didn't like.

Staff were exceptional in promoting people to be independent and supporting people to remain independent. Staff coached, encouraged and supported people to prepare their meals, do their chores, access community facilities and to try new activities. There were guidelines about the amount of support people wanted from staff. One person enjoyed cleaning their flat; the care plan stated that they would decide when they wanted to do this. Staff would then give the person the correct cleaning equipment and the person would then enjoy doing the cleaning. Another person enjoyed drying the dishes and changing their bed linen, staff would regularly support the person to do this. People were developing their skills and increasing in confidence.

Staff were supporting one person with voluntary work working a few hours in a shop in a safe environment to help build their confidence with people. The person said that this had helped them to meet more people and said how they looked forward to doing this. They had a photograph on their wall of them serving people and said they really enjoyed this experience and wanted to volunteer for more hours.

Staff and people worked together to fund raise for events that they would enjoy. Staff went the 'extra mile' as they run in local events to raise money to enhance people's lives such as raising the funds to plant sensory gardens locally that everyone could enjoy. Staff had also organised a large dining experience for people inviting friends, family, staff and the local community, for a social gathering. This fund raising money was used to support people to go on outings.

Staff supported people to celebrate their birthday in style; one person had taken a ferry trip and was upgraded to the VIP lounge where they received complimentary refreshments. On their return home, their friends had made a chocolate birthday cake as part of their birthday celebrations.

Two people had been supported to go on a boat trip on the River Medway in a specially adapted boat. There were pictures of people enjoying themselves. Staff told us that they enjoyed the trip so much they have booked a further trip in the future.

Staff had received equality and diversity training and there were regular newsletters for people and staff. There was a diversity lead in the organisation to help staff promote equality and diversity throughout the service. There was a newsletter each month to inform and promote different cultural events that people could attend to help them understand that everyone should be treated the same.

People's privacy and dignity was respected. We observed that staff were discreet in the way in which they supported people, such as standing outside the shower whilst making sure the person was safe. Staff told us how they ensured people's privacy was respected by closing doors and curtains when providing personal care. The organisation had just launched " #ImWithSam-are you/?" (a way of using social media to promote support on specific topics) to encourage people to sign up against learning disability and autism hate crime to fight for equality for disabled people.

People were encouraged to socialise and attend community events, such as coffee mornings and fetes. Staff supported people to follow their beliefs and some people went to the local church each Sunday.

Some people had made advanced decisions about their end of life care, which were recorded in their care and support plans. One person had expressed a wish that they wanted to be buried in the country of their birth. Staff had sourced the information, it was detailed in their care plan and arrangements had been made for the person's wishes to be met.

People had access to advocacy services if they needed impartial support to make decisions about their care; however no one at the service was receiving this support at the time of the inspection. Staff were aware of the need for confidentiality and kept records securely.

Is the service responsive?

Our findings

Relatives told us that staff were responsive to people's needs. Staff understood what people needed and responded to their needs. Relatives told us that the staff were very responsive, they were always involved and they advised them of changes to their relative's care. They said, "We are always told well in advance of when review meetings take place so we are involved in the care". "We are sent copies of the meetings and decisions made". "It is standard practice as they do this as a matter of course".

Staff said, "I love it here, all care should be like this. Just everything is done around the support for the people, it is tailored to their need". "We respond when things change and there is intensive interaction with people to make sure they get the care they need". "The care and support people receive is second to none, I would definitely recommend the service to my family". "This service is extremely person centred, I am lucky to work here".

The service offered bespoke specialist care and support for a group of people with profound learning and physical disabilities. People were at the centre and everything else revolved around them making sure they had everything that they needed to live independent and fulfilling lives. A health care professional said, "Staff are innovative when supporting people with such complex needs, they look at every detail of their care, my client has come on 'leaps and bounds' since they have been supporting them. They have a much better quality of life now".

People's needs were assessed before they were offered a service and this covered lots of areas such as, their personal care needs, meal times, mobility, communication, medical needs and routines. Additional information of who may be important to people and how best to maximise people's involvement in meaningful activities was also noted. This information was used to form a care and support plan. Each care plan was detailed and comprehensive and produced in a way that was meaningful to people. As people were not always able to tell staff what they wanted to do there were detailed records of what care and support each they received each day. There were pictures to help people understand their plans and information about how they communicated using gestures and movements. A health care professional told us that the staff had included advocates when people needed support to make decisions about their care.

Staff were always looking of ways to improve people's care and support. They would challenge their own care and support plans when people were not experiencing a good lifestyle. One person suffered from frequent falls. The person's lifestyle had been very restricted by these events which reduced their ability to move around or go out into the community and remain safe. The staff had recognised this and worked hard with health care professionals to reduce the risk of the person falling. The staff had questioned the person's medicine regime, and after a thorough review it was agreed their medicine would be reduced and monitored to assess if this would improve their wellbeing. This was successful and the person had not fallen for some considerable time and they were now more alert and positively interacting with staff. Staff told us how the person's quality of life had improved; their communication and mobility skills had improved, and they were also able to enjoy more activities. The person was now able to go out more, take part in activities such as carriage riding that they were not able to do before. Staff were now able to interact more with the

person throughout the day, the person enjoyed activities and watching their favourite DVD's and that had not been possible before.

A health care professional said, "After staff perseverance in questioning my client's medicine, it was slightly reduced which made such a difference to their life. They were less tired, had less mobility problems, had more interest in activities and their communication improved".

Staff were responsive when people's care and support needed to be improved. One person was living with diabetes and had been prescribed insulin. They found the testing of their sugar levels and the injection of insulin to be distressing. Staff asked the doctor if it was possible for the person's blood sugar levels to be controlled by tablets, as the person was happy to take tablets. The doctor agreed to a trial of tablet medication and the person became settled and calm. Staff had clear information about the signs and symptoms the person would present if their blood sugar was too high or too low and what to do if the person became unwell. By changing the treatment to tablet form the person's behaviour had positively improved, they became calmer and they were able to go out more into the community.

People would have their needs re-assessed when there were changes or every three months. There was a yearly review with the person's care manager and relatives. Health care professionals told us that the service had core staff teams that provided consistent care to people with high complex needs and people received person centred care which was tailored to their individual needs. They said, "Care plans are personalised with clear guidelines of how to support people. The plans are regularly reviewed and we, and the families are kept up to date with any changes ". "The staff follow up all recommendations made by health care professionals and people's plans are updated accordingly". "The care plans are thorough, the best thing is that they are put into practice and people receive the care they need".

People were supported to live life the way they wanted to, and staff knew people's preferences about how they preferred to spend their time. Some people really enjoyed visiting the local riding stables and taking part in carriage riding. However, there had been an unfortunate incident which threatened people's safety. Staff knew that people still wanted to go riding and took a very positive approach to the concerns. They visited the riding stables to review the risks which resulted in additional safety measures being put in place when people used wheelchairs. This ensured that people were safe and could continue with this activity during the summer months.

Staff talked about how they supported people with their behaviour and the detailed guidelines in care plans that they followed to ensure that people were supported positively. They talked about how people expressed themselves and what was in place to understand how they communicated to let staff know what they wanted. Staff were all aware of the way that a person moved their head indicated they wanted to eat or they had enough to eat. We observed staff respond to a sound a person made, knowing that they wanted a drink.

Staff had encouraged people to use verbal and non-verbal communication to express their agreement with the care provided. Some people had electronic tablets and staff had supported them to have internet connection into their property. They were then able to communicate more freely with staff and their relatives using social media.

The care plans were positive and designed to give guidance on how to support the person to live as independent and active life as possible. Social needs of people were given as much importance as people's physical needs. The plans recognised that social interaction improved people's wellbeing and promoted a positive emotional response. There were details about how not attending social activities could have a

negative impact on people and their behaviour. Staff knew that one person liked to go out to eat daily and could become withdrawn if they did not go out. Staff arranged activities at the beginning of the week so that the person knew what was planned.

The service aimed to employ staff who were able to drive, so that each person could do what they wanted during the day. Staff were very responsive and changed the day around to accommodate people's wishes. One person told us "I can go out when I want, go shopping or to the doctor, anywhere".

The staff responded well to support people with their mobility. There was detailed guidance on how people were to be moved and positioned for each activity. One person needed to use equipment; there were guidelines for each activity and piece of equipment. For example, 'the overhead hoist should be used with the navy sling; the person could sit comfortably in the wheelchair for three hours, the comfy chair for two hours and the beanbag for an hour'. Staff followed this guidance.

The staff had sourced equipment for people with physical disabilities so that it was more comfortable for them to go out. People were regular visitors to fairs, shops and cafes. One person enjoyed crafts and had been involved in making items for a fair. The person could become anxious when out which had restricted their ability to go into the community. The staff gave the right support to this person which enabled staff to reduce this person's anxiety and they were now going out into the community on a regular basis.

People had active social lives and were encouraged to go out to eat, shop and to go to places of interest. Several people enjoyed going to church where they had formed friendships with people. Another person enjoyed going to the social area in their supported living building and had been asked to be Santa at the Christmas party.

Staff would often go the extra mile to support people with their chosen activity. Staff organised a quiz show as a birthday treat for one person, who thoroughly enjoyed the event.

Regular 'Our Voice' newsletters were produced so that people could celebrate their news and what events they had enjoyed. Previous newsletters shared news of people going on holiday and visiting local places of interests.

The provider made information available about how to make a complaint. There was an easy read to make it user friendly. Staff took time and discussed people's satisfaction of the service with them and their relatives. There had been no formal complaints or concerns raised in the last year. One person said. "I have no complaints, they listen to me".

Relatives were confident they would be listened to if they made a complaint. They said, "The staff have worked with my relative for some considerable time, they know my relative well, they would recognise if they were not happy and would do something about it". "I have no complaints but would speak to the managers if I had". "I don't have any complaints, staff sort out any problems immediately". The service encouraged feedback from everyone involved in the service and any comments were used to help improve the service.

Is the service well-led?

Our findings

People knew the managers of the service and smiled and interacted with them when we were introduced in their homes. Staff and relatives told us they thought the service was very well-led. They talked about how the managers were always available and approachable.

Relatives told us that they were very satisfied with the service and the high quality of care being provided. They said 'this is what they do' it was normal practice for everyone to be involved in feeding back about the quality of care and staff performance. They said, "The service is well organised, they have checks and balances in place to make sure people receive high quality care. We are asked for feedback about the staff as well". "We are one hundred per cent satisfied with the service". "They have systems in place to challenge the quality of care being provided and improve the service".

Health care professionals told us that the service was organised well. They said the locality managers and staff knew people well and had cared for them for a long while. They said, "We have no concerns about the service". "I would recommend the service to a family member".

Staff said, "I would definitely recommend the service, this is a very nice place to work, we look after people really well". "The culture of staff is good; we have a good mix of staff".

The previous registered manager had left the service in October 2016. The service had taken prompt action and a new manager had been appointed who had worked for the organisation for eight years so they had vast experience and knowledge of providing the service. The registered manager position was regionally based and so the service was run by two locality managers. The two locality managers were responsible for the day to day running of the service and were very experienced and had leadership qualifications. They monitored the quality of care being provided and were supporting staff daily to ensure people received the care they needed. They were available at the main office and supported living locations. People we visited knew who they were and said they called to see them on occasions. Staff said they were approachable and always available for advice and guidance.

The provider had a clear vision and values that were person centred and focussed on people having the opportunity to be autonomous and lead meaningful lives. The core values of the organisation of promoting respect, partnership, courage and ambition, were cascaded down from the senior managers to the locality managers and staff so that everyone was pro-actively involved in working together to drive up the quality care. Every aspect of people's care was considered and how best they could be supported by staff. One person with very complex needs needed focused support from staff. The person's needs were complex with a high dependency on interaction with staff. The management team recognised that it would be beneficial for staff to work shorter call patterns when supporting this person to ensure that staff did not get stressed or worn out. .

The service was innovative and committed to changing people's lives for the better. They had used social media and television highlighting issues such as bullying and harassment to people with disabilities. One

person who was supported at another location within Dimensions had been interviewed on television with support from staff, to raise awareness of this issue. This person also co-chaired the Dimensions council nationally, working with the executive team to ensure people were the centre of the strategies for the organisation.

Staff had the opportunity of working together with the management teams through executive forums, to promote the organisation's culture of being open and honest. 'Everybody counts' meetings were held nationally and the manager was in the process of planning a meeting in Kent so that local people would be able to meet with friends and community partners. The manager was also planning to launch 'Inspiring People' awards for staff both inside and outside of the organisation to recognise people's outstanding commitment to caring for people.

People were supported by staff that were passionate about their role in making a difference when supporting people. Relatives told us that staff and the managers worked hard to improve the service and to enhance their relative's lives. One of the locality managers had achieved an award as one of the top 20 managers nationally for the second year running for the 'outstanding management of quality services' in their area. There was also a range of incentives for staff to achieve recognition for good practice, such as certificates and thank you gifts. Staff had the opportunity to be selected for the 'aspire' programme, which linked professional external coaches to staff to help them develop and grow. The locality managers told us that these schemes gave staff incentives to continue working for the service which resulted in more continuity of care for people.

There was a strong emphasis on continually striving to improve the service for people. The organisation had worked for four years with the Tizard Centre, a leading learning disability research centre at the University of Kent to release a new model of support 'Activate'. This was an outcome based programme and covered eight domains including social care, health, communication and social interaction, activities and skills, physical environment, relationships, support staff, management, and the wider organisation. The new model was being introduced in January 2017 to further improve outcomes for people. The support will be designed in partnership with the people, their family and support teams to enhance and improve their care and support.

The service improvement plan detailed all aspects of the service, what action was to be taken, by whom and when the action needed to be completed. There was also a compliance audit check to make sure managers had actioned the required improvements.

The service had links with other organisations to discuss best practice such as the local authority, to research and exchange ideas and recommendations about the future of care. The management team held 'family forums' twice a year to engage with family and friends to have a better understanding of what is important to them and the people they supported.

Staff told us they were very well supported and felt very involved in running the service. They told us that they were motivated and inspired to make sure people reached their full potential and received person centred care. They emphasised that people came first and their role was to work together as a team to make sure this happened. A member of staff said that "The team are long standing some of them have been here many years so they know the people really well".

Staff all received regular supervision, an annual appraisal and support through regular team meetings when the service and the quality of care was discussed and recorded. Staff told us they were able to access guidance from a manager at any time. There was an on-call system which they had used and confirmed

advice was given out of hours when required.

Regular, robust audits were completed, such as health and safety, care planning and medicines. Staff understood that this was to ensure that the quality of the service was monitored thoroughly to ensure that the quality of care was sustained, and improved where necessary.

The organisation had a quality assurance team which visited the agency office regularly to check the audits. A person who was being supported was also employed as an 'expert by experience' and was part of the audit team. The organisation was in the process of recruiting family volunteers to be part of this process. These checks were based on the current methodology used by the Care Quality Commission to ensure continuous compliance. The reports of audits were detailed and if there were areas for improvement, an action plan was implemented to address any issues and improve the quality of the care.

There was a strong commitment to learn from health and safety incidents, such as accidents, complaints and 'never events'. 'Never events' were situations identified by the service that should never happen to anyone. These 'never events' were also accessible in an easy read format for people if required. The 'never events' included choking on food and people being given the wrong medicine. The outcome of these events was used as part of the on-going quality monitoring and continuous improvement of the service. There had been no 'never events' at Dimensions Kent, however all events were highlighted to ensure that the organisation worked together to improve care practice.

People, relatives and staff were given the opportunity to voice their opinions about the service, through reviews, forums, meetings and surveys. The overall outcome of the feedback was positive. One relative said, "I am very happy with the support my relative has, I don't have to worry, I know they are happy". After a review a health care professional commented, "This service is one of the nicest I have visited, it is very person centred, it is very nice to attend a review when things are going so well".

Records were stored securely both on the computer system and in filing cabinets, with easy access for staff. Reviews of care plans and assessments were completed in line with the timescales stated and information was clearly presented. Staff maintained detailed records of care which were easy to cross reference to access detailed information.

The management team had a good understanding of their legal responsibilities as a registered service, for example sending in notifications to the CQC when certain events occurred.